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

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information								
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017		and ending	12/31/2017				
A This ret	urn/report is for:	x a single-employer plan			n (not multiemployer ployer information in		-			
		a one-participant plan	a foreign p	an						
B This retu	urn/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 I	oox if filing under:	Form 5558 special extension (enter descr	automatic e	extension		DFVC pro	gram			
D (II	Dania Blancia									
Part II		ormation—enter all requested inf	formation			41		1		
1a Name BRANDENB	of plan URG LAW FIRM 401	I(K) PLAN				1b Three-plan no (PN)	umber	001		
						1c Effective		plan 1/2015		
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				2b Employ (EIN)		ication Number 048426		
	town, state or proving RANDENBURG, P.S	nce, country, and ZIP or foreign posta S.	al code (if foreig	n, see instru	uctions)	2c Spons	or's teleph 360-695	hone number 6-6335		
						2d Busine	ss code (see instructions)		
	RGREEN BLVD R, WA 98660						5411	10		
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			3b Admini	strator's F	EIN		
							strator's t	elephone number		
this pl	an, enter the plan sp	he plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
•	or's name					4d PN				
C Plan N	lame									
5a Total r	number of participant	ts at the beginning of the plan year				5a		3		
b Total r	number of participant	ts at the end of the plan year				5b		3		
		n account balances as of the end of				5c		3		
d(1) Tota	al number of active p	articipants at the beginning of the plant	an year					2		
		participants at the end of the plan year				5d(2)				
than	100% vested	o terminated employment during the				5e		0		
		or incomplete filing of this return								
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and an enrolled actuary, and the control and t								
SIGN	Filed with authorize	d/valid electronic signature.	02/05/20)18	BARRY BRADENBU	JRG				
HERE	Signature of plan	administrator	Date		Enter name of indiv	idual signing as	plan adn	ninistrator		
SIGN	Filed with authorize	d/valid electronic signature.	02/05/20)18	BARRY BRADENBU	JRG				
HERE	Signature of empl	loyer/plan sponsor	Date		Enter name of indiv	dividual signing as employer or plan sponso				

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	Were all of the plan's assets during the plan year invested in eligib							X Ye	es No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							. X Y	s No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					. Ц	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	ır			(See inst	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year	
а	Total plan assets	7a	9	95204				187312	2
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	Ç	95204				187312	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)) Total	
а	Contributions received or receivable from:	0-(4)		40000					
	(1) Employers	8a(1)	1	46000 29816					
	(2) Others (including rellance)	8a(2)		29010	-				
	(3) Others (including rollovers)	8a(3)	,	16292					
	Other income (loss)	8b		10292				92108)
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92100)
	to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i_	Net income (loss) (subtract line 8h from line 8c)	8i						92108	3
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	istic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-		10a		X			
b	,			IUa		^			
	reported on line 10a.)			10b		X			
				10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g		-	•	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
	· · · · ·								

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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 complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X 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 or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	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			
С	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			
е	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?		Ye	s X N	0
	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 X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF Department of the Treasury (nternal Revenue Service

Department of Labor Employee Benefits Security Administration

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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 (ncome Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

P	majon Benefit Quaranty Corporation	➤ Complete all entries in ac	<u>ccordance</u>	with the Instructi	ons to the Form 5500-	SF.				
P	Annual Report	Identification Information]	1 1 1 1 1 1 1 1 1 1	and anding	12/31/2017				
or c	alendar plan year 2017 or fis	cal plan year beginning		/01/2 <u>017</u>	and ending					
	'his return <i>ire</i> port is for: 'his return <i>i</i> report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of a fore the fire	of participating em Ign plan nal return/report	n (not multiemployer) (F ofoyer information in ac report (less than 12 mo	cordance With the	form instructions.)			
Ċ (Check box if filing under:	Form 5558 special extension (enter description)	-	natic extension		DFVC pn	ogram			
¥ 4	Basic Plan Info	rmation enter all requested	i information	1	<u>.</u>	45				
	Name of plan BRANDENBURG LAW FIL				į	1b Three-digit plan numbe (PN) ► 1c Effective da	001			
2a	Mailing Address (include roo City or town, state or proving	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos RG, P.S. DBA BRANDENBUR	.c. box) stal code (if	foreign, see instru IRM	ctions)	(EIN) 91	dentification Number -2048426 elephone number			
	712 W. EVERGREEN B	rad				2d Business ¢ 541110	ode (see instructions)			
20	US VANCOUVER WA 98660	and address 🗷 Same as Plan Sp	ponsor		· -	3b Administrator's EIN				
. DR	Plan administrator s harrie e	ilità dadicess. Est delline en i ven al-	,				•			
•						3c Administra	tor's telephone number			
4 a c	this plan, enter the plan spo Sponsor's name	e plan sponsor or the plan name honsor's name, EIN, the plan name o	has change and the pla	d since the last ret n number from the	um/report filed for last return/report	4d PN				
		<u> </u>			<u> </u>	5a	3			
5a	Total number of participants	s at the beginning of the plan year	++++			5b	3			
b	Number of participants with	s at the end of the plan year account balances as of the end o	of the plan y	ear (only defined o	contribution plans	5c	3			
d	complete this item)	articipants at the beginning of the p	plan year	***************************************	. Firitrarararararana	5d(1)	2			
		articipants at the end of the plan ye			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	2			
e	Number of participants who	terminated employment during th	he pian yez	with accrued ben-	efits that were	5e	0			
_	aution: A pensity for the lat	e or incomplete filing of this reti	urn/report	will be assessed	untess reasonable car	use is establishe	d			
IJ S	A DO LET LAND AND A SHARE	other penalties set forth in the inst and signed by an enrolled actuary	enictions I d	iociare that I have	examined this return/re sion of this return/repor	port, including, if the heat	applicable, a Schedule			
	··· 15	1 7			BARRY BRANDENBU					
	Signature of plan ad	Imin/strator		ate 2 - 5 - 1 B	Enter name of Individu	al signing as plan	administrator			
	15-1-			ets 2 - 5 - 19	Enter name of Individu	at elanina na ama	lover or olan cooncor			
	Signature of employ	er/plan aponsor	Į C	ate 2 - 5 - 18	Enter name of individu	er eißund an eub	royer or promoportion			

09/26/2014 00:39 3607357938 BRANDENBURG 02/6/2018 13:00 PM PST TO:13607357338 FROM:3033633104 02/6/2018

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•										
			<u></u>	_					iæīv₀. □	
a w	ere all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)				+		X Yes	Пио
b An	e you claiming a waiver of the annual examination and report of an der 29 CFR 2520.104-467 (See instructions on waiver eligibility an you answered "No" to either line 6a or line 6b, the plan cannot	independa id condition	ent qualified public account	*******	*********				XYes [_No
H :	you answered "No" to enter line 6a or line 6b, the plan carried	. 444 1 4114	verem /car FRISA section	4021)	7		Yes	∏No	☐ Not dete	emine
C If	he plan is a defined benefit plan, is it covered under the PBGC ins	manos pro	-i Eliza for this year		,		•	_	 See instruction	
lf '	Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	minu ming toi titis year _							
	JE Financial Information	ingentrative services	(a) Beginning of	Voor				(b) End 4	of Year	
	an Assets and Liabilities	_	, , <u>, , , , , , , , , , , , , , , , , </u>						187,3	12
	otal plan assets	7a	9	,20	4				20,7-	
	otal plan liabilities	7b							187,3	12
C N	at plan assets (subtract line 7b from line 7a)	7c		5,20	4			(b) T		<u> </u>
B In	come, Expenses, and Transfers for this Plan Year	2, A 1971, 12	(a) Amount					(H) .	Ocal	
	ontributions received or receivable from:	8a(1)	4	6,00	0					
	Participants	8a(2)	2	9,81	.6				-	
	Others (Including rollovers)	8a(3)					4,000			
	ther income (loss)	8b	1	6,29)2					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92,1	108
d B	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	XXXXXIII			23				
	ertain deemed and/or corrective distributions (see instructions)	8e						100		200
	dministrative service providere (setaries, fees, commissions)	81								
	wher expenses	. 8g					(100 mg)			
	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	7							
	let income (loss) (subtract line 8h from line 8c)	. 81							92,	108
	ransfers to (from) the plan (see instructions)	. 8i					100	¥:///		
SAN CONTRACTOR	Plan Characteristics		<u>.</u> .							
	the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Ch	aract	eristic	Code	s in the	instruct	ions:	
9a n	2A 2E 2F 2G 2J 2T 3D									
b 1	the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racte	ristic (Codes	In the	instructio	ons:	
 	Compliance Questions	<u></u>								
10	During the plan year:				Yes	No	AUTA		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions with:	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary Fi	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do nat	include transactions	10b		x				
C	Was the plan covered by a fidelity bond?		**********	10c		X				
đ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	and, that was caused	10d		x				
. e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	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		300,000		(0,5% v.) V
h	if this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided	the require	ed notice or one of the	101						

02/6/2018

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	Form 5500-SF 2017		_				
Pari	Pension Funding Compliance	in Cab	andrilai C	D	T		7
11	ts this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and completely from 5500 and line 11a below)	ie scii			<u>ļ</u> LL	Yes X] No
110			1195				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	sectio	n 302 o	f 		Yes 🔀	□N¢
						attac vuli	ina
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution	ne, an	c enter	tne date Y	Yes	BL061 1(4)	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		- 1				
<u>x</u>	Enter the minimum required contribution for this plan year.		12b				
_ _	Enter the amount contributed by the employer to the plan for the 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			<u></u>	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [] No	<u> </u>	I/A
Par	Plan Terminations and Transfers of Assets		r _				
13ε	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 un	*****			Yes	X N	o
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.)	plan(: 	6) tO				
	3c(1) Name of plan(s):	ic(2) E	IN(s)		12	Ic(3) PN	K(\$)
							-