

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan OTTAWA CHIROPRACTIC CLINIC, P.A. 401(K) SAVINGS PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OTTAWA CHIROPRACTIC CLINIC, P.A. 1501 S. MAIN ST. OTTAWA, KS 66067
2b Employer Identification Number (EIN) 48-1174803
2c Sponsor's telephone number 785-242-4100
2d Business code (see instructions) 621310
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 4
5b Total number of participants at the end of the plan year 4
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 5
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 4
5d(1) Total number of active participants at the beginning of the plan year 4
5d(2) Total number of active participants at the end of the plan year 3
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/14/2025, MICHAEL HIATT. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1281360	1395538
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1281360	1395538
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	4810	
(2) Participants	8a(2)	21190	
(3) Others (including rollovers)	8a(3)	200	
b Other income (loss)	8b	97385	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		123585
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	9407	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		9407
i Net income (loss) (subtract line 8h from line 8c)	8i		114178
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		385000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
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	X		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ 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 a 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 No

a 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 under the 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 plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704279A.

The information contained in this facsimile is doctor-patient privileged and confidential information intended only for the individual or entity named above. Any reader of this message who is not the recipient is hereby notified that any dissemination, distribution, or copy of the communication is strictly prohibited. If you received this communication in error, you are asked to not read the pages which follow. Please immediately notify us by telephone to arrange for the return of the original documents.

Please notify us immediately at 785-242-4100 if this facsimile is not received properly.

Thank you.

Comments:

Total pages, including cover: 5

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your information

Send to:	EIP Corp
Attention:	Bridgette Kivik
Office location:	
Date:	10/14/2025
Office location:	12a. Light
Phone Number:	(785) 242-4100
Fax Number:	(913) 385-0262
From:	Ottawa Chiropractic

OTAWA CHIROPRACTIC CLINIC, P.A.
 1501 SOUTH MAIN
 OTAWA, KS 66067
 Office: 785-242-4100
 Fax: 785-242-4121

Fax Cover Sheet

Date: 10/14/2025

Plan Administrator

- 2. States that it has read and understands the Instructions and Disclosures above.
 - 1. Authorizes the Service Provider to submit electronically the Plan's Form 5500 (or 5500-SF);
- By signing this Authorization, the undersigned Plan Administrator:*

Authorization

- The above-named Service Provider hereby informs the Plan Administrator that:*
1. Signing this Authorization authorizes the Service Provider to affix its electronic signature to the Form 5500 (or 5500-SF) filed for the Plan and to file the return with the DOL under EFAST2.
 2. In addition to signing and returning this Authorization to the Service Provider, the Plan Administrator must manually sign a paper copy of the completed Form 5500 (or 5500-SF) and return the signed copy to the Service Provider. The Service Provider will include a PDF copy of the first two pages of the manually signed Form 5500 (or 5500-SF) as an attachment to the electronic Form 5500 (or 5500-SF) submitted to EFAST2.
 3. By electing to use this electronic signature option, the image of the Plan Administrator's manual signature (and that of the Employer, if applicable) will be included with the rest of the Form 5500 (or 5500-SF) posted by the Department of Labor on the Internet for public disclosure.
 4. The Service Provider will retain a copy of this Authorization in the Service Provider's records.
 5. The Service Provider will communicate to the Plan Administrator/Employer any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the Form 5500 (or 5500-SF).

Instructions and Disclosures

To: Bridgette Kling, EIP Corp.

From: Michael Hiatt ("Plan Administrator")

Ottawa Chiropractic Clinic, P.A. ("Employer" if different from Plan Administrator)

Re: Ottawa Chiropractic Clinic, P.A. 401(k) Savings Plan

**PLAN ADMINISTRATOR'S AUTHORIZATION
TO SERVICE PROVIDER
TO SUBMIT FORM 5500 (OR 5500-SF) ELECTRONIC FILING
AND DISCLOSURES**

SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>[Signature]</i>	10/14/2025	Michael Hlatt

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 belief, it is true, correct, and complete.

5a	Total number of participants at the beginning of the plan year	4
b	Total number of participants at the end of the plan year	4
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	4
d(1)	Total number of active participants at the beginning of the plan year	4
d(2)	Total number of active participants at the end of the plan year	3
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.

a Sponsor's name
c Plan Name

4b EIN
4d PN

3a Plan administrator's name and address Same as Plan Sponsor.

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Ottawa Chiropractic Clinic, P.A.
1501 S. Main St.
Ottawa
KS 66067

2b Employer Identification Number (EIN)
48-1174803

2c Sponsor's telephone number
785-242-4100

2d Business code (see instructions)
621310

3b Administrator's EIN
3c Administrator's telephone number

1a Name of plan
Ottawa Chiropractic Clinic, P.A. 401(k) Savings Plan

1b Three-digit plan number (PN) 001

1c Effective date of plan
01/01/2018

Part II Basic Plan Information—enter all requested information

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEF. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is: the first return/report an amended return/report the final return/report

C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)

D If the plan is a collectively-bargained plan, check here

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.
	2024 This Form is Open to Public Inspection OMB Nos. 1210-0089

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X		
c	Was the plan covered by a fidelity bond?	X		385,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	X		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		
f	Has the plan failed to provide any benefit when due under the plan?	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		

Part V Compliance Questions

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2L 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 IV Plan Characteristics

7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	1,281,360	1,395,538
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	1,281,360	1,395,538
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers	4,810	
	(2) Participants	21,190	
	(3) Others (including rollovers)	200	
b	Other income (loss)	97,385	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		123,585
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0	
e	Certain deemed and/or corrective distributions (see instructions)	0	
f	Administrative service providers (salaries, fees, commissions)	9,407	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		9,407
i	Net income (loss) (subtract line 8h from line 8c)		114,178
j	Transfers to (from) the plan (see instructions)	0	

Part III Financial Information

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704279a

- N/A
- "Current year" ADP test
- "Prior year" ADP test
- Design-based safe harbor method

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

Part VIII IRS Compliance Questions

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) FN(s)

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. Yes No

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

Part VII Plan Terminations and Transfers of Assets

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d

c Enter the amount contributed by the employer to the plan for this plan year 12c

b Enter the minimum required contribution for this plan year 12b

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: Yes. No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. No. Other. Provide explanation

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

Part VI Pension Funding Compliance