Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Parti	Ailliuai Nepoi	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	turn/report is for:	a single-employer plan		olan (not multiemployer) (F mployer information in acc	_	
D						
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name BRYAN W. M		. P.S. 401(K) RETIREMENT PLAN			1b Three-digiting plan numb (PN) ▶	
					1c Effective d	ate of plan 06/02/2015
		loyer, if for a single-employer plan)			2b Employer I	dentification Number
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		tructions)	. ,	20-1502298
-	MCLELLAND, D.D.S.		(telephone number 8-777-2122
					2d Business o	code (see instructions)
507 N SULLI SUITE 120	VAN					621210
	'ALLEY, WA 99037					
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN
		_		-	0	
					3C Administra	tor's telephone number
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
•		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d DV	
a Spons C Plan N	or's name				4d PN	
• Hallin	iamo					
5a Total r	number of participan	ts at the beginning of the plan year.			5a	13
		ts at the end of the plan year			5b	2
		h account balances as of the end of		•	5c	2
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	13
` '		participants at the end of the plan ye		-	5d(2)	2
than	100% vested	no terminated employment during th			5e	0
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	d unless reasonable cau		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.				
SIGN	Filed with authorize	d/valid electronic signature.	06/28/2018	BRYAN W. MCLELLAN	ND, D.D.S.	
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible. 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	and condit	ions.)					X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan cannot						_	
С			-					Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instruct		(See instructions.)						
Pa	rt III Financial Information				T			
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
a	Total plan assets	7a	82	29396				401433
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	82	29396				401433
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Total
а 	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	er income (loss)							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						113233
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	53	32650				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses	8546						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)					541196		
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-427963
	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2G 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
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 contribut							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		X		
b	Were there any nonexempt transactions with any party-in-interest			Tou				
	reported on line 10a.)			10b		X		
<u>c</u>				10c	Χ			100000
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		
е	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	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	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 2520.101	ne required	d notice or one of the	10i	X			

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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 (Form 5500) and line 11a below)	chedule	SB	\	res 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 set ERISA?	ion 302	of		res X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver		r the date ay	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	120	:		
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?		X Ye	s N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13а			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	ne		Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	(s) to			
1	3c(1) Name of plan(s):	(2) EIN(s)	13c(3) PN(s)

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

A This return/report is for:	Part I		rt Identification Information					
A This return/report is	For calen	dar plan year 2017 o	fiscal plan year beginning	01/01/2017	and ending	12/	31/2017	
B This return/report is the first return/report the first return/report the first return/report an amended return/report a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan information	A This r	eturn/report is for:	olan (not multiemployer) mployer information in a	(Filers ched	cking this box r with the form i	must attach a nstructions.)		
the first return/report fine final return/report se short plan year return/report (less than 12 months)	R This re	turn/report is	a one-participant plan					,
C Check box if filing under:	D 1118316	adimeport is	the first return/report	the final return/report				
Part II Basic Plan Information — enter all requested information	.		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)		
Part II Basic Plan Information—onter all requested information 1a Name of plan 1b Three-digit plan number (PN) 1c Effective date of plan 1c (PN) 1c (PN	C Check	box if filing under:	<u></u>	h		DFVC	program	
18 Name of plan Bryan W. McLelland, D.D.S. P.S. 401 (k) Retirement Plan 18 Three-digit plan number 10 10	Dorf II	Racio Blan In		· · · · · · · · · · · · · · · · · · ·				
Bryan W. McLelland, D.D.S. P.S. 401(k) Retirement Plan Plan sponsor's name (employer, if for a single-employer plan)			Ormation—enter all requested inf	omation		d1		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulta no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Bryan W. McLelland, D.D.S. P.S. 2c Sponsor's telephone number 208-777-2122 2d Business code (see instructions) 621210 5or N Sullivan Suite 120 Spokane WA 99037 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled 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 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. by the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. by Total number of participants at the beginning of the plan year c Plan Name 5a Total number of participants at the end of the plan year c Plan Name 5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c (1) Total number of active participants at the end of the plan year d(2) Total number of active participants at the end of the plan year (d(2) Total number of active participants at the end of the plan year (d(2) Total number of active participants at the end of the plan year (d(3) Total number of active participants at the end of the plan year (d(4) Total number of active participants at the end of the plan year (d(5) Total number of active participants at the end of the plan year (d(6) Total number of active participants at the end of the plan year (d(7) Total number of active participants at the end of the plan year (d(8) Total number of active participants at the end of the plan year (d(8) Total number of active participants at the end of the plan year (d(8) Total number of active participants at the end of the p			D.D.S. P.S. 401(k) Re	tirement Plan		plan (PN	number 0	
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) Bryan W. McLelland, D.D.S. P.S. 20 Sponsor's telephone number 208-777-2122 2d Business code (see instructions) 621210 Spokane WA 99037 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled 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 5a Total number of participants at the beginning of the plan year C Number of participants with account belances as of the end of the plan year C Number of participants with account belances as of the end of the plan year (d(2) Total number of active participants at the end of the plan year (d(2) Total number of active participants at the end of the plan year (d(2) Total number of active participants at the end of the plan year (d(2) Total number of participants at the end of the plan year (d(2) Total number of participants at the end of the plan year (d(2) Total number of participants at the end of the plan year (d(3) Total number of participants at the end of the plan year (d(3) Total number of participants at the end of the plan year (d(3) Total number of participants at the end of the plan year (d(3) Total number of participants at the end of the plan year (d(3) Total number of participants who terminated employment during the plan year with accrued benefits that were less to the participants at the end of the plan year (d(3) Total number of participants at the end of the plan year (d(3) Total number of participants who terminated employment during the plan year with accrued benefits that were less to the participant of the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan year with accrued benefits that were less to the plan								lan
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Bryan W. McLelland, D.D.S. P.S. 2c Sponsor's telephone number 208-777-2122 2d Business code (see Instructions) 621210 Spokane WA 99037 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter 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 4d PN 5a Total number of participants at the beginning of the plan year c Number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year. 5b Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(2) Zode Station: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of participants with terminated employment during the plan year with accound benefits that were less than 100% vested. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as penployer or plan sponsor	2a Plan : Mailir	sponsor's name (emp to address (include ro	loyer, if for a single-employer plan)	Royl			-	
208-777-2122 2d Business code (see instructions) Suite 120 Spokane WA 99037 3a Plan administrator's name and address Same as Plan Sponsor. 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 5a Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this lean). 6(1) Total number of active participants at the beginning of the plan year. 6(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 62(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 62(3) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 63(4) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 64(5) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 65(2) 2 2 3 4 Define the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 65(2) 2 2 3 5 6 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7	City o	r town, state or provi	nce, country, and ZIP or foreign posta	. box) al code (if foreign, see ins	tructions)		<u> </u>	
Suite 120 Spokane WA 99037 3a Plan administrator's name and address Signame as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. It is plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 2 Sponsor's name 2 Plan Name 4b EIN 4d PN 5a 13 b Total number of participants at the beginning of the plan year	Bryan	W. McLelland,	D.D.S. P.S.					
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number active participants at the beginning of the plan year complete this lem. 4d PN 5a Total number of participants at the beginning of the plan year some participants at the end of the plan year complete this lem. 5d (1) Total number of participants at the beginning of the plan year with accrued benefits that were less than 100% vested when the late of the plan year with accrued benefits that were less than 100% vested complete filing of this return/report with accrued benefits that were less than 100% vested 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 bellef, it is true, correct, and complete. Signature of pand administrator Date Enter name of individual signing as employer or plan sponsor	507 N	Sullivan						e instructions)
3b 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. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	Suite	120				6212	210	
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. 3 Sponsor's name 4 PN 5a Total number of participants at the beginning of the plan year	Spokan	е	WA 99037					
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 5a 13 b Total number of participants at the beginning of the plan year	3a Plana	administrator's name	and address X Same as Plan Spon	sor.		3b Adm	inistrator's EIN	1
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 5a 13 b Total number of participants at the beginning of the plan year						L		
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 5a Total number of participants at the beginning of the plan year						3C Adm	inistrator's tele	phone number
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 5a Total number of participants at the beginning of the plan year								
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 5a Total number of participants at the beginning of the plan year								
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year	4 If the this p	name and/or EIN of ti lan, enter the plan sp	ne plan sponsor or the plan name has onsor's name, EIN, the plan name ar	s changed since the last r	eturn/report filed for he last return/report.	4b EIN		
5a Total number of participants at the beginning of the plan year	a Spons	or's name		•	•	4d PN		
b Total number of participants at the end of the plan year	C Plan h	łame						
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total	number of participant	s at the beginning of the plan year			5a		13
d(1) Total number of active participants at the beginning of the plan year	b Total	number of participant	s at the end of the plan year		***************************************	5b		2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	C Numb comp	er of participants with lete this item)	account balances as of the end of the	ne plan year (only defined	contribution plans	5c		2
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5d(1)		13
than 100% vested						5d(2)		
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 Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	than	100% vested						0
SIGN HERE Signature of employer/plan sponsor Signature of individual signing as employer or plan sponsor	Under pena	alties of perjury and o	ther penalties set forth in the instructi	ons. I declare that I have	examined this return/rea	port includi	ng if applicabl	e. a Schedule
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as oplete.	well as the electronic ver	rsion of this return/report	t, and to the	best of my kn	owledge and
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Birco	Leven	5-28-18	BRYAN W. MCLEI	LLAND, I	D.D.S.	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	AERE	Signature of plan			1			strator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	the state of the s	13		6-28-18				
	19309499999				Enter name of Individu	al signing a		

	Form 5500-SF 2017		Page 2				
c	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr if the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and conditi not use For nsurance pr	ndent qualified public ions.) rm 5500-SF and mu rogram (see ERISA s	accour st Inste	tant (I ead us 4021)?	QPA) 5 \	X Yes No 500.
Pa	rt III Financial Information						
	Plan Assets and Liabilities		(a) Beginning				(b) End of Year
	Total plan assets	7a		829,	396		401,433
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c		829,	396		401,433
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
N-LL-	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		113,	233	<u> </u>	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		/	200		113,233
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		532,	650		113,233
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		****			
	Other expenses	8g		8,	546	STATE OF THE	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>			541,196
	Net income (loss) (subtract line 8h from line 8c)	8i					-427,963
j	Transfers to (from) the plan (see instructions)	81		*****			
Pai	t IV Plan Characteristics	<u> </u>					***************************************
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2G 3D						
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	cteris	tic Codes	in the instructions:
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vongram)	oluntary Fid	luciary Correction	10a		х	
b		? (Do not in	clude transactions	10b		х	

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		х	
b				Х	
C	Was the plan covered by a fidelity bond?		Х		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
e		10e		х	
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		
1	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	х		

Form 5500-SF 2017										
	7	11	20	F	-8	กก	55	m	FΛ	

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D-4	T							
Part		Pension Funding Compliance						
11	Is this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500) and line 11a below)	d complete Sch	edule S	B	. □	Yes] No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or section	n 302 o	f		Yes X] No
	{II = Y (es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grantı	niver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver.	. Month	d enter Day		of the let Year]
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
b	Enter ti	ne minimum required contribution for this plan year	•••••	12b				
С.	Enter th	ne amount contributed by the employer to the plan for this plan year		12c		<u>, a</u>		
d	negati	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	١
Part \	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?	•••••••••••		X Yes		No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year	***************************************	13a			******	0
b	Were a	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro I of the PBGC?	ught under the			Yes	X No	
С								
1:	3c(1) N	ame of plan(s):	13c(2)	EIN(s)	Ť	13c(3) P		1
				<u>``</u>			, (-)	
			·····					
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