Foi	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury mal Revenue Service	This form is required to be file	otiromont	2017							
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to					
Pension Be	Public Inspection Public Inspection Public Inspection Public Pub										
Part I		dentification Information									
For calend	For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan										
A This ref	turn/report is for:	X a single-employer plan	list of participating er			vith the form instructions.)					
<b>B</b> This rot	urn/report is		a one-participant plan a foreign plan								
		the first return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)						
C Check	box if filing under:		DFVC p	rogram							
		special extension (enter descr	ription)								
Part II	Basic Plan Infor	mation—enter all requested inf	formation								
1a Name	•				1b Three	3					
HEALIHWE	LL MEDICAL PC PROF	II SHARING PLAN			(PN)	number 002					
					· · · /	tive date of plan 01/01/2015					
		er, if for a single-employer plan) a, apt., suite no. and street, or P.C	). Box)		2b Empl (EIN)	oyer Identification Number					
City or	town, state or province	, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	2c Sponsor's telephone number						
					718-445-4902 2d Business code (see instructions)						
8533 BELL E					621111						
HOLLIS HILI	LS, NY 11427										
<b>3a</b> Plan a	<b>3a</b> Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrator's telephone number						
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN						
•	or's name				<b>4d</b> PN						
C Plan N	lame										
5a Total	number of participants a	at the beginning of the plan year			5a	1					
		at the end of the plan year			5b	2					
		ccount balances as of the end of			5c	2					
<b>d(1)</b> Tot	al number of active part		5d(1)	1							
d(2) Total number of active participants at the end of the plan year						2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested											
Caution: A	A penalty for the late of	r incomplete filing of this return	n/report will be assessed	d unless reasonable cau							
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a									
SIGN		valid electronic signature.	07/30/2018	FEI WANG							
HERE	Signature of plan ad		Date	Enter name of individu	ual signing :	as plan administrator					
SIGN		alid electronic signature.	07/30/2018	FEI WANG							
HERE	Signature of employ		Date		idual signing as employer or plan sponsor						
For Paperw		a see the Instructions for Form 5500				Form 5500-SF (2017)					

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	a 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	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	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year		
а	Total plan assets	7a		22889				34514		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	:	22889				34514		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b	) Total		
а	Contributions received or receivable from:	80(1)		0064						
	<ul><li>(1) Employers</li><li>(2) Participants.</li></ul>	8a(1) 8a(2)		9964 0						
	(2) Participants	8a(3)		0						
b	Other income (loss)		1661							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c					11625			
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
е	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								
<u>    i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						11625		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2D$ $2E$ $3D$	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in the ir	structions:		
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	es in the ins	structions:		
1										
Pa					-					
10	During the plan year:				Yes	No		Amount		
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction									
_	Program)			10a		X				
k	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x				
C	C Was the plan covered by a fidelity bond?					Х				
C	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor	ns by an insurance							

the plan? (See instructions.)

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

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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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		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	<b>:(3)</b> P	'N(s)

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	Form 5500-SF	Short Form Annual	Return/Repo Benefit Plar	rt of Small Empl	оуее	OMB Nos. 1210-0110 1210-0089					
-	Internal Revenue Service	This form is required to be t Refirement Income Security Ac	oyee	2017							
_	Employee Benefits Security Administration										
E.	Pension Benefit Guaranty Corporation	Complete all entries in and				This Form is Open to Public Inspection					
	Part   Annual Report			structions to the Form 5	500-SF.						
	or calendar plan year 2017 or fiso		01/01/201	7 and ending	12/	31/2017					
A	This return/report is for:	x a single-employer plan	a multiple-employ	er plan (not multiemplove)	r) (Eilers ob						
	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/re								
	l	an amended return/report	a short plan year	return/report (less than 12	months)						
C	Check box if filing under:	x Form 5558	automatic extensi		_						
		special extension (enter descript				DFVC program					
	art II Basic Plan Infor	mation enter all requested infi			·						
<b>1</b> a	Name of plan	inter all requested infi	ormation								
	Healthwell Medical P	C Profit Sharing Plan				n number					
						N)► 002					
					1C Eff	ective date of plan					
2a	Pian sponsor's name (employe Mailing Address (include room	er, if for a single-employer plan)		· · · · · · · · · · · · · · · · · · ·		/01/2015					
		and a single-employer plan) a, apt., suite no. and street, or P.O. I , country, and ZIP or foreign postal of	Box)		20 Em	ployer Identification Number					
	Healthwell Medical P	C	code (il idreign, see	instructions)	(EIN) 20-1781499						
					2c Sponsor's telephone number (718) 445-4902						
	8533 Bell Blvd				2d Business code (see instructions)						
					62:	1111					
3a	US Hollis Hills NY 11427 Plan administrator's name and	address X Same as Plan Sponse									
		address A Same as Plan Sponse	or		3b Adn	ninistrator's EIN					
÷					3c Adn	ninistrator's telephone number					
4	If the name and/or EIN of the pl	lan sponsor or the plan name has c	hanged since the las								
~	• • •	or's name, EIN, the plan name has c	he plan number from	the last return/report filed for	4b EIN						
	Sponsor's name Plan Name			,	4d PN						
 5a	Total sumh		<b></b>	_							
b	Total number of participants at t	the beginning of the plan year	* = = = + # # < # + # E & & # # # # # # # # # # # # # # # #		5a	1					
		ne enu o líne gian vear			5b	1					
	complete this item)	com balances as of the end of the p	olan year (only define		5c	2					
	y i stat hamber of some particip	pants at the beginning of the plan ye	ar	9 9 8 4 4 4 4 6 9 9 9 9 9 9 4 9 6 4 9 7 7 7 9 9 8 4 5 4 4 7 7 9 9 8 4 5 4 5 4 7 7 7 9 9 8 4 5 5 4 5 4 7 4 7 4 5	5d(1)	1					
Δ	Number of participants who term	ninated employment during the plan	Vor with server 1		5d(2)	2					
		5e									
Cau	tion: A penalty for the late or it	ncomplete filing of this return/rep	ort will be assesse	d unless reasonable es							
SB o beli∈	or Schedule MB completed and s of, it is true, correct, and complete	penalties set forth in the instruction signed by an enrolled actuary, as we e.	s, I declare that I ha ell as the electronic v	ve examined this return/report	port, includi , and to the	ng, if applicable, a Schedule best of my knowledge and					
SIC			7130/18	Fei Wang							
HE	RE Signature of plan adminis	trator	Date								
SIG			7/30/18	Enter name of individual	signing as	plan administrator					
HE	Signature of amployer/pla	n sponsor	Date	Fei Wang	<u> </u>						
For F	Paperwork Reduction Act Notic	ce, see the instructions for Form		Lener name of Individual	signing as	employer or plan sponsor					

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

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

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••••••

XYes No

c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition	ons.)		•••••	•••••		x	Yes 🗌 No			
Part III       Financial Information         7       Plan Assets and Liabilities       7a       22,889       34,514         6       Total plan issets       7a       22,889       34,514         6       Total plan issets       7a       22,889       34,514         6       Income. Expresses, and Transfers for this Plan Vaar       (a) Amount       (b) Total         7       22,889       34,514       (b) Total       (c) Total         8       Income. Expresses, and Transfers for this Plan Vaar       (a) Amount       (b) Total       (c) Ortal       (c) Ortal <th>С</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>_</th> <th></th> <th></th> <th></th>	С						_						
7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan insets:     7a     22,889     34,514       b     Total plan insets:     (a) Amount     (b) End of Year       c     22,889     34,514       b     income. Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       c     Contributions received or receivable from:     Ba(1)     9,964       (1)     Employers     Ba(2)     0       (2)     Participants     Ba(2)     0       (3)     Others (including direct rollowers) and insurance prenumus     Ba(2)     0       b     Other income (dost)     Ba     1, 661     11, 625       c     Total expenses (add lines 8a(1), 8a(2), 8a(3), and 8b)     Be     11, 625       d     Benefits paid (including direct rollowers and insurance prenumus     Bd     11, 625       g     Other expenses     Bg     11, 625       g     Other expenses (add lines 8d, 8e, 8t, and 8g)     Be     11, 625       g     Other expenses (add lines 8d, 8e, 8t, and 8g)     Bi     11, 625       g     Other expenses (add lines 8d, 8e, 8t, and 8g)     Bi     11, 625       g     Other provides persition benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this year					(See	instructions.)			
a       Total plan assets       7a       22,889       34,514         b       Total plan isbuilties       7b       0       0       0         6       Net plan assets (subtract line 7b from line 7a)       7c       22,889       34,514         8       Income, Expanses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         4       Contributions received or foculable from:       6a(1)       9,964       (c)       (c)         (d) Participants       6a(2)       0       6a(3)       0       (c)       (c)         0       Otter income (ctss)       8a(3)       8a(3)       0       1,661       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< th=""><th>Pa</th><th>art III Financial Information</th><th></th><th></th><th></th><th></th><th>_</th><th></th><th></th><th></th></t<>	Pa	art III Financial Information					_						
b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       22,889       34,514         6       Incorne, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       9,964       (b) Total         (a) Others (including rollovers)       8a(2)       0       0       0         (b) Other income (loss)       8a(3)       0       0       0       0         (c) Total income (loss)       8a(3)       0       0       0       0       0         (c) Total income (loss)       8a(1)       8c       11,625       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End of Ye	ar			
c       Net plan assets (subtract line 7b from line 7a)       7c       22,889       34,514         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         6       Contributions received or receivable from:       8a(1)       9,964         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       11, 651         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       11, 655         d       Benefits paid (including direct rollovers and msurance premiums to provide benefits)       8d       11, 625         g       Other acpenses       8g       1       11, 625         g       Other acpenses       8g       1       11, 625         g       Other acpenses       8g       1       11, 625         faministrative service providers (salaries, fees, commissions)       8f       1       11, 625         Part IV       Plan characteristics       8g       1       11, 625         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2D       2B       3D	а	Total plan assets         7a         22,889         34,514											
8       Income. Expenses. and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       9, 964         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b       Other income (loss)       8a(3)       0         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1, 651         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       11, 625         d       Benefits pad (including direct rollovers and insurance premiums to provide benefits)       8c       11, 625         d       Certain demed and/or corrective distributions (see instructions)       8e       8e       11, 625         d       Other expenses (add lines 8d, 8e, 8f, and 8g)       8g       11, 625         d       Transfers to (from) the plan (see instructions)       8i       11, 625         d       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2D         d       If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:       2D         d       If the plan provides welfare benefits, enter the applica	b	•	7b		0								
a Contributions received or receivable from:       Ba(1)       9, 964         (1) Employers       Ba(2)       0         (2) Participants       Ba(2)       0         (3) Others (including rollovers)       Ba(3)       0         (4) Employers       Ba(3)       0         (5) Other income (ads)       Ba(3)       0         (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       11, 625         (7) Table spenses       Ba(3)       8c       11, 625         (7) Table appenses (add lines 8a(1), 561, and 8g)       Be       11, 625         (8) Other expenses       Bg       1       11, 625         (7) Table appenses (add lines 8d, 8e, 81, and 8g)       8t       11, 625         (7) Tarafers to (from) the plan (see instructions)       8t       11, 625         (7) Tarafers to (from) the plan (see instructions)       8t       11, 625         (8)       11, 625       11, 625         (9)       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         (7)       28       30         (9)       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         (8) <t< th=""><th></th><th></th><th>7c</th><th></th><th>2,8</th><th>89</th><th colspan="5"></th></t<>			7c		2,8	89							
(1)       Employers       Ba(1)       9, 964         (2)       Participants       Ba(2)       0         (3)       Others (including rollovers)       Ba(3)       0         b       Other income (loss)       Bae(1), 8a(2), 8a(3), and 8b)       Be       11, 651         C       Total income (add lines 8d, 1), 8a(2), 8a(3), and 8b)       Be       11, 651         C       Total income (add lines 8d, 10, 8a(2), 8a(3), and 8b)       Be       11, 651         C       Denoting bad (including direct rollovers and insurance premiums to provide benetity)       Be       11, 625         d       Denoting bad (including direct rollovers and insurance premiums to provide benetity)       Be       11, 625         d       Other expenses       Bg       1       11, 625         d       Other expenses       Bg       1       11, 625         d       Other expenses       Bg       11, 625         d       Other expenses       Bg       11, 625         d       Total expenses (add lines 8d, 8e, 8f, and 8g)       Bi       11, 625         d       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2D         d       If the plan provides pension benefits, enter the a				(a) Amount			(b) Total						
(a) Obters (including rollovers)       Ba(3)         (b) Others (including rollovers)       Ba(3)         (c) Others (including rollovers)       Ba(3)         (c) Others (including rollovers)       Bb         (c) Others (including rollovers)       Bb         (c) Others (including rollovers)       Bb         (c) Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc         (c) Densities paid (including direct rollovers and insurance premiums to provide benefits)       Bc         (c) Other expenses       Bc         (c) Other expenses       Bc         (c) Other expenses (add lines 8d, 8e, 8f, and 8g)       Bt         (c) Transfers to (from) the plan (see instructions)       Bt         (c) Transfers to (from) the plan (see instructions)       Bt         (c) ZE 3D       St         (c) ZE 3D       St         (c) Max 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)         (c) 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)         (c) Was the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       Not         (c) Was the plan have	u		8a(1)		9,9	64							
b       Other income (loss)       8b       1,661         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       11,625         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       11,625         e       Certain deemed and/or corrective distributions (see instructions)       8e       1         g       Other expenses       8g       1         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       11,625         Transfers to (rom) the plan (see instructions)       8i       111,625         y       Plan Characteristics       8i       11,625         Sa       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2D         y       V       Compliance Questions       8i       10         10       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2D       2E       3D       10a       x         10       During the plan spart:       Yes       No       NA         Amount       a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL		(2) Participants	8a(2)			0							
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       11, 625         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e       9         f       Administrative service providers (salaries, fees, commission)       8e       9         f       Administrative service providers (salaries, fees, commission)       8f       9         f       Not income (toss) (subtrat line 8h from line 8c)       8i       11, 625         f       Transfers to (from) the plan (see instructions)       8j       11, 625         Part IV       Plan Characteristics       9       11, 625         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2D       2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2D       2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2D       2E       3D         0       During the plan year:       Ves there a failure to transmit to the plan		(3) Others (including rollovers)	8a(3)										
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g       Other expenses       Bg         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         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:         2D       2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       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)         Program)	е	Certain deemed and/or corrective distributions (see instructions)	8e										
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2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the       Image: Comparison of the state of	ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x						
	ŀ				10h		x						
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Form 5500-SF 2017

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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 Schedule SB (Form 5500 and line 11a below)									
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 <b>11a</b>									
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the ?		ion 302	of	🗌 Yes	X No		
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see ir g the waiver		nd ente		of the lette	er ruling		
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.						
b	Enter t	he minimum required contribution for this plan year		12b					
<b>C</b> Enter the amount contributed by the employer to the plan for the plan year									
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)									
e 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 ı	resolution to terminate the plan been adopted in any plan year?		Yes X No					
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?						No			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN				EIN(s) 13c(3)			PN(s)		