## 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 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

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 

For Calenda	ar pian year 2017 or	nscai pian year beginning 01/01/2	2017	and ending 12	/31/2017					
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) (F ployer information in acc		~				
		a one-participant plan	a foreign plan							
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
special extension (enter description)										
Part II		ormation—enter all requested inf	formation							
<b>1a</b> Name of the BACHR	of plan RACH GROUP 401(K		1b Three-digit plan number (PN) ▶ 001							
					1c Effective	ve date of plan 01/01/2014				
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		uctions)	2b Employer Identification Number (EIN) 03-0408733					
-	ACH GROUP	ce, country, and ZIP or foreign post	ai code (ii ioreign, see instr		2c Sponsor's telephone number 212-279-7777					
					2d Busine	ss code (see instructions)				
NEW YORK,	DWAY 13TH FLOOR NY 10018				561300					
3a Plan administrator's name and address X Same as Plan Sponsor.						<b>3b</b> Administrator's EIN				
3c Administrator's telephone number										
		ne plan sponsor or the plan name ha	_	-	4b EIN					
this plants a Sponso		onsor's name, EIN, the plan name a	ind the plan number from th		4d PN					
C Plan N										
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	69				
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	71				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						37				
d(1) Total number of active participants at the beginning of the plan year						66				
d(2) Total number of active participants at the end of the plan year					5d(2)	68				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca						<b>5e</b> 0				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.								
SIGN				RICHARD BACHRACH	1					
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as	plan administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al 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.)  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.)								
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
a	Total plan assets	. 7a	74	41110				1109341	
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	74	41110				1109341	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Гotal	
<u>а</u>	Contributions received or receivable from: (1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)	24	42081					
	(3) Others (including rollovers)	. 8a(3)		13526					
b	Other income (loss)	. 8b	1:	33578					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						389185	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	enefits paid (including direct rollovers and insurance premiums provide benefits)							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	ertain deemed and/or corrective distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions) 8f								
g	Other expenses								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							20954	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						368231	
	Transfers to (from) the plan (see instructions)	· 8j							
Par	t 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:  2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the insti	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	oluntary F	iduciary Correction	10a		X			
b	Program)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С						X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			32712	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Χ			
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	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?			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 Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

				ne instructions to the Fori	n 5500-SF.	
Part		t Identification Informatio				
For cale	endar pian year 2017 or	fiscal plan year beginning	01/01/2017		12/31	- Charles Commence -
A This	return/report is for:	a single-employer plan		loyer plan (not multiemploye iting employer information in		
D This		a one-participant plan	a foreign plan			
D This	return/report is	the first return/report	the final return/	report		
		an amended return/report	a short plan yea	ar return/report (less than 12	2 months)	
C Chec	ck box if filing under:	∑ Form 5558	automatic exte	nsion	DFVC progra	m
		special extension (enter desc				
Part II		ormation—enter all requested in	formation			
	ne of plan BACHRACH GROUP	401 (III) DI M			1b Three-digi	
ine e	ACHRACH GROUP	401(K) PLAN			plan numb	001
					1c Effective d	
					01/01/	
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) D)		2b Employer I	dentification Number
City	or town, state or province	ce, country, and ZIP or foreign post	al code (if foreign, se	e instructions)	(EIN)03-0	
THE B	ACHRACH GROUP		, ,			telephone number 79-7777
					AND DESCRIPTION OF THE PARTY OF	ode (see instructions)
1430	Broadway 13th	Floor				
NEW Y	ORK			NY 10018	561300	
3a Plan	administrator's name ar	nd address Same as Plan Spon	sor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
4 If the	name and/or EIN of the plan, enter the plan spor	plan sponsor or the plan name has	s changed since the	ast return/report filed for om the last return/report.	4b EIN	
	sor's name				4d PN	
C Plan I	Name					
5a Total	number of participants	at the heginning of the plan was			5a	
		at the beginning of the plan year at the end of the plan year			5b	69
C Numb	er of participants with a	ccount balances as of the end of th	e plan year (only del	ined contribution plans		71
					5c	37
		icipants at the beginning of the plan			5d(1)	66
		icipants at the end of the plan year erminated employment during the p			5d(2)	68
than	100% vested	***************************************			5e	0
aution: A	penalty for the late o	r incomplete filing of this return/	report will be asses	sed unless reasonable ca	use is established.	
B or Sche	edule Musicompleted and	er penalties set forth in the instruction is signed by an approlled actuary, as	well as the electronic	ave examined this return/re version of this return/repor	port, including, if app t, and to the best of	olicable, a Schedule my knowledge and
elief, it is t	rue, offrect and compl	etal )	11011			
IGN	/ sullar	1/1/ Orliver	1/20/18	Richard Bachra	ich	
ERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual signing as plan a	dministrator
IGN				1.55.00.50.00.50.00.00.00.00.00.00.00.00.		
ERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ial signing as emplo	ver or plan sponsor

Form	FFOO	page per	0047

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C If the plan is a defined benefit plan, is at covered under the PBGC insurance program (see ERISA section 4021)?		Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
The plan Assets and Liabilities	Not determined (See instructions	1)? Yes \ No	4021	ction	SA secti	program (see ERIS	insurance	nder the PBGC	If the plan is a defined benefit plan, is it covered under the If "Yes" is checked, enter the My PAA confirmation numb	
a Total plan assets.  7a 741,110  b Total plan isabilities.  7b 7c 741,110  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers. (2) Participants  8a(1) (2) Participants  8a(2) 242,081 (3) Other income (loss) (3) Other income (loss) (4) Participants (5) Employers (6) Ba(2) 242,081 (3) Other income (loss) (6) Ba(2) 8a(3) 13,526 (7) Ba(2) Ba(3) 13,526 (8) Ba(3) 13,526 (9) Ba(4) Ba(4									art III   Financial Information	Pa
a Total plan liabilities	of Year	(b) End	ır	Yea	ing of Y	(a) Beginni			Plan Assets and Liabilities	7
b Total plan labilities.  C Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Banding of the first plan (including rollovers). (5) Balance (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (7) Employers. (8) Balance (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Other expenses. (9	1,109,34				70.00		7a		Total plan assets	a
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1)  (2) Participants 8a(2) 242,081 (3) Others (including rollovers) 8a(3) 13,526 b Other income (lods) 8							7b		Total plan liabilities	b
B   Income. Expenses. and Transfers for this Plan Year   (a) Amount   (b) Total	1,109,34	0	110	41,	74		7c		Net plan assets (subtract line 7b from line 7a)	С
a Contributions received or receivable from: (1) Employers						(a) Amo		ır	Income, Expenses, and Transfers for this Plan Year	8
(3) Others (including rollovers)	o car	(5)							(1) Employers	а
b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions).  f Administrative service providers (salaries, fees, commissions).  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g).  i Net income (loss) (subtract line 8h from line 8c).  if Net income (loss) (subtract line 8h from line 8c).  g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions.  Part IV Plan Characteristics  g If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.  Part V Compliance Questions  O 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).  c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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).			081	42,	24:		8a(2)		(2) Participants	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  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)		5	526	13,	1.		. 8a(3)		(3) Others (including rollovers)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8 d 10,927  e Certain deemed and/or corrective distributions (see instructions).  8 d 10,027  g Other expenses.  8 g 10,027  g Other expenses (add lines 8d, 8e, 8f, and 8g).  h Total expenses (add lines 8d, 8e, 8f, and 8g).  8 h  i Net income (loss) (subtract line 8h from line 8c).  8 i Net income (loss) (subtract line 8h from lin		3	578	33,	133		. 8b	***********	Other income (loss)	b
to provide benefits).  8	389,185						8c			
f Administrative service providers (salaries, fees, commissions)	303/100		927	0,	10		. 8d		to provide benefits)	
material provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Part IV   Plan Characteristics							8e			
in Net income (loss) (subtract line 8h from line 8c) 8h			027	0,0	10		8f	missions)	Administrative service providers (salaries, fees, commission	f ,
i Net income (loss) (subtract line 8h from line 8c)							8g		Other expenses	g
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:  2E 2F 2G 2J 2K 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10b X  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.).  10c X  10d Did the plan have any participant long 3 (fit Year includes some or all of the benefits under the plan? (See instructions.)	20,954						8h		Total expenses (add lines 8d, 8e, 8f, and 8g)	h ·
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:  2E 2F 2G 2J 2K 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  10b X  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  10c X  10d Did the plan have any participant legac? (If "Yes i sets seems of the plan?  10d Did the plan have any participant legac? (If "Yes i sets seems of the plan?  10d Did the plan have any participant legac? (If "Yes i sets seems of the plan?	368,231						8i			
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:  2E 2F 2G 2J 2K 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).  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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  10b X  10c X  10c X  10c X							81		Transfers to (from) the plan (see instructions)	j 1
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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									IV Plan Characteristics	Part
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).  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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  10e X  G Did the plan have any participant legan? (If Year is extra server to the plan?)	ctions:	ristic Codes in the instruc	acteri	Char	Plan Ch	des from the List of I	feature co	cable pension I	If the plan provides pension benefits, enter the applicable p 2E 2F 2G 2J 2K 3D	Эа
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).  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?  10c X  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.).  10e X  Did the plan have a proposition and benefit when due under the plan?  10f X	ions:	itic Codes in the instructi	cterist	narad	lan Cha	es from the List of Pl	eature code	able welfare fe	If the plan provides welfare benefits, enter the applicable we	b
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)									V Compliance Questions	art
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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  10e		No Am	Yes	T					During the plan year:	0
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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  10e	- Cont			a	10a	duciary Correction	oluntary Fig	and DOL's Vo	described in 29 CFR 2510.3-102? (See instructions and D	а
Was the plan covered by a fidelity bond?      Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?      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.)      Has the plan failed to provide any benefit when due under the plan?      Did the plan have any padicipant logge? (If "You is plant agents of the plan have any padicipant logge?)				1		clude transactions	(Do not in	rty-in-interest?	Were there any nonexempt transactions with any party-in-ir	b
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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?  106  X		У	T		10c					
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.)			$\top$	$\top$		d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				d [
f Has the plan failed to provide any benefit when due under the plan?					10e	by an insurance	er persons	agents, or other	Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide	e V
Did the plan have any nadicinant leans? //f "Yes " nates any state of	- T		$\top$	+			?	under the plan?	has the plan failed to provide any benefit when due under the	f F
	30 710		$\neg$	+	10g					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	32,712	x	1	Ť		ions and 29 CFR	ee instruct	out period? (Se	this is an individual account plan, was there a blackout per 520.101-3.)	<b>h</b> 11
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					10i	otice or one of the	required n	er provided the	10h was answered "Yes," check the box if you either provide	i If

-	Form 5500-SF 2017	Page 3-					
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." s (Form 5500) and line 11a below)	ee instructions and	d complete Sch	nedule :	SB	_ Y	es 🛛 N
11	Enter the unpaid minimum required contributions for all years from Schedule SB (F	orm 5500) line 40		11a	·····		
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA? . (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	section 412 of the	Code or sectio	n 302 d	of	Y	es 🛭 N
a	If a waiver of the minimum funding standard for a prior year is being amortized in th granting the waiver.		Month	d enter Da		ne letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to line	13.			rear	
b	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)	minus sign to the	left of a	12d		-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	ne?		П	Yes	No I	N/A
Part '	/II Plan Terminations and Transfers of Assets		***************************************				100
13a	Has a resolution to terminate the plan been adopted in any plan year?				7 Yes	No.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year.			13a	] 163	M 140	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and control of the PBGC?	thornian as beaut	tht under the	134	Пу	es 🗓 ı	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to anowhich assets or liabilities were transferred. (See instructions.)	other plan(s), identi	fy the plan(s) t	0			
4.							

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):