Form 5500-SF		Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089								
D	rnal Revenue Service epartment of Labor		This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).									
	Benefits Security Administration enefit Guaranty Corporation	,	00-SE	This Form is Open to Public Inspection								
Part I												
For calend	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan											
A This re	turn/report is for:	plan (not multiemployer) (Femployer information in acc		•								
B This ret	urn/report is	t										
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)							
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram						
		special extension (enter descri	iption)									
Part II		rmation—enter all requested info	ormation									
1a Name	•	OCIATES, INC. 401(K) PLAN			1b Three plan	e-digit number						
DELECTOR					(PN)	• 002						
					1c Effect	tive date of plan 01/01/2006						
Mailin	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O		(2b Empl (EIN)	oyer Identification Number 20-3444759						
	CHIROPRACTIC ASS	e, country, and ZIP or foreign posta OCIATES, P.S.	ai code (il foreign, see ins	structions)	2c Sponsor's telephone number 425-641-8052							
14676 REL 1	RED RD., STE 100				2d Business code (see instructions)							
BELLEVUE,					621310							
3a Plan a	administrator's name ar	nd address $\overline{ imes}$ Same $$ as Plan Spon	sor.		3b Administrator's EIN							
					3c Administrator's telephone number							
4 - 16.1					46							
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN							
a Sponsc Plan N	sor's name Name				4d PN							
5a Total	number of participants	at the beginning of the plan year			5a	6						
		at the end of the plan year			5b	6						
		account balances as of the end of t		-	5c	6						
	,	rticipants at the beginning of the pla		-	5d(1)	4						
d(2) Tot	tal number of active pa	rticipants at the end of the plan yea	ar		5d(2)	4						
than	ber of participants who 100% vested		5e 0									
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assesse	<u>d unless reasonable cau</u>								
SB or Sch	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.											
SIGN HERE	Filed with authorized/	valid electronic signature.	04/30/2018	LAURIN MCELHERAN								
neke	Signature of plan a		Date	Enter name of individu		as plan administrator						
SIGN HERE		/valid electronic signature.	04/30/2018	LAURIN MCELHERAN								
	Signature of emplo	yer/plan sponsor e, see the Instructions for Form 5500	-SF.	Enter name of individu	al signing	as employer or plan sponsor Form 5500-SF (2017)						
						v.170203						

6a b										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 4021)?	Yes No Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)						
De										
Pa	rt III Financial Information	1	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	624273	735933						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	624273	735933						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	14543							
	(2) Participants	8a(2)	22420							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	74697							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		111660						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

111660

Part V Compliance Questions

2E 2F 2G 2J 2K 2R 3D

g Other expenses.....

Part IV Plan Characteristics

Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

f

j

9a

b

2A

10	During the plan year:		Yes	No	Amount
а	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		75000
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		×	
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	10i			

r

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No	
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year	12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	es X	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to					
1	3c(1	3c(1) Name of plan(s): 13c(2) E				13c(3) PN(s)		

Form 5500-SF	Form 5500-SF Department of the Treasury Short Form Annual Return/Report of Small Employ Benefit Plan										
Internal Revenue Service	This form is required to be filed	d under sections 104 a	and 4065 of the Employee		2017						
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		al Revenue Code (the	Code).	This For	m is Open to Public Inspection						
Part I Annual Report I	Complete all entries in accord dentification Information	lance with the instru	ctions to the Form 5500-SF	· .							
For calendar plan year 2017 or fisca		01/01/2017	and ending	12/31/2017							
-			lan (not multiemployer) (Filer	1	box must attach						
A This return/report is for: B This return/report is: [a one-participant plan the first return/report	a list of participating a a foreign plan the final return/report	employer information in accor	ation in accordance with the form instructions.)							
l	an amended return/report	a short plan year retu	rn/report (less than 12 month	is)							
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	gram						
Ī	special extension (enter description	ו)		-							
Part II Basic Plan Infor	mation enter all requested inforr	mation									
1a Name of plan	indion enter all requested infor	ination	1	b Three-digit							
Bellevue Chiropracti	ic Associates, Inc. 401(k)) Plan	205	plan number	002						
-			1	(PN) ► C Effective date							
				01/01/200	n an						
	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo: , country, and ZIP or foreign postal co				ntification Number						
Bellevue Chiropracti		de (il loreign, see inst		C Sponsor's telephone number (425) 641-8052							
14575 Bel-Red Rd., S	14575 Bel-Red Rd., Ste 100										
US Bellevue WA 98007											
3a Plan administrator's name and	d address X Same as Plan Sponsor	•	3	b Administrator	's EIN						
			30	C Administrator	's telephone number						
4 If the name and/or EIN of the p	plan sponsor or the plan name has cha	anged since the last re	eturn/report filed for 4	b EIN							
this plan, enter the plan spons	sor's name, EIN, the plan name and the	e plan number from th	÷								
a Sponsor's namec Plan Name			4	4d PN							
5a Total number of participants at	t the beginning of the plan year			5a	6						
	t the end of the plan year			5b	6						
	ccount balances as of the end of the pl			5c	6						
	cipants at the beginning of the plan yea			d(1)	4						
d(2) Total number of active partic	cipants at the end of the plan year .			d(2)	4						
Number of participants who te	rminated employment during the plan		nefits that were	5e 0							
Caution: A penalty for the late o	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cause i	s established.							
Under penalties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/report,	including, if app	licable, a Schedule ny knowledge and						
SIGN Lang	Pma	4-31/18	LAURIN J. Ma	Elheran							
HERE Signature of plan admin	nistrator	Date	Enter name of individual sig	ning as plan ad	ninistrator						
	Pm-le	4-31/18	LAURIN J. Y								
SIGN HERE Signature of employer/	plan sponsor	Date	Enter name of individual sig	and the second se	CARTS OF STREET, S						
	otice, see the instructions for Form	SERVICE			Form 5500-SF (2017)						

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62	Wore all of the plan's access during the plan year invested in eligible	anasta? (-						
	If you answered "No" to either line 6a or line 6b, the plan cannot											
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							No Not determined				
	If "Yes" is checked, enter the My PAA confirmation number from the						il is inter	(See instructions.)				
D												
_	art III Financial Information		(a) Paginging of	. Vee		+						
7	Plan Assets and Liabilities	7.	(a) Beginning of				(b) End of Year					
<u>a</u>	Total plan assets	7a	62	24,2	73			735,933				
<u>b</u>	Total plan liabilities	7b				-						
	Net plan assets (subtract line 7b from line 7a)	7c		24,2	73			735,933				
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			Delberra de	(b) Total					
u	(1) Employers	8a(1)	1	4,5	43	1000						
	(2) Participants	8a(2)	2	2,4	20	1	All and					
	(3) Others (including rollovers)	8a(3)				A STATE		and the state of the state of the state				
b	Other income (loss)	8b	7	4,6	97	Line Field						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		21213		Seperation of	Contraction of the Contraction	111,660				
d	Benefits paid (including direct rollovers and insurance premiums			and the second		1.14.						
_	to provide benefits)	8d			-	and a						
e	Certain deemed and/or corrective distributions (see instructions)	8e			-		- 4-1333 					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f				See and						
g	Other expenses	8g		and the second	Contraction of the	1	100-1-10					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	1999							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		C. Land		and and		111,660				
Contraction of	Transfers to (from) the plan (see instructions)	8j										
Pa	art IV Plan Characteristics					_						
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	e instructions:				
	2A 2E 2F 2G 2J 2K 2R 3D											
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	racte	ristic (Codes	s in the	instructions:				
Pa	art V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
a	Was there a failure to transmit to the plan any participant contributi	ons within	the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fid	luciary Correction				200					
	Program)			10a		x						
b	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x						
	Was the plan covered by a fidelity bond?			10c	x		Str. C.	75,000				
				100			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10,000				
	by fraud or dishonesty?			10d		x	Angel I and					
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x						
f	f Has the plan failed to provide any benefit when due under the plan?					х						
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)											
h	I 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 2520.101			10i								

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Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)	nedule	SB		Yes 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	of		Yes X] No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver Month		r the date of a the date of a second se	of the I		ng	
lf y	ou 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 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 a negative amount)	12d	2d				
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?	[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 under the control of the PBGC?		י ם	/es	X No		
Ç	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;	tic(1) Name of plan(s): 13c(2) El	N(s)		130	:(3) PN(s)	