Depresent of the Teaching teaching teaching the teaching teach		Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				loyee	OMB Nos. 1210-0110 1210-0089				
Despendent states Description Description This Form is Open to Public Inspection Perstand Annual Report Identification Information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For calendar plan year 2017 or ficed plan year beginning of the information For all plan year 2017 or ficed plan year beginning object at beginning (of the information For all plan plan beginning object at beginning (of the information For all plan plan Bit Form 5558 For the information For all plan plan Bit Form 5558 For all plan plan year return/eport For a single-employer plan Bit Form 5558 For all plan plan year return/eport For all plan plan Bit Form 5558 For all plan plan year return/eport For all plan plan Bit For ENCLOS, N.C. 401K PLAN 1b The return instructions.) For all plan plan Bit For ENCLOS, N.C. 401K PLAN 20 Form post plan Bit For ENCLOS, N.C. 401K PLAN 1b The return instructions Bit For ENCLOS, N.C. 401K PLAN 2b Enclosed plan Bit For ENCLOS, N.C. 401K PLAN 21 Plan administrator's name and address Same as Plan Sponsor. 2b Enclosed plan plan plan plan administrator's telephone number (EN) 31 Plan administrator's name and address Same as Plan Sponsor. 3b Administrator			This form is required to be filed		0047						
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A This return/report is for: a single-employer plan (multiemployer) (filers checking this box must attach a is of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan b fin far term/report a non-participant plan b fin far term/report a shot plan year return/report (less than 12 months) C Check box if fing under: f for farse fars		Part I Annual Report Identification Information									
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HERE	SIGN					<u> </u>					
	HERE	Signature of employ	ver/plan sponsor	Date	Enter name of indiv	idual signing	as employer or plan sponsor				

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

Form 5500-SF (2017) v.170203

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
a	a Total plan assets		17313	21096			
b	b Total plan liabilities						
C	C Net plan assets (subtract line 7b from line 7a)		17313	21096			
8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	0				
(2) Participants			1200				
(3) Others (including rollovers)			0				

	(2) Participants	8a(2)	1200	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	2871	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4071
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	288	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		288
i	Net income (loss) (subtract line 8h from line 8c)	8i		3783
j	Transfers to (from) the plan (see instructions)	8j	0	
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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: <u>2E</u> <u>2F</u> <u>2G</u> <u>2J</u> <u>2K</u> <u>2T</u> <u>3D</u>

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

Par	V Compliance Questions				
10	During the plan year:				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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
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		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			

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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	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)						
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?			Yes 🗙 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) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)