Form 5500-SF Department of the Treasury		Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
D	Pepartment of Labor	This form is required to be filed Income Security Act of 1974	d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the		2017 This Form is Open to		
	Benefits Security Administration Benefit Guaranty Corporation	 Complete all entries in a 	Revenue Code (the Cod	,	500-SE	Public Inspection		
Part I		Identification Information						
For calend	dar plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017	the data have seen a data have		
A This re	eturn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac		ing this box must attach a ith the form instructions.)		
B This ret	turn/report is	the first return/report the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descri	ption)					
Part II		rmation—enter all requested info	ormation					
1a Name		ENTER 401(K) PLAN & TRUST			1b Three plan	e-digit number		
QUEENT					(PN)	• 001		
					1c Effec	tive date of plan 01/01/2008		
Mailin	g address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number		
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) QUEEN ANNE CHIROPRACTIC, P.S.					sor's telephone number 206-282-8275		
					2d Busir	ness code (see instructions)		
1905 QUEE SEATTLE, V	N ANNE AVE. N. NA 98109					621310		
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN		
3c /						nistrator's telephone number		
4 If the	name and/or FIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN			
this p	lan, enter the plan spon	isor's name, EIN, the plan name a						
a Sponsor's namec Plan Name					4d PN			
5a Total	number of participants	at the beginning of the plan year			5a	8		
		at the end of the plan year			5b	7		
		account balances as of the end of t		-	5c	7		
d(1) Tot	tal number of active par	ticipants at the beginning of the pla	an year		5d(1)	5		
d(2) Tot	tal number of active par	ticipants at the end of the plan yea	ır		5d(2)	5		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0		
Caution: /	A penalty for the late o	or incomplete filing of this return	/report will be assesse	d unless reasonable cau				
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.								
HERE	Signature of plan ac		Date	Enter name of individ	ual signing	as plan administrator		
SIGN HERE		valid electronic signature.	07/27/2018	DARRELL GIBSON				
	Signature of employ	yer/plan sponsor e, see the Instructions for Form 5500	-SF.	Enter name of individ	ual signing	as employer or plan sponsor Form 5500-SF (2017)		
. er i aperw						v.170203		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of a updor 20 CEP 2520 104 462 (See instructions on waiver aligibility of						Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
					<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning ((b) End of Year		
	Total plan assets	7a	/	07584			858212		
	Total plan liabilities	7b	7	07504			050040		
	Net plan assets (subtract line 7b from line 7a)	7c		07584			858212		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ht	_		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		1648					
	(2) Participants	8a(2)		28939					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1:	20317					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					150904		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		276					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					276		
i	Net income (loss) (subtract line 8h from line 8c)						150628		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	, oj							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	les 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V								
	Program)		,	10a	Х		14176		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	Х		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		×			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x			

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10f

10g

10h

10i

 ${f f}$ 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.)

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

i,

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					
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	1 ×	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)

Form 5500-SF	Short Form Annual	l Ret Be	urn/Report nefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be	e filed u	under sections 104	and 4065 of the Emplo	vee	2017			
Department of Labor Employee Benefits Security Administration	Retirement Income Security A	Act of 1 nternal I	974 (ERISA), and Revenue Code (the	section 6057(b) and 60 • Code).	58(a) of	This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in ac				500-SE	Inspection			
	dentification Information				. 100-01				
For calendar plan year 2017 or fisc	al plan year beginning		01/01/2017	and ending	12/:	31/2017			
A This return/report is for:	\mathbf{x} a single-employer plan	a	multiple-employer	olan (not multiemploye	r) (Filers che	cking this box must attach e with the form instructions.)			
	a one-participant plan		foreign plan		accordance	e with the form instructions.)			
B This return/report is:	the first return/report	th	e final return/report						
	an amended return/report	a	short plan year retu	rn/report (less than 12	I2 months)				
C Check box if filing under:	Form 5558	au	utomatic extension		П	DFVC program			
	special extension (enter descri	iption)							
Part II Basic Plan Infor	mation enter all requested i	informa	ation						
1a Name of plan	4				1b Th	ree-digit			
QUEEN ANNE CHIROPRAC	CTIC CENTER 401 (K) PLAN	N & T	RUST		pla	n number			
						N) ► 001 ective date of plan			
2						/01/2008			
2a Plan sponsor's name (employ Mailing Address (include room	apt, suite no and street or P C) Box)			2b Em	ployer Identification Number			
City or town, state or province	e, country, and ZIP or foreign posta	al code	(if foreign, see inst	ructions)		N) 20-4496294			
QUEEN ANNE CHIROPRAC	TIC, P.S.					onsor's telephone number 06) 282-8275			
1905 QUEEN ANNE AVE.	N					siness code (see instructions)			
					62	1310			
US SEATTLE WA 98109	1 I I I I I I I I I I I I I I I I I I I								
3a Plan administrator's name and	address [🗻 Same as Plan Spo	nsor			3b Ad	ministrator's EIN			
					3c Ad	ministrator's telephone number			
4 If the name and/or EIN of the p	plan sponsor or the plan name ha	is chang	ged since the last r	eturn/report filed for	4b EIN	l			
a Sponsor's name	or's name, EIN, the plan name an	id the p	blan number from tr	e last return/report.	Ad DU				
c Plan Name					4d PN				
5a Total number of participants at	t the beginning of the plan year				. 5a	8			
	t the end of the plan year					7			
c Number of participants with ac	ccount balances as of the end of th	he plan	year (only defined	contribution plans	Fo	7			
d(1) Total number of active partic					= 1(4)	5			
d(2) Total number of active partic	cipants at the end of the plan year					5			
E	rminated employment during the p					0			
Caution: A penalty for the late of	r incomplete filing of this return				•				
Under penalties of perjury and othe									
SB or Schedule MB completed and belief, it is true, correct, and compl	d signed by an enrolled actuary, a								
	CD-V2	F	212-115	Darrell Gibson		· · · · · · · · · · · · · · · · · · ·			
HERE Signature of plan admir	nistrator		Date	Enter name of individ		as plan administrator			
	INS		7/2-11	Derre		1 DO			
SIGN	1-1-0/		HA Alle	verre	11 -	1230-135			

Date

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

HERE Signature of employer/plan sponsor

Form 5500-SF (2017) v.170203

Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

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XYes No

	If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	mium filing for this year				_			tructions.)	
Pa	rt III Financial Information	-									
<u> </u>	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T		(b) End	of Year		
3	Total plan assets	7a	7	07,5	84				85	8,212	
	Total plan liabilities	7b								0,212	
	Net plan assets (subtract line 7b from line 7a)	7c	7	07,5	84				85	8,212	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:	0.(1)		1 6	4.0		No.				
	(1) Employers	8a(1)		1,6		Anna An					
	(2) Participants	8a(2)		28,9	39	-				Condition of	
	(3) Others (including rollovers) Other income (loss)	8a(3)									
_		8b	1:	20,3	17						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							15	0,904	
1	to provide benefits)	8d		2	76						
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
1	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i							15	276	
a		8i 8j	s from the List of Plan Cl	naract	eristic	Code	s in the	instructi		276	
Pa	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare features	8i 8j ature codes							ons:		
'a	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D	8i 8j ature codes							ons:		
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alla	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fear rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi	8i 8j ature codes ture codes t ture codes t	from the List of Plan Cha		ristic	Codes	in the i		ons: ns:	0,628	
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alla	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?	8i 8j ature codes ture codes	from the List of Plan Cha the time period iciary Correction clude transactions	10a	Yes X	No	in the i		ons: ns:	0,628 It	
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Form 5500-SF 2017

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Par	VI Poncion Eurodian Consultant							
11								
(Form 5500 and line 11a below)								
_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 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 d	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, ar	nd enter	the data of the latter miling					
	granting the waiver	Da	0					
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						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A					
Parl	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Г	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?		Yes X No					
С								
1:	c(1) Name of plan(s): 13c(2) El	N(s)	13c(3) PN(s)					
		. ,						