| -                   | m 5500-SF   | Short Form Annua  | l Return/Report<br>Benefit Plan                   | of Small Emplo            | oyee             | OMB Nos. 1210-0110<br>1210-0089                             |  |  |
|---------------------|---|---|---|---------------------------|------------------|---|--|--|
|                     | rtment of the Treasury<br>nal Revenue Service         | 065 of the Employee Re  |   | 2017                      |                  |   |  |  |
|                     | epartment of Labor<br>enefits Security Administration | Income Security Act of 1974 (E  | RISA), and sections 605<br>Revenue Code (the Code |                           | Internal         | This Form is Open to  |  |  |
| Pension Be          | enefit Guaranty Corporation                           | Complete all entries in ac  | cordance with the instr                           | uctions to the Form 55    | 500-SF.          | Public Inspection   |  |  |
| Part I              |   | dentification Information   |   |                           |                  |   |  |  |
| For calenda         | ar plan year 2017 or fisc                             | cal plan year beginning 01/01/201   |   |                           | 2/31/2017        |   |  |  |
| A This ret          | urn/report is for:                                    | X a single-employer plan  | list of participating em                          |                           |                  | king this box must attach a<br>/ith the form instructions.) |  |  |
| <b>B</b> This rot   | urn/report is   | a one-participant plan  | a foreign plan                                    |                           |                  |   |  |  |
|                     | Im/report is  | the first return/report   | the final return/report                           |                           |                  |   |  |  |
|                     |   | an amended return/report  | a short plan year return                          | n/report (less than 12 mo | onths)           |   |  |  |
| C Check b           | box if filing under:                                  | Form 5558   | automatic extension                               |                           | DFVC p           | rogram  |  |  |
|                     |   | special extension (enter description  | tion)   |                           |                  |   |  |  |
| Part II             | Basic Plan Infor                                      | mation—enter all requested infor  | mation  |                           |                  |   |  |  |
| 1a Name             |   |   |   |                           | 1b Thre          |   |  |  |
| ALAN L. PE          | ET, D.D.S., PLLC PROP                                 | FIT SHARING PLAN  |   |                           | plan<br>(PN)     | number 002  |  |  |
|                     |   |   |   |                           | ( )              | tive date of plan   |  |  |
|                     |   |   |   |                           |                  | 01/01/2015  |  |  |
|                     |   | er, if for a single-employer plan)<br>, apt., suite no. and street, or P.O. I     | 3ox)  |                           | 2b Empl<br>(EIN) | oyer Identification Number<br>43-2103517                    |  |  |
| City or             |   | , country, and ZIP or foreign postal  |   | ructions)                 | ( /              | nsor's telephone number                                     |  |  |
|                     |   |   |   |                           | 2d Busir         | 360-681-0900<br>ness code (see instructions)                |  |  |
| 550 N. 5TH A        | AVE   |   |   |                           |                  | 621111  |  |  |
| SEQUIM, WA          | A 98382   |   |   |                           |                  | 021111  |  |  |
| 20 Diana            | destates to de la companya en el                      |   |   |                           | 2h A data        |   |  |  |
| Ja Plan a           | aministrator's name and                               | address 🗙 Same as Plan Sponse   | or.   |                           | SD Admi          | nistrator's EIN   |  |  |
|                     |   |   |   |                           | 3c Admi          | nistrator's telephone number                                |  |  |
|                     |   |   |   |                           |                  |   |  |  |
| <b>4</b> If the r   | name and/or FIN of the                                | plan sponsor or the plan name has   | changed since the last re                         | aturn/report filed for    | 4b EIN           |   |  |  |
| this pl             | an, enter the plan spon                               | sor's name, EIN, the plan name and  |   |                           |                  |   |  |  |
| a Spons<br>C Plan N | or's name   |   |   |                           | <b>4d</b> PN     |   |  |  |
|                     | laine   |   |   |                           |                  |   |  |  |
| 5a Total r          | number of participants a                              | at the beginning of the plan year   |   |                           | 5a               | 10  |  |  |
| <b>b</b> Total r    | number of participants a                              | at the end of the plan year   |   |                           | 5b               | 10  |  |  |
|                     |   | ccount balances as of the end of the  |   |                           | 5c               | 10  |  |  |
| <b>d(1)</b> Tota    | al number of active part                              | icipants at the beginning of the plan   | year  |                           | 5d(1)            | 9   |  |  |
| • •                 |   | icipants at the end of the plan year  |   | •                         | 5d(2)            | 8   |  |  |
|                     |   | erminated employment during the p   |   |                           | 5e               | 2   |  |  |
| Caution: A          | penalty for the late o                                | r incomplete filing of this return/r  | eport will be assessed                            | unless reasonable cau     |                  |   |  |  |
| SB or Sche          | edule MB completed and                                | er penalties set forth in the instruction<br>of signed by an enrolled actuary, as |   |                           |                  |   |  |  |
|                     | Filed with authorized/v                               | ete.<br>alid electronic signature.  | 05/15/2018  | ALAN L. PEET              |                  |   |  |  |
| SIGN<br>HERE        |   |   | Date  |                           | ial signing      | as plan administrator                                       |  |  |
| SIGN                | Signature of plan ad                                  | וווווזפוומנטו   | Dale  | Enter name of individu    | iai siyilliy     | ລວ pian aunimistratur                                       |  |  |
| HERE                | Signature of ample                                    | or/plan ananaar   | Data  | Entor nome of institution |                  |   |  |  |
|                     | Signature of employ                                   |   | Date  | Enter name of Individu    | uai signing      | 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<br>If you answered "No" to either line 6a or line 6b, the plan cann     |            | ,                        |         |          |         |                   |                     |
| С        | If the plan is a defined benefit plan, is it covered under the PBGC in  |            |                          |         |          |         |                   | Not determined      |
| -        | If "Yes" is checked, enter the My PAA confirmation number from th   |            |                          |         |          |         |                   | (See instructions.) |
|          |   |            | 5 1                      | ,       |          |         |                   | · · · · ·           |
|          | rt III Financial Information  |            |                          |         |          |         |                   |                     |
| 7        | Plan Assets and Liabilities   |            | (a) Beginning            |         |          |         | (b) End o         |                     |
| <u>a</u> | Total plan assets   | 7a         | ;                        | 82252   |          |         |                   | 215395              |
|          | Total plan liabilities  | 7b         |                          |         |          |         |                   | 045005              |
|          | Net plan assets (subtract line 7b from line 7a)   | 7c         |                          | 82252   |          |         |                   | 215395              |
| 8        | Income, Expenses, and Transfers for this Plan Year  |            | (a) Amoun                | t       |          |         | (b) To            | otal                |
| а        | Contributions received or receivable from:<br>(1) Employers   | 8a(1)      | 1:                       | 20847   |          |         |                   |                     |
|          | (2) Participants  | 8a(2)      |                          |         |          |         |                   |                     |
|          | (3) Others (including rollovers)  | 8a(3)      |                          |         |          |         |                   |                     |
| b        | Other income (loss)   | 8b         |                          | 12621   |          |         |                   |                     |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c         |                          |         |          |         |                   | 133468              |
| d        | Benefits paid (including direct rollovers and insurance premiums  |            |                          |         |          |         |                   |                     |
|          | to provide benefits)  | 8d         |                          | 325     |          |         |                   |                     |
| e        | 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         |                          |         |          |         |                   | 325                 |
| i        | Net income (loss) (subtract line 8h from line 8c)   | 8i         |                          |         |          |         |                   | 133143              |
| j        | Transfers to (from) the plan (see instructions)   | 8j         |                          |         |          |         |                   |                     |
| Ра       | rt IV Plan Characteristics  |            |                          |         |          |         |                   |                     |
| 9a       | If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $3D$  | feature co | odes from the List of Pl | an Cha  | racteri  | stic Co | des in the instru | uctions:            |
| b        | If the plan provides welfare benefits, enter the applicable welfare for   | eature coo | des from the List of Pla | n Chara | acterist | ic Cod  | les in the instru | ctions:             |
| Par      | t V Compliance Questions  |            |                          |         |          |         |                   |                     |
| 10       | During the plan year:   |            |                          |         | Yes      | No      | А                 | mount               |
| a        | 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) | oluntary F | Fiduciary Correction     | 10a     |          | x       |                   |                     |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   | t? (Do not | include transactions     | 10b     |          | x       |                   |                     |
| c        | Was the plan covered by a fidelity bond?  |            |                          | 10c     | х        |         |                   | 33240               |
| Ċ        | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |            |                          | 10d     |          | х       |                   |                     |
| е        | Were any fees or commissions paid to any brokers, agents, or oth  |            |                          |         |          |         |                   |                     |

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10e

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10g

10h

10i

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)

 ${f f}$  Has the plan failed to provide any benefit when due under the plan? .....

**g** Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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.....

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Page 3- 1

| Part   | VI    | Pension Funding Compliance   |         |            |                    |               |        |
|--------|-------|--|---------|------------|--------------------|---------------|--------|
| 11     |       | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch<br>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<br>SA?<br>"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<br>nting the waiver   |         | r the date | e of the le<br>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<br>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                | 1 ×           | No     |
| С      |       | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s<br>ch assets or liabilities were transferred. (See instructions.)                 | ) to    |            |                    |               |        |
| 1      | 3c(1  | ) Name of plan(s): 13c(2   | ) EIN(s | 5)         | 130                | <b>:(3)</b> P | 'N(s)  |
|        |       |  |         |            |                    |               |        |

To: 15749365599 From: 13606810875 Date: 06/18/18 Time: 7:48 AM Page: 02 06/18/2018 07:50 3606810857

PAGE <u>02/06</u>

|  | Short Form Ann  | ual Return/Repo   | ort of Small Em   | ployee   | OMB Nos. 1210-0110   |
|--|---|---|---|--|--|
| Department of the Treasury<br>Internal Revenue Service   | This form is required to be fi  | Benefit Pla   | 1   | _  | 1210-0089  |
| Department of Labor<br>Employee Benefite Security Administration<br>Penaion Benefit Guaranty Corporation   | -   | Revenue Code (the Code)   | 3057(b) and 6058(a) of t<br>xde).   | he Internal  | 2017<br>This Form Is Open to   |
|  | Complete all entries in   | accordance with the In  | structions to the Form  | 5500-SF.   | Public Inspection  |
| For calendar plan year 2017 or fis   | Juenuncation Intormatio   | n   | <u> </u>  |  |  |
|  |   | 01/01/2017  | and ending  | . 12/  | 31/2017  |
| A This return/report is for:   | ⊠ a single-employer plan<br>☐ a one-participant plan  | list of participating   | employer information in   | <ul> <li>Filers check</li> <li>accordance with</li> </ul>  | ing this box must attach a the form instructions.)   |
| B This return/report is  | the first return/report   |   |   |  |  |
|  | an amended return/report  | the final return/repo   |   |  |  |
| <b>A A A A A A A A A A</b>   |   | la short plan year rei  | um/report (less than 12   | months)  |  |
| C Check box if filing under:   | Form 5558   | automatic extension   | 1   | DFVC pr  | ogram  |
| Part II Basic Plan Infor   | mation-enter all requested in   |   |   |  |  |
| 1a Name of plan  | differ all requested in   | normation   |   |  |  |
| Alan L. Peet, D.D.S.   | , PLLC Profit Shari   | ng Plan   |   | 1b Three<br>plan n<br>(PN)   | umber  |
| 20.0   |   |   |   | 1c Effecti   | ve date of plan )1/2015_   |
| 2a Plan sponsor's name (employe<br>Mailing address (include room)  | , apt., suite no, and street, or P (  | D. Box)   |   | 2b Emplo   | yer Identification Number  |
| unty of town, state of province,   | , country, and ZIP or foreign posi  | tal code (if foreign, see in:   | structions)   |  | 3-2103517  |
| Alan L. Peet, D.D.S.   | , PLLC  |   |   |  | or's telephone number  |
| 550 N. 5th Ave   |   |   |   |  | ss code (see instructions)   |
|  |   |   |   |  |  |
| Sequim   |   | D4  |   | 1  | a a  |
|  |   |   | <u>A 98</u> 382   | 6211   | T 7  |
| 3a Plan administrator's name and   | address 🗙 Same as Plan Spor   | <u>ີ</u> <u></u> ກະ<br>າຣ¢r,  | A <u>98</u> 382   | 3b Admini  |  |
| 3a Plan administrator's name and   | address 🗙 Same as Plan Spor   | 180r.   | 4 98382   | 3b Admini  |  |
|  |   | <u>.</u><br>  |   | 3b Admini  | strator's EIN  |
| If the name and/or EIN of the p  | plan sponsor or the plan name ha  | is changed since the last   | rotum/mont filed for  | 3b Admini  | strator's EIN  |
| If the name and/or EIN of the p  |   | is changed since the last   | rotum/mont filed for  | 3b Admini<br>3c Admini   | strator's EIN  |
| If the name and/or EIN of the p<br>this plan, enter the plan spons<br>a Sponsor's name<br>c Plan Name  | plan sponsor or the plan name ha<br>or's name, EIN, the plan name a   | nsor.<br>as changed since the last<br>nd the plan number from   | return/report filed for<br>the last return/report.  | 3b Admini<br>3c Admini<br>4b EIN<br>4d PN  | strator's EIN  |
| If the name and/or EIN of the p<br>this plan, enter the plan spons<br>a Sponsor's name<br>c Plan Name<br>a Total number of participants at   | plan sponsor or the plan name ha<br>or's name, EIN, the plan name a<br>the beginning of the plan year   | nsor.<br>Is changed since the last<br>nd the plan number from   | return/report filed for<br>the last return/report.  | 3b Admini<br>3c Admini<br>4b EIN<br>4d PN<br>5a  | strator's EIN  |
| If the name and/or EIN of the p<br>this plan, enter the plan spons<br>a Sponsor's name<br>c Plan Name<br>a Total number of participants at<br>b Total number of participants at  | plan sponsor or the plan name ha<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year   | nsor.<br>is changed since the last<br>nd the plan number from   | return/report filed for<br>the last return/report.  | 3b Admini<br>3c Admini<br>4b EIN<br>4d PN<br>5a  | strator's EIN<br>strator's telephone number  |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Number of participants with accomplete this item)</li> </ul>  | plan sponsor or the plan name ha<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count belances as of the end of t  | nsor.<br>Is changed since the last<br>nd the plan number from<br>the plan year (only defined  | return/report filed for<br>the last return/report.  | 3b Admini<br>3c Admini<br>4b EIN<br>4d PN<br>5a<br>5b<br>5c  | strator's EIN<br>strator's telephone number<br>  |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with acc complete this item)</li> <li>d(1) Total number of active participants</li> </ul>                           | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count balances as of the end of t   | nsor.<br>as changed since the last<br>nd the plan number from<br>he plan year (only defined<br>an year.   | return/report filed for<br>the last return/report.  | 3b     Admini       3c     Admini       4b     EIN       4d     PN       5a     5b       5c     5c       5d(1)     Sc  | strator's EIN<br>strator's telephone number<br>10<br>10  |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with acc complete this item)</li></ul>  | plan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count belances as of the end of t<br>spants at the beginning of the plan<br>sipants at the end of the plan year   | nsor.<br>Is changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year   | return/report filed for<br>the last return/report.  | 3b     Admini       3c     Admini       4b     EIN       4d     PN       5a     5b       5c     5c       5d(1)     Sc  | strator's EIN<br>strator's telephone number<br>10<br>10<br>9   |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with accomplete this item)</li></ul>  | plan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count belances as of the end of the<br>spants at the beginning of the plan<br>sipants at the end of the plan year<br>minated employment during the  | he plan year (only defined<br>in year   | return/report filed for<br>the last return/report.  | 3b         Admini           3c         Admini           4b         EIN           4d         PN           5a         5b           5c         5d(1)           5d(2)         5d(2)  | strator's EIN<br>strator's telephone number<br>10<br>10<br>9<br>8  |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan sponse</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with acc complete this item)</li> <li>d(1) Total number of active participants who ter than 100% vested</li> </ul> | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count balances as of the end of the<br>sipants at the beginning of the plan<br>sipants at the end of the plan yea<br>minated employment during the  | nsor.<br>Is changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year   | retum/report filed for<br>the last return/report.<br>I contribution plans<br>enefits that were less   | 3b         Admini           3c         Admini           4b         EIN           4d         PN           5a         5b           5c         5d(1)           5d(2)         5e   | strator's EIN<br>strator's telephone number<br>10<br>10<br>9<br>8<br>2   |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan sponse</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with acc complete this item)</li></ul>   | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count balances as of the end of the<br>sipants at the beginning of the plan<br>sipants at the end of the plan yea<br>minated employment during the<br><b>incomplete filing of this return</b><br>penalties set forth in the instruct<br>signed by an enrolled actuary, as | hsor.<br>Is changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year   | retum/report filed for<br>the last retum/report.<br>I contribution plans<br>enefits that were less<br>unless reasonable car   | 3b       Admini         3c       Admini         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         use is establis   | strator's EIN<br>strator's telephone number<br>10<br>10<br>9<br>8<br>8<br>2<br>shed.   |
| If the name and/or EIN of the p<br>this plan, enter the plan sponse<br>a Sponsor's name<br>c Plan Name<br>a Total number of participants at<br>b Total number of participants at<br>c Number of participants with acc<br>complete this item)   | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count balances as of the end of the<br>sipants at the beginning of the plan<br>sipants at the end of the plan yea<br>minated employment during the<br><b>incomplete filing of this return</b><br>penalties set forth in the instruct<br>signed by an enrolled actuary, as | nsor.<br>as changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year<br>plan year with accrued by<br><u>freport will be assessed</u><br>ions, I declare that I have<br>s well as the electronic ve | retum/report filed for<br>the last retum/report.<br>I contribution plans<br>enefits that were less<br>unless reasonable car   | 3b       Admini         3c       Admini         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         use is establis   | strator's EIN<br>strator's telephone number<br>10<br>10<br>9<br>8<br>8<br>2<br>shed.   |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with accomplete this item)</li></ul>  | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count belances as of the end of the<br>plants at the beginning of the plan<br>signants at the end of the plan yea<br>minated employment during the<br>incomplete filing of this return<br>penalties set forth in the instruct<br>signed by an enrolled actuary, as        | hsor.<br>Is changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year   | retum/report filed for<br>the last retum/report.<br>I contribution plans<br>enefits that were less<br><u>unless reasonable can</u><br>examined this retum/re<br>rsion of this retum/repor     | 3b       Admini         3c       Admini         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         use is establis port, including, t, and to the best port including. | strator's EIN<br>strator's telephone number<br>10<br>10<br>10<br>20<br>8<br>2<br>shed.<br>If applicable, a Schedule<br>est of my knowledge and |
| <ul> <li>If the name and/or EIN of the p this plan, enter the plan spons.</li> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>a Total number of participants at</li> <li>b Total number of participants with acc complete this item)</li></ul>   | blan sponsor or the plan name hat<br>or's name, EIN, the plan name a<br>the beginning of the plan year<br>the end of the plan year<br>count belances as of the end of the<br>plants at the beginning of the plan<br>signants at the end of the plan yea<br>minated employment during the<br>incomplete filing of this return<br>penalties set forth in the instruct<br>signed by an enrolled actuary, as        | as changed since the last<br>nd the plan number from<br>the plan year (only defined<br>an year  | return/report filed for<br>the last return/report.<br>I contribution plans<br>enefits that were less<br><u>unless reasonable can</u><br>examined this return/re<br>rsion of this return/repor | 3b       Admini         3c       Admini         4b       EIN         4d       PN         5a       5b         5c       5d(1)         5d(2)       5e         use is establis port, including, t, and to the best port including. | strator's EIN<br>strator's telephone number<br>10<br>10<br>10<br>20<br>8<br>2<br>shed.<br>If applicable, a Schedule<br>est of my knowledge and |

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| Were all of the plan's assets during the plan year invested in ellot   | hia aveata  | 2/Soo instructione )  |  |  |  |   | ·····  |   |
|--|---|---|--|--|--|---|--|---|
|  |   |   |  |  |  |   |  | ′es ∐ No  |
|  |   |   |  |  |  |   |  |   |
|  | not nse F   | Arm 5500.26 and nu  | 1 m H 3 4  |  |  |   | ×Υ   | ′es 📋 No  |
| If the plan is a defined benefit plan. Is it covered under the PBCC :  |   |   | 19f 1119f  | eau u  | se ror   | m 5500.   | _  |   |
| If "Yes" is checked, enter the My BAA confirmation much be form  |   | program (see ERISA  | section  | 4021)  | ?  | ∐Yes ∐No  | 📙 Not d  | etermined   |
|  | ne PBGC   | premium filing for this   | plan ya  | ar   |  |   | (See ins   | tructions.)   |
| rt III Financial Information   |   |   |  |  |  |   |  |   |
| Plan Assets and Liabilities  | in and  |   |  |  |  |   |  |   |
|  |   | (a) Beginning   |  |  |  | <u>(b)</u> End  |  |   |
|  |   | <u> </u>  | 82   | , 252  |  |   |  | <u>215,395</u>  |
|  |   | ······································  | <u> </u>   |  |  |   |  |   |
|  |   | ·   | 82   | , <u>25</u> 2  |  |   |  | <u>215,395</u>  |
| Contributions received or material for this Plan Year  |   | (a) Amou  | int  |  |  | (b) 1   | <b>Total</b>   |   |
| (1) Employers  | <i>m</i> - <i>1a</i>  |   |  |  |  | · 教授于1997年1997年1997年1997年1997年1997年1997年1997  | <i>.</i>   | Sand Street   |
|  |   | · · · · · · · · · · · · · · · · · · ·   | 120,   | 847  | 1.1  |   | 1. 1.20  | 8   |
| (2) Others (asketise asketise  | 8a(2)   | <u> </u>  |  |  | <u> di</u> 255   | 1997 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -   |  |   |
| (3) Others (including rollovers)   | 8a(3)   | ·   |  |  | <u>, 12</u> , 1,   |   |  | 1888 - A.   |
| Other Income (loss)  | 8b  |   | 12,  | 621  | 1.14   |   | تېرىنى دىر<br>⊳مۇرىيارد د  |   |
| Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  | te i serve te set plat  | 1 N. 19  | 100  |  |   |  | 133,468   |
| Benefits paid (including direct rollovers and insurance premiums   |   |   |  |  |  |   |  | 200 <b>,</b> 400  |
| Contraine de la contraine de l | 8d  |   |  | 325  |  |   |  |   |
|  | 8e  |   |  |  | (  | 5 X <u>6</u>  |  | 1. A.   |
|  | 8f  |   |  |  | 2 Mart   |   | filler St.   |   |
| Other expenses   | 8g  |   |  |  |  |   |  |   |
| Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h  | 1. J.   |  |  | <u>e e</u>   | <u>an a san a</u> na  | 3.5  | 305   |
| Net income (loss) (subtract line 8h from line 8c)  | _   |   | <u></u><br>  |  | _  |   |  | 325   |
| Transfers to (from) the plan (see instructions)  |   |   |  |  | al an  | the second second   | <b>ل</b><br><i>تر</i> ب ز ۲۰۰۰   | 33,143  |
|  | <u>oj</u>   |   |  |  | , 44 - 1   |   |  | 1. S. 21  |
|  | footure ee  |   |  | -  |  |   |  |   |
| 2A 2E 3D   | ieaune co   | des from the list of P  | ian Cha  | racteri  | stic Co  | odes in the instr   | uctions;   |   |
| If the plan provides welfare benefits, enter the applicable welfare fe   | ature cod   | es from the List of Pla   | n Char   | aotoria  | tio Cas  |   |  |   |
|  |   |   |  | potens   | ac Goç   | es in the instru  | ctions:  |   |
| V Compliance Questions   |   |   |  |  |  |   |  |   |
| During the plan year:  |   |   |  | Van  | Na   |   |  |   |
|  | lone within   | the time second   |  | res  | NO   | A   | mount  |   |
| described in 29 CFR 2510.3-102? (See instructions and DOI 's V/  | Nuntery Fi  | iduciany Correction   |  |  |  |   |  |   |
| Program)   |   |   | 10a  |  | x  |   |  |   |
| vvere mere any nonexempt transactions with any party-in-interest?  | /Do not i   | nclude transactione   |  |  | <u> </u>   |   |  |   |
| reported on line 10a.)   |   |   | 10b  |  | x  |   |  |   |
| Was the plan covered by a fidelity bond?   |   |   | 100  | v  |  |   |  | ~ ~ ~ ~   |
| Did the plan have a loss, whether or not reimbursed by the plan's fi   | idelity hon   | that was caused   |  | ~  |  |   |  | 33,240  |
| by fraud or dishonesty?  |   |   | 10d  |  | x  |   |  |   |
| Were any fees or commissions paid to any brokers, agents, or othe  | er persons  | by an insurance   |  |  | *1   |   |  |   |
| carrier, insurance service, or other organization that provides some   | or all of t   | he henofite under   |  |  |  |   |  |   |
| the plan / (See instructions.)   |   |   | 10a  |  | х  |   |  |   |
|  | under 29 CFR 2520.104-467 (See instructions on weiver eligibility         If you answered "No" to either line 6a or line 6b, the plan can         If the plan is a defined benefit plan, is it covered under the PBGC i         If "Yes" is checked, enter the My PAA confirmation number from the the plan case is checked, enter the My PAA confirmation number from the the plan case is checked, enter the My PAA confirmation number from the the plan case is checked, enter the My PAA confirmation number from the the plan assets and Llabilities         Total plan assets       Total plan assets         Total plan assets       Total plan assets (subtract line 7b from line 7a)         Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participants         (3) Others (including rollovers).         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissione)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         the plan provides pension benefits, enter the applicable weifare feesion 2A 2E 3 | under 29 CFR 2520. 104-46? (See instructions on waiver eligibility and conclusion of your eligibility and conclusion of your eligibility and conclusion.         If the plan is a defined benefit plan, is it covered under the PBGC insurance if "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance.         If the plan is a defined benefit plan, is it covered under the PBGC insurance.         If "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance.         If "Yes" is checked, enter the My PAA confirmation number from the PBGC insurance.         If an assets and Liabilities         Total plan assets and Liabilities         Total plan assets (subtract line 7b from line 7a) | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | under 28 CFR 2520.104-46* (See instructions on waiver eligibility and occilitions.).       with an under banking bank bank bank bank bank bank bank bank | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).       If you answord "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use For         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium fling for this plan year         If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium fling for this plan year       If a Boginning of Year         If an Assets and Liabifities       7a       82,252         Total plan isbilities       7a       82,252         Income, Expenses, and Transfers for this Plan Year       (a) Amount         Contributions received or neceivable from:       120,847       42         (1) Employers       8a(1)       120,847       42         (2) Participants       8a(2)       325       34         Certain deemed and/or corrective distributions (see instructions)       8a       325       325         Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8h       325       325         Certain deemed and/or corrective distributions (see instructions)       8a       325       33         Contributions decid lines 8a(1, 8a, 4f, and 8g)       325       33       34       325         Certain deemed and/or corrective distributions (see instructions) | under 20 CFR 2820 104-48? (See instructions on waiver eights and conditions) | If you answord "No" to other line 6a or line 5b, the plan cancer use form 5500-5F and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the FBGC insurance program (see ERISA section 4021)? |

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....

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 .....

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| Part VI Pension Funding Compliance  |                  |            |                    |         |
|---|------------------|------------|--------------------|---------|
| <ul> <li>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)</li></ul>  | nadulę S         | в          | Y                  | ′es 🗶 I |
| The Enter the uppaid minimum required contributions for all years from Schedule SB (Form 5500) line 40  | 44-              | ····       |                    |         |
| ERISA?  |                  | r í        | <br>П              | es 🛛 I  |
| <ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver,</li></ul> |                  |            |                    |         |
| Mode Nicole   | d enter t<br>Day | he date of | the letter<br>Year | ruling  |
| 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              |            |                    |         |
| <ul> <li>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)</li> </ul>   | 12d              |            |                    |         |
| e vill the minimum funding amount reported on line 12d be met by the funding deadline?  | - []             | Yes        | No                 | N/A     |
| art VII Plan Terminations and Transfers of Assets   |                  | <u> </u>   |                    |         |
| 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              | <u></u>    |                    |         |
| 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      |
| C 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               |            | <u> </u>           |         |
| 13c(1) Name of plan(s): 13c(2)  | E(N(s)           |            | 13c(3)             |         |
|   |                  |            | 100(0)             | 11(3)   |
|   |                  |            |                    |         |
|   |                  |            |                    |         |