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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/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: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ENGLUND & DESROCHES, PLLC 401K PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 09/01/1985 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 26-1104075 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number **ENGLUND & DESROCHES, PLLC** 509-326-8170 2d Business code (see instructions) 6817 NORTH CEDAR ROAD, SUITE 201 621210 SPOKANE, WA 99208-4277 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 16 5a Total number of participants at the beginning of the plan year 5_b 18 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 18 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year...... 12 5d(2) d(2) Total number of active participants at the end of the plan year 13 Number of participants who terminated employment during the plan year with accrued benefits that were less \cap Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 Filed with authorized/valid electronic signature 08/27/2018 OLA J. ENGLUND, D.D.S. SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

Date

Signature of employer/plan sponsor

SIGN HERE

Enter name of individual signing as employer or plan sponsor

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	m 5500. Yes No Not determined
C 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 filing for this plan year	Yes No Not determined . (See instructions.) (b) End of Year
Part III Financial Information Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year 8 Total plan assets (subtract line 7b from line 7a)	(b) End of Year
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 2463057 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 2463057 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:	(b) End of Year
7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 2463057 b Total plan liabilities 7b 7c 2463057 C Net plan assets (subtract line 7b from line 7a) 7c 2463057 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:	· · · · · · · · · · · · · · · · · · ·
a Total plan assets	· · · · · · · · · · · · · · · · · · ·
b Total plan liabilities	2014001
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	2814681
a Contributions received or receivable from:	(b) Total
(1) Employers	(b) Total
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	373219
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 21595	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	21595
i Net income (loss) (subtract line 8h from line 8c)	351624
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic C 2A 2E 2F 2G 2J 2K 3B 3D	codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co	odes in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
 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) 	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	275000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	2,3333
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.)	
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.)	3194
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	

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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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X 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 section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			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	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		
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0		
	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		
С	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					
1	3c(1) Name of plan(s): 13c(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

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OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information						
For calenda	ar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/20)17		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer plan					
		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	report (less than 12 m	nonths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program			
		special extension (enter descri	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
		, PLLC 401K Profit Sh	naring		1b Three-digit plan number (PN) ▶	001		
Plan					1c Effective date 09/01/19	x-0,000 *000 000 0		
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)	788 × 152	2b Employer Ide (EIN)26-11			
	town, state or province d & DesRoches	ce, country, and ZIP or foreign post , PLLC	al code (if foreign, see instru	ictions)	2c Sponsor's tel (509) 326			
					2d Business coo	le (see instructions)		
6817 N	orth Cedar Ro	ad, Suite 201	4					
Spokan			WA	99208-4277	621210			
		nd address X Same as Plan Spo		33200	3b Administrator's EIN			
ou man					3c Administrator's telephone number			
					3C Administrator	s telephone number		
4 If the	name and/or EIN of th	e plan sponsor or the plan name h onsor's name, EIN, the plan name :	as changed since the last re	turn/report filed for e last return/report.	4b EIN			
	sor's name				4d PN			
c Plan	Name							
.		s at the beginning of the plan year.			5a	16		
		s at the end of the plan year				18		
b Total c Numi	number of participants her of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	1.0		
comp	olete this item)				- F-1/4\	18		
		articipants at the beginning of the p				12		
d(2) To	tal number of active pa	articipants at the end of the plan ye	ear	C. W. J	1 1	13		
than	1000/ wastad	o terminated employment during th			5e	0		
		or incomplete filing of this return the penalties set forth in the instru	ections I declare that I have	examined this return/r	eport, including, if a	phicable, a concadio		
SB or Sch	naities of perjury and d nedule MB completed a strue, correct, and con	and signed by an enrolled actuary,	as well as the electronic ver	Sion of this return repe	ort, and to the books	my knowledge and		
SIGN	alasi	indund ms	8-27-18	Ola J. Englun				
HERE	Signature of plan	administrator	Date	Enter name of indivi	idual signing as plan	administrator		
SIGN	// 6' /	nellind ms	8-27-18	Ola J. Englur				
HERE	- //	over/plan sponsor	Date	Enter name of indivi	idual signing as emp	loyer or plan sponsor Form 5500-SF (2017)		

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b	Were all of the plan's assets during the plan year invested in eligib 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 cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi not use For nsurance pr	dent qualified public acons.)	instea ction 4	ant (IQ ad use 021)?	PA) Form 5	7500. Yes \[\] No	X Yes No X Yes No Not determined
_	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC pr	emium filing for this pla	an yea				. (See instructions.)
	rt III Financial Information		1		_			
7	Plan Assets and Liabilities		(a) Beginning o		$\overline{}$		(b) End	
	Total plan assets	7a	2,4	463,	05/			2,814,681
	Total plan liabilities	7b	2	162 (757			2 014 601
	Net plan assets (subtract line 7b from line 7a)	7c	AND 187 (12)	463,	15/		/L) T	2,814,681
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	-92.0	(a) Amount		+		(b) T	otai
а	(1) Employers	8a(1)	9	26,	769			
	(2) Participants	8a(2)	3	40,	776	Hot.		
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		305,	674	11 150		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			5.1			373,219
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e	Certain deemed and/or corrective distributions (see instructions)	8e			\rightarrow			
f	Administrative service providers (salaries, fees, commissions)	8f		21,	595	1		
g	Other expenses	8g			_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			21,595
i	Net income (loss) (subtract line 8h from line 8c)	8i						351,624
j	Transfers to (from) the plan (see instructions)	8j						
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable							
Pai	t V Compliance Questions	-				T		
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х		
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	include transactions	10b		Х		
	Was the plan covered by a fidelity bond?			10c	Χ			275,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f	_	Х		
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g	Х			3,194
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х		
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i				

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Part	VI Pension Funding Compliance							
11	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)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			- C 11 - 1 - 11 -				
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	enter Da		of the lette Year	r 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						
С	Enter 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)	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?		Yes	X N	0			
	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	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						
1	3c(1) Name of plan(s): 13c(2)	EIN(s		13c(3) PN(s)			