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

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

Revenue Code (the Code).

1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I		rt Identification Information							
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017				
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) employer information in a					
R This rot	urn/report is	a one-participant plan	a foreign plan						
D IIIIs ieu	uni/report is	rt	antha)						
C Chack	box if filing under:	an amended return/report		turn/report (less than 12 m	_				
• CHECK	box ii iiiiiig urider.	X Form 5558 special extension (enter desc	automatic extension aription)	n	DFVC program				
Part II	Basic Plan Inf	formation—enter all requested in							
1a Name		enter an requested in	iomation		1b Three-digit				
	•	K) PROFIT SHARING PLAN			plan number				
					(PN) •	001			
					1c Effective date of 01/0	f plan 1/2017			
Mailing	g address (include ro	ployer, if for a single-employer plan) soom, apt., suite no. and street, or P.G.			2b Employer Identi (EIN) 13-4	fication Number 199332			
	DICAL CORP.	nce, country, and ZIP or foreign pos	tal code (if foreign, see ii	nstructions)	2c Sponsor's telep				
					2d Business code (see instructions)				
123 WEST 7 NEW YORK	9TH STREET NY 10024				621111				
NEW TOTAL	, 111 10024								
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
					3c Administrator's telephone number				
						·			
		the plan sponsor or the plan name h			4b EIN				
	lan, enter the plan sp sor's name	consor's name, EIN, the plan name	and the plan number fror	n the last return/report.	4d PN				
C Plan N					1				
5a Total	number of participant	its at the beginning of the plan year.			. 5a	0			
	•	its at the end of the plan year			. 5b	23			
		th account balances as of the end of			. 5c	2			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	0			
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)	23			
than	100% vested	. 5e	0						
		e or incomplete filing of this retur				aabla a Ostesstel			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.							
SIGN		ed/valid electronic signature.	10/08/2018	JOOHEE SOHN					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan ad	ministrator			
SIGN									

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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6a	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 cann							- 100 L 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	l of Year
а	Total plan assets	7a		0				4121
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0				4121
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		4082				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		48				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4130
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		9				
g	Other expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							9
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4121
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	acteris	tic Cod	les in the inst	ructions:
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 V Program)	•	•	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		
	· ·			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e	X			22
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
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	he require	d notice or one of the	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 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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No				
а	a 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							
C Enter the amount contributed by the employer to the plan for this 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)	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 No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	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

Part I Annual Report Identification Information

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).

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

For calendar p	lan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/2	017	
A This return	report is for	🕱 a single-employer plan	a multiple-employer p	olan (not multiemployer) mployer information in a	(Filers checking the	is box must attach a	
		a one-participant plan	a foreign plan	mpioyor miormation in a	ocordanos with the	iom manadadna.)	
B This return/	report is	x the first return/report	the final return/report				
		m/report (less than 12 m	nonths)				
C Check box	if filing under:	X Form 5558	automatic extension		DFVC program	n	
D 4 11 D		special extension (enter desc					
Part II B		ormation—enter all requested in	nformation		1b Three-digit		
•		401(k) Profit Sharin	g Plan		plan numb		
					1c Effective da 01/01/20		
2a Plan spons	sor's name (emplo	yer, if for a single-employer plan)				dentification Number	
		m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		tructions)	(EIN) 13-		
	ical Corp.	e, country, and zir or toreign pos	ital code (il loreign, see liisi	(detions)	2c Sponsor's 212-750-	telephone number -3330	
123 West	79th Street	:			2d Business co 621111	ode (see instructions)	
New York		NY 10024					
3a Plan admir	3a Plan administrator's name and address X Same as Plan Sponsor.			3b Administrator's EIN			
					3c Administrator's telephone number		
					Administrator s telephone number		
		e plan sponsor or the plan name h nsor's name, EIN, the plan name :			4b EIN		
a Sponsor's				no last retain report.	4d PN		
C Plan Name							
52 Total sumi	nor of participants	at the basispine of the plan was			5a		
		at the beginning of the plan year		C0000000000000000000000000000000000000	5b	23	
C Number of	participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	23	
		ticipants at the beginning of the p		15/00/1009	5d(1)	0	
		rticipants at the end of the plan ye			5d(2)	23	
e Number o	f participants who	terminated employment during the	e plan year with accrued be	enefits that were less	5e	0	
Caution: A per	nalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is established	1.	
SB or Schedule	of perjury and oll MB completed ar correct, and comp	ner penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ver	examined this retum/report rsion of this retum/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and	
SIGN	The Printer of the State of the	11/1//	1.1	Joohee Sohn			
HERE Sig	nature of plan a	dministrator /	Date /0/8//8	Enter name of individu	ual signing as plan	administrator	
SIGN HERE		m					
Sig		yer/plan sponsor	Date 10/08/18	Enter name of individu	ual signing as emp		
1 or Faherwork K	eduction Act Notic	e, see the mediculons for Form 550	- 1 J			Form 5500-SF (2017) v.170203	

Page 2	
landario di cara N	

d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		Were all of the plan's assets during the plan year invested in eligib						••••••	X	es No
If you answered "No" to either line & aor line 6b, the plan cannot use Form 5500. SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC promitum filing for this plan year	b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public	accoun	tant (IC	QPA)		×χ	es No
First Continue First F										•
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Labilities 7a 0 4,121 b Total plan insets 7a 0 4,121 c Nat plan assets (subtract line 75 from line 7a) 7c 0 4,121 c Nat plan assets (subtract line 75 from line 7a) 7c 0 4,121 c Nat plan assets (subtract line 75 from line 7a) 7c 0 4,121 c Nat plan assets (subtract line 75 from line 7a) 7c 0 4,121 c Nat plan assets (subtract line 75 from line 7a) 7c 0 4,121 c National Contributions received in correctivation from: (1) Employers 8a(1) 4,082 c Total income (add lines saft), 8a(2) 4,082 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 48 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4,130 d Benefits paid (including cirect rollovers and insurance premiums to provide benefits) 8d 8d 4,130 d Benefits paid (including cirect rollovers and insurance premiums to provide benefits) 8d 8d 9d 9d g Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 9d 9d 9d 9d 9d 9d 9d	C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	1021)?		Yes No	☐ Not de	etermined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remlum filing for this p	olan yea	ar			(See ins	tructions.)
7 Plan Assets and Liabilities	Pa	rt III Financial Information								
a Total plan assets	_			(a) Beginning	of Year	. 1		(h) En	of Year	7
b Total plan isabilities			7a	(d) Bogilling	01 100	$\overline{}$		(5) 211	a or rear	4,121
C Net plan assets (subtract line 7b from line 7a)	$\overline{}$	State professional								
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	C					0				4,121
a Contributions received or receivable from: (1) Employers				(a) Amour	at			(b)	Total	
(3) Other (including rollovers)		Contributions received or receivable from:	8a(1)							
b Other Income (loss)		(2) Participants	8a(2)		4,	082				
b Other Income (loss)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)	b		8b			48				
e Certain deemed and/or corrective distributions (see instructions) 8e G. Certain deemed and/or corrective distributions (see instructions) 8f G. Administrative service providers (salaries, fees, commissions) 8f G. Other expenses B. G. Other expenses (add lines 8d, 8e, 8f, and 8g) 8h I Net income (loss) (subtract line 8h from line 8c) 8i I Net income (loss) (subtract line 8h from line 8c) 8j Part IV Plan Characteristics G. B. G. Daracteristics G. B. G. Daracteristics G. B. G. Daracteristics J. Transfers to (from) the plan (see instructions) 8j If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: D. L. Transfers to (from) the plan spension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D. L. Transfers to (from) the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D. L. Transfers to (from) the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D. L. Transfers to (from) the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D. D. L. Transfers to (from) the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: D. D. L. Transfers to (from) the plan provide welfare benefits, enter the applicable plan feature to transmit to the plan any participant contributions within the time period described in 29 CFR 250.101.3. D. Were there ary nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). D. Were there ary nonexempt transactions with any party-in-interest? (Do not include transactions provided in the plan applicable plan have a	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4,130
f Administrative service providers (salaries, fees, commissions)	d	Mark Control of the C	8d							
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 9 i Net income (loss) (subtract line 8h from line 8c) 8i 4, 121 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: 2E 2F 2G 2J 2K 3D 2T 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) 10a X 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? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 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) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Administrative service providers (salaries, fees, commissions)	8f			9				
Net income (toss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9
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 2T 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? 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.) 10a X 22 f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10a X 10b X 22 Int this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10b X		Net income (loss) (subtract line 8h from line 8c)	81							4,121
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 2T	j	Transfers to (from) the plan (see instructions)	8j							
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Part V Compliance Questions 10 During the plan year: Yes No Amount 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.). 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.)	9a		feature co	des from the List of Pi	an Cha	racteri	stic Co	des in the ins	tructions:	
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.) 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.) 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	ecleris	tic Code	es in the insti	ructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See Instructions and DOL's V	oluntary F	iduciary Correction	10a		х			
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 falled 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.) 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	b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions	10b		х			
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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	С	Was the plan covered by a fidelity bond?			10c		х			
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.)	d						х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er persons e or all of t	by an insurance he benefits under	10e	х				22
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)			х			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h						х			
	i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	10ì					

Form 5500-SF 2017

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum fund (Form 5500) and line 11a below)						Ye	s 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 minin ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, ar						Ye	s 🛭 No
a	If a waiver of the minimum funding standard for a prio granting the waiver.			•	d enter		f the letter i Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and sk	ip to lin	ie 13.				
b	Enter the minimum required contribution for this plan y	ear			12b			
С	Enter the amount contributed by the employer to the pl	lan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in lin negative amount)	,	~		12d			
е	Will the minimum funding amount reported on line 12d	d 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 an	ny plan year?				Yes	X No	
	If "Yes," enter the amount of any plan assets that reve	erted 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 twhich assets or liabilities were transferred. (See instru		n(s), ide	ntlfy the plan(s)	to			
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) F	PN(s)