	m 5500-SF	oyee	OMB Nos. 1210-011 1210-008							
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan I under sections 104 and 4	1065 of the Employee Re	etirement	2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (57(b) and 6058(a) of the		This Form is Open to	_			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	Public Inspection				
Part I		dentification Information			10.1.10.0.1.					
For calenda	ar plan year 2017 or fisc				2/31/2017	ving this hav must attach a				
A This ret	A This return/report is for:									
B This retu	un kan art ia	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	ĺ	special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name	•				1b Thre					
MISSISSIPP	/ISSISSIPPI BONE & JOINT CLINIC 401(K) SALARY SAVINGS PLAN					number 001				
			()	tive date of plan						
				01/01/2012						
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	. Box)		2b Empl (EIN)	oyer Identification Number 20-4592300				
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) R. ALLEN BUTLER, M.D., P.A.					2c Sponsor's telephone number				
						662-323-9908 2d Business code (see instructions)				
101 WILBUR	NWAY				621111					
STARKVILLE	E, MS 39759				021111					
3a Plan a	dministrator's name and	I address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN				
					3c Administrator's telephone number					
		plan sponsor or the plan name ha sor's name, EIN, the plan name ar			4b EIN					
a Spons		sor o hame, Env, the plan hame a			4d PN					
C Plan N	ame									
5a Total r	number of participants a	t the beginning of the plan year			5a	11				
-		t the end of the plan year			5b	9)			
C Numb	er of participants with a	ccount balances as of the end of the	he plan year (only defined	contribution plans	5c	8	1			
complete this item) d(1) Total number of active participants at the beginning of the plan year						8	1			
d(2) Total number of active participants at the end of the plan year						7				
e Number of participants who terminated employment during the plan year with accrued benefits that were less						5e 0				
than 100% vested										
Under pena SB or Sche	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
sign	Filed with authorized/v	ete. alid electronic signature.	07/17/2018	TRIP HAIRSTON						
HERE	Signature of plan ad		Date	Enter name of individu	ial signing	as nlan administrator				
SIGN	Signature of plaif ad	ווווווסנומנטו	Date		iai siyiiiiy	as pian aunimistratur				
SIGN HERE	Signature of employ	er/nlan snonsor	Date	Enter name of individu	ial signing	as employer or plan apopea	r			
L	Signature of employ	er/plan sponsor			วละ ราษาแบบ	as employer or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a							X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					X Yes	
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	rmined
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th								
		01 D00 p		ian you	•			(000 mond	otionio.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	nd of Year	
a	Total plan assets	7a	30	01866				351950	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	30	01866				351950	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		9129					
	(2) Participants	8a(2)		9541					
<u> </u>	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	4	49060					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						67730	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		17646					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17646	
i	Net income (loss) (subtract line 8h from line 8c)	8i						50084	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	,							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the in	structions:	
h	2E 2F 2G 2J 2K 2T 3D	4	de a franciska di attat				less the disk to a	town Cara a	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist		ies in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
-	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period		100			Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?	······		10c	x			400	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions)			100		X			

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
 ${f f}$ Has the plan failed to provide any benefit when due under the plan?	10f	Х	
 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х	
 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	х	
 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	yee	С	MB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Ret	irement	2017				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974)57(b) and 6058(a) of the li			orm is Open to c Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 550	0-SF.					
	Identification Information	01/01/0017	and and in a	10/2	1 /0 01 1				
For calendar plan year 2017 or fis		01/01/2017	and ending		1/2017	, must stash s			
A This return/report is for:	X a single-employer plan ☐ a one-participant plan		blan (not multiemployer) (Fimployer information in acc						
B This return/report is									
	the first return/report an amended return/report	the final return/report	rn/report (less than 12 moi	nths)					
C Check box if filing under:	 Form 5558	automatic extension	Γ] DFVC pr	ogram				
	special extension (enter descri	iption)							
Part II Basic Plan Info	rmation-enter all requested inf	ormation	· · · · · · · · · · · · · · · · · · ·			•			
1a Name of plan				1b Three	-				
MISSISSIPPI BONE & JO	DINT CLINIC 401(K) SA	LARY SAVINGS PI		(PN)	•	001			
				1c Effect		plan			
2a Plan sponsor's name (employ Mailing address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)		01/01/2012 2b Employer Identification Number (EIN) 20-4592300					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) R. ALLEN BUTLER, M.D., P.A.				2c Sponsor's telephone number 662-323-9908				
			-	2d Business code (see instructions)					
101 WILBURN WAY				62111					
STARKVILLE	MS 39759 Id address X Same as Plan Spon			2h Adusta	·				
Ja Plan auministrator s name an	a address 🖾 Same as Plan Spon	ISOF.		3b Admin	listrator's E				
				3c Admin	histrator's to	elephone number			
4 If the name and/or EIN of the	non anonar ar tha non name ba	a abangod since the last	rature (ran art filed for	46 CM					
	plan sponsor or the plan name ha nsor's name, EIN, the plan name a		the last return/report.	4b EIN 4d PN					
C Plan Name									
5a Total number of participants	at the beginning of the plan year			5a	······	11			
	at the end of the plan year			5b		9			
	account balances as of the end of t			5c	<u></u>	8			
d(1) Total number of active par	ticipants at the beginning of the pla	an year		5d(1)		8			
	ticipants at the end of the plan yea			5d(2)					
	terminated employment during the			5e		C			
Caution: A penalty for the late of Under penalties of perjury and oth	or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	I unless reasonable caus e examined this return/repo	rt, includin	g, if applic				
SIGN TAO	nter	7/17/14	Trip Hairston			i			
HERE Signature of plan ac	dministrator	Date	Enter name of individua	I signing a	s nlan adm	inistrator			
SIGN				. orgining d	o pian dull				
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individua	l signing a	s employe	or plan sponsor			
	e, see the Instructions for Form 5500-					orm 5500-SF (2017)			

v.170203

Form 5500-SF 2017

b Are you claiming a water of the annual examination and report of an independent qualified public accountant ((DPA))											
under 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)								X Yes 🗌 I	No		
If you asswered "No" to either line 6a or line 6b, the plan carnot use Form 5500 Image: Control of the plan is at covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of under 20 CEP 2520 104 462 (See instructions on waiver cligibility)	an indepe	ndent qualified public a	account	tant (IC	QPA)		No		
C If the plan is a defined banefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes Not determined if 'Yes' is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									NO		
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	С								ed		
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 301, 866 351, 950 D Total plan habilities 7c 301, 866 351, 950 C Net plan assets (subtract line 7b from line 7a) 7c 301, 866 351, 950 C Contributions received or receivable from: 8a(1) 9, 129 (b) Total (a) Contre income, Capenase, and Transfers for this Plan Year 8a(2) 9, 541 (b) Total (b) Employers 8a(2) 9, 541 (c) Total income, (capenase, Sa(2), 8a(2), 8a(3), and 8b) 8b 49, 060 67, 730 (c) Total income (cabl lines Sa(1), 8a(2), 8a(3), and 8b) 8c 6 67, 730 6 C Contraindemed and/or corrective distributions (see instructions) 8e 17, 646 6 6 g Other expenses 8g 17, 646 6 6 10, 64 6 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64 10, 64											
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 301,866 351,950 b Total plan labilities 7b 7c 301,866 351,950 c Net plan assets (subtract line 7b from line 7a) 7c 301,866 351,950 8 Income, Exponses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 9,129 (a) Others (including rollovers) 8a(2) 9,541 4d (b) Others (including rollovers) 8a(3) 4d 4d 4d (c) Data (including rollovers) 8a(3) 4d 4d 4d 4d (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6d											
a Total plan assets 7a 3 01, 866 101, 950 b Total plan assets 7b 3 01, 866 351, 950 c Net plan assets (subtract line 7b from line 7a) 7c 3 01, 866 351, 950 a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 9, 129 (2) Participants 8a(2) 9, 541 (3) Others (including cilovers) 8a(3) 6 b Other income (toss) 8b 49, 060 c Total income (toss) 8d 17, 646 c C Total expenses (audified ret rollovers and insurance premiums to provide benefits) 8d 17, 646 g Other expenses 8f 17, 646 101 g Other expenses 8f 17, 646 101 Part IV Plan Characteristics 8i 10, 7, 646 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2X 2X 2T 3D g If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2X 2T 3D g V Compliance Questions				r		T					
b Total plan liabilities 7b 301,866 351,950 c Net plan assets (subtract line 7b from line 7a) 7c 301,866 351,950 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total 10 Enclosed or receivable from: 8a(1) 9,129 (b) Total (c) Participants 8a(2) 9,541 (c) Participants 8a(3) (c) Participants 8a(3) (c) Participants 8a(3) (c) Participants 8a(3) (c) Participants 67,730 (d) Benefits plat (including relovers) 8a(3) 8b 49,060 (c) Participants 67,730 (e) Cartal deemed and/or corrective distributions (see instructions) 8c (c) Cartal deemed and/or corrective distributions (see instructions) 8c (c) Participants (c) Participants (f) Dure expenses 8g (c) Cartal deemed and for corrective distributions (see instructions) 8f (c) Cartal deemed and for corrective distributions (see instructions) 8g (f) Net income (loss) (subtract line 8h from line 80) 8i (c) Cartal deemed and for corrective distructions) 8g (c) Cartal deemed and for corrective distructions) (c) Part IV Pan Characteristics <t< th=""><th></th><th></th><th></th><th>(a) Beginning</th><th></th><th></th><th></th><th></th><th></th></t<>				(a) Beginning							
c Net plan assets (subtract line 7b from line 7a) 7c 301,866 351,950 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 9,129 (b) Total (a) Amount (b) Total 9,129 (c) Employers (c) Employers (a) Others (including rollovers) 8a(2) 9,541 (c) Employers (c) Employers (b) Other income (loss) 8b 49,060 (c) Total income (loss) (c) Employers (c) Employers (c) Total income (loss) 8b 49,060 (c) Total income (loss) (c) Employers (c) Employers (c) Total income (loss) 8d 17,646 (c) Employers (c) Employers (c) Employers (c) Total income (loss) 8d 17,646 (c) Employers (c) Employers (c) Employers (c) Total income (loss) (subtract line 8h from line 8c) 8f (c) Employers (c) Employers (c) Employers (d) Other spenses 8g (c) Employers (c) Employers (c) Employers (c) Employers (e) Other income (loss) (subtract line 8h from line 8c) 8i (c) Employer<					301,	866		351,9	<u>950</u>		
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 9, 129 (b) Total (2) Participants			7b								
a Contributions received or receivable from: 8a(1) 9, 129 (1) Employers 8a(2) 9, 541 (3) Others (including rollovers) 8a(3) 49, 060 C Total income (loss) 8b 49, 060 C Total income (loss) 8b 49, 060 C Total income (loss) 8c 67, 730 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 17, 646 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g g Other expenses (add lines 8d, 8e, 8f, and 9g) 8h 1 Transfers to (from) the plan (see instructions) 8i St 2 2 G 2 U 2 X 2 T 3D 50, 084 J Transfers to (from) the plan (see instructions) 8i V Compliance Questions 10 D During the plan year: Yes No was there a failure to transmit to the plan any participant contributions within the time period described in 28 CF2 R30-31022 (See instructions and DOL's Voluntary Fiduciary Corteorin Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactoristic Codes in the instructions: reported on line 10a		Net plan assets (subtract line 7b from line 7a)	7c		301,	866		351,9	9 50		
(1) Employers 8a(1) 9, 129 (2) Participants 8a(2) 9, 541 (3) Others (including rollovers) 8a 8a(3) (3) Others (including rollovers) 8b 49, 060 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 67, 730 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 17, 646 e Certain deemed and/or corrective distributions (see instructions) 8e 67, 730 g Other expenses 8g 17, 646 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17, 646 f Administrative service providers (selaries, fees, commissions) 8f 9d g Other expenses 8g 17, 646 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17, 646 j Transfers to (from) the plan (see instructions) 8j 8g Part IV Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D g If the plan provides expenses in the explicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 10 X g Uuring the plan year: Yes No Amount <th></th> <th></th> <th></th> <th>(a) Amour</th> <th>nt</th> <th></th> <th></th> <th>(b) Total</th> <th></th>				(a) Amour	nt			(b) Total			
(3) Others (including rollovers) 8a(3) b) Other income (loss) 8b 49,060 c) Total income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c 67,730 d) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 17,646 e) Certain deemed and/or corrective distributions (see instructions) 8e 6 f) Administrative service providers (salaries, fees, commissions) 8f 6 g) Other expenses 8g 17,646 h) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17,646 i) Transfers to (from) the plan (see instructions) 8i 50,084 j) Transfers to (from) the plan (see instructions) 8j 3j g) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: g) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: g) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: g) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: g) If the plan provides welfare benefits, enter the appl	a		8a(1)		9,	129					
b Other income (loss) 8b 49,060 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 67,730 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 17,646 e Certain deemed and/or corrective distributions (see instructions) 8e 17,646 g Other expenses 8g 17,646 g Other expenses 8g 17,646 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17,646 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 50,084 j Transfers to (from) the plan (see instructions) 8j 50,084 Part IV Plan Characteristics 8j 50 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2F 2G 2J 2G 2F 2G 2J 2G 2G 2G 2K 2T 3D D In the plan year: Yes No Amount d Was there a failure to transmit to the plan any partici		(2) Participants	8a(2)		9,	541					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 67,730 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 17,646 e Certain deemed and/or corrective distributions (see instructions). 8e 17,646 f Administrative service providers (salaries, fees, commissions). 8f 17,646 g Other expenses 8g 17,646 h Total expenses (add lines 8d, 6f, and 8g) 8h 17,646 h Total expenses (add lines 8d, 6f, and 8g) 8h 17,646 Part IV Plan Characteristics 8j 50,084 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D V O During the plan year: Yes No Amount a Was three a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program) X 40,0000		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		49,	060					
to provide benefits) 8d 17, 646 e Certain deemed and/or corrective distributions (see instructions) 8e 1 f Administrative service providers (salaries, fees, commissions) 8f 1 g Other expenses 8g 1 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17, 646 i Net income (loss) (subtract line 8h from line 8c) 8i 50, 084 j Transfers to (from) the plan (see instructions) 8j 10 50, 084 Part IV Plan Characteristics 8j 10 10 10 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 12E 2F 2G 2J 2K 2T 3D 10	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					67,7	730		
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) No X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 40,000 c Was the plan covered by a fidelity bond? 10c X 40,000	d		8d		17,	646					
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j Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17,6	546		
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					10g		x				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR x		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR							
2520.101-3.) 10h 11 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i	i	If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the							

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)				🗌 Yes 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?				🗌 Yes 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver		l enter t Day		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u control of the PBGC?]Yes 🛛 No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		to		
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
·				
				·····