## 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).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

		or plan year 2017 or	figoal plan year baginning 01/01	/2017		and ending 12	2/24/2	017					
	<b>-</b>		x a single-employer plan				r) (Filers checking this box must attach a						
Α	This ret	turn/report is for:	П	list of participating employer information in accordance with the form instruct									
_			a one-participant plan	Шаі	foreign plan								
B	This retu	urn/report is	the first return/report	the	e final return/report								
			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)	)					
С	Check b	box if filing under:	X Form 5558	Паи	itomatic extension		П дя	VC program					
			special extension (enter des				ш	, 0					
Р	art II	Rasic Plan Inf	ormation—enter all requested in		on.								
	Name		Cities an requested in	monnade	JII		1h	Three-digit					
			LY, INC. 401(K) RETIREMENT PL	AN				plan number					
		VE WEDIONE COLL	21, 110. 101(tt) 112111211211112					(PN) <b>•</b>	001				
							1c	Effective date of	plan				
								01/01	/2012				
2a			loyer, if for a single-employer plan)				2b	Employer Identif	ication Number				
			om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		(if foreign see instru	uctions)		( /	173489				
BELI	-	VE MEDICAL SUPPI		J. G.	(e.e.g, eeee	201101101	<b>2c</b> Sponsor's telephone number						
							24	425-869					
3349	154TH	AVENUE NORTHEA	AST				Zu	Business code (					
RED	MOND,	WA 98052						4249	90				
3a	Plan a	dministrator's name	and address X Same as Plan Spo	onsor.			3b	Administrator's E	EIN				
							<b>3c</b> Administrator's telephone number						
							30	Administrator 5 t	elepriorie number				
4	If the r	name and/or FIN of t	he plan sponsor or the plan name l	has chan	nged since the last re	turn/report filed for	4h	EIN					
•			onsor's name, EIN, the plan name										
а	Spons	or's name					4d PN						
С	Plan N	lame											
52	Total	number of participant	ts at the beginning of the plan year				5	a	26				
_		•	ts at the end of the plan year				5		28				
C			n account balances as of the end o										
_							5		21				
d	<b>l(1)</b> Tota	al number of active p	articipants at the beginning of the	olan year	r		5d	(1)	18				
d			participants at the end of the plan ye				5d	(2)	20				
е			o terminated employment during the				5	e	0				
Ca	than fution: A	100% vested	e or incomplete filing of this retu	rn/repor	t will be assessed i	ınless reasonable car							
Un	der pena	alties of perjury and o	other penalties set forth in the instru	uctions, I	declare that I have	examined this return/re	port, i	ncluding, if applic					
		edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well a	as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and				
SIC			d/valid electronic signature.		09/18/2018	WAYNE MORSE							
	RE	Signature of plan			Date	Enter name of individe	ual sid	ning as plan adn	ninistrator				
SIC	3N		d/valid electronic signature.		09/18/2018	WAYNE MORSE	·	, .g p.a aun					
	RE		loyer/plan sponsor					vidual signing as employer or plan sponsor					
					Date	Enter hame of marvia	aui oit	Jimiy as citiploye	. J. pian sponson				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
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 cann							× Yes	∐ No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			. (See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
а	Total plan assets	. 7a	115	57269				1352333	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	115	57269				1352333	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>7</sup>	Γotal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	,	21946					
	. , , , , , , , , , , , , , , , , , , ,			65206					
	(2) Participants	8a(2) 8a(3)		0					
	Other income (loss)	8b	2.	17122					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1	.,				304274	
	Benefits paid (including direct rollovers and insurance premiums	. 00						001271	
	to provide benefits)	. 8d	10	00990					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		8220					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						109210	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						195064	
	Transfers to (from) the plan (see instructions)	· 8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	40-		_			
	Program)			10a		X			
	reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	Χ			1500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	X			82	03
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g		-		10g		Χ			
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 2520.10			10i					
	, , , , , , , , , , , , , , , , , , , ,								

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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 ERISA?	n 302 o	f 	Y	′es X No			
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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?			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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	ension benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance with the instri	ections to the Form 550	0-SF.					
		Identification Information	7.00							
For	calendar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/	/31/2017				
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating employer information in accordance with the form instructions.)  a foreign plan  the final return/report							
_	Object to the state of	- Form 5550				DE: 40				
C	Check box if filing under:	x Form 5558	automatic extension			DFVC program				
	special extension (enter description)									
	<b>art II   Basic Plan Info</b> Name of plan	ormation enter all requested infor	mation		41					
ıa	•					hree-digit an number				
	Bellegrove Medical	Supply, Inc. 401(k) Retir	ement Plan		(P	PN) ▶ 001				
_						ffective date of plan 1/01/2012				
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B ce, country, and ZIP or foreign postal c	OX)	etructions)	2b Employer Identification Numb					
	Bellegrove Medical	a dollons)		ponsor's telephone number 425) 869-7338						
8349 154th Avenue Northeast 2d Business 424990						usiness code (see instructions) 24990	,			
	US Redmond WA 98052									
3a		and address X Same as Plan Sponso	r		<b>3b</b> Ac	dministrator's EIN				
					<b>3c</b> Ac	dministrator's telephone numbe	r			
4	If the name and/or EIN of th	e plan sponsor or the plan name has cl	nangad ainas the last	raturn/ranart filed for	4b EI	IN1				
7	this plan, enter the plan spo	ensor's name, EIN, the plan name and t	ne plan number from	the last return/report.	4D CI					
а	Sponsor's name			·	4d PN					
C	Plan Name									
_										
-		at the beginning of the plan year			<u>5a</u>	26				
b		at the end of the plan year			5b	28				
С	complete this item)	account balances as of the end of the	olan year (only defined	contribution plans	5c	21				
d(	and the second s	rticipants at the beginning of the plan ye		***************************************	5d(1)	18				
d(	•	· · · · · · · · · · · · · · · · · · ·		***************************************	5d(2)	20				
е	Number of participants who less than 100% vested	terminated employment during the plar			5e	0				
Ca	ution: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d unless reasonable cau	ıse is es	stablished.				
SB	der penalties of perjury and o or Schedule MB completed a ief, it is true, correct, and com	other penalties set forth in the instruction and signed by an enrolled actuary, as w nplete.	ns, I declare that I have rell as the electronic v	e examined this return/re ersion of this return/report	port, incl t, and to	uding, if applicable, a Schedule the best of my knowledge and	à			
41,540.0	TI MILLONAN			Wayne Morse			$\neg$			
3000	GN Signature of plan adm	ninistrator	Date 9/18 /18		Leigning	as plan administrator				
	Signature of plan administrator  Date 7/16 // Enter name of individual signing as plan administrator  Wayne Morse									

HERE Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	••••••	••••••	•••••	••••••	•••••	x Yes No	)		
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.)												
								•••••	X Yes No	)		
	If you answered "No" to either line 6a or line 6b, the plan canno											
С	If the plan is a defined benefit plan, is it covered under the PBGC in:	•	• ,		•	_			<del></del>			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	remium filing for this year _						(See instructions.)	)		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year			
а	Total plan assets	7a	1,15	7,2	69				1,352,333			
b	Total plan liabilities	7b			0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,15	7,2	69				1,352,333			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) <sup>-</sup>	Γotal			
а	Contributions received or receivable from:	- 40	_	1 0	1.							
	(1) Employers	8a(1)		1,9								
	(2) Participants	8a(2)	0	5,2	0							
	(3) Others (including rollovers)	8a(3)	21	7 1								
	Other income (loss)	8b	21	7,1	22	-			224 274			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			304,274			
	to provide benefits)	8d	10	0,9	90							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f			0							
g	Other expenses	8g		8,2	20							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						109,210				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					195,064						
<u>i</u>	Transfers to (from) the plan (see instructions)	8j			0							
Pa	rt 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:						es in th	ne instruc	ctions:				
9a												
Уa	2E 2F 2G 2J 2K 2T 3D	sature coo				.0 000						
	2E 2F 2G 2J 2K 2T 3D		es from the List of Plan Cha						ions:			
			es from the List of Plan Cha						ions:			
b	2E 2F 2G 2J 2K 2T 3D		es from the List of Plan Cha						ions:			
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature.		s from the List of Plan Cha			: Code			ions:			
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature V  Compliance Questions  During the plan year:	ature code			eristic	: Code	s in the					
b Pa 10	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature V  Compliance Questions  During the plan year:	ature code	n the time period		eristic	: Code	s in the					
b Pa 10	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature V  Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ature code tions withi	n the time period duciary Correction		eristic	: Code	s in the					
b Pa 10	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest	tions withi	n the time period duciary Correction include transactions	10a	eristic	No X	s in the					
b Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volement Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions withioluntary Fig. (Do not in	n the time period duciary Correction include transactions	10a	Yes	: Code	s in the		Amount	00		
b Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?	tions withi	n the time period duciary Correction include transactions	10a	Yes	No X	s in the			000		
b Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?	tions withioluntary Fi	n the time period duciary Correction include transactions and, that was caused	10a	Yes	No X	s in the		Amount	000		
b Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo 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 by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other plan is the plan is possible to any brokers, agents, or other plan is the plan is the plan is possible to any brokers, agents, or other plan is the plan is the plan is possible to any brokers, agents, or other plan is the plan is the plan is the plan is possible to any brokers, agents, or other plan is the plan is	tions withing the state of the	n the time period duciary Correction include transactions and, that was caused s by an insurance	10a 10b 10c	Yes	No X	s in the		Amount	000		
Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo 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 by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	tions withing the state of the	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	No X	s in the		Amount 150,00			
Pa   10   a   a   a   a   a   a   a   a   a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  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 by fraud or dishonesty?  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.)	tions withing the state of the	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	s in the		Amount			
Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorgram)  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 by fraud or dishonesty?  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.)	tions withing the state of the	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	No X	s in the		Amount 150,00			
Pa   10   a   a   a   a   a   a   a   a   a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voresteen 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 by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan	tions withing luntary Fig. (Do not in person e or all of in person	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X	s in the		Amount 150,00			
Pa   10   a   a   a   a   a   a   a   a   a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voresteen 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 by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan	tions withing the state of the	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under end.)  uctions and 29 CFR	10a 10b 10c 10d	Yes	No X X X	s in the		Amount 150,00			
Pa   10   a   a   a   a   a   a   a   a   a	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram)  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 by fraud or dishonesty?  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.)  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 If this is an individual account plan, was there a blackout period? (If the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout period? (If "Yes," enter amount account plan, was there a blackout p	tions withing the street of th	n the time period duciary Correction include transactions and, that was caused s by an insurance the benefits under end.) cuctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X	s in the		Amount 150,00			

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Part	VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)				☐ Yes	X No	
11a	Enter t	he 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?							
а								
lf 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				
С	Enter t	he 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)								
е	Will the	e 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 No	)	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	ought under the	e		Yes X	No	
С	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.)							
1:	3c(1) Na	ame of plan(s):	13c(2) El	N(s)		13c(3)	PN(s)	