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 le	dentification Information						
For calend	ar plan year 2017 or fisc	cal plan year beginning 01/01/2	2017	and ending 12	2/31/2017			
A This re	turn/report is for:	x a single-employer plan		an (not multiemployer) (Inployer information in ac	_			
R This rot	urn/report is	a one-participant plan	a foreign plan					
D IIIIS IEU	um/report is	the first return/report	the final return/report					
		x an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC progra	ım		
Dort II	Pasis Blan Infor	<u> </u>	<u> </u>					
Part II		mation—enter all requested inf	formation		4b ====================================	<u>, </u>		
1a Name LINDA L. FC	of plan DREMAN, PLLC RETIRE	EMENT PLAN			1b Three-dig plan numl (PN) ▶			
					1c Effective	date of plan 01/01/2008		
Mailing	g address (include room	er, if for a single-employer plan) ,, apt., suite no. and street, or P.C			2b Employer (EIN)	Identification Number 45-0578298		
-	r town, state or province, DREMAN, PLLC	, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)		s telephone number 25-377-1100		
					2d Business	code (see instructions)		
5825 - 60TH ST. S.E.				541110				
SNOHOMIS	H, WA 98290							
2					2b			
3a Plan a	idministrator's name and	d address X Same as Plan Spor	nsor.		3b Administrator's EIN			
					3c Administra	ator's telephone number		
						·		
		plan sponsor or the plan name hasor's name, EIN, the plan name a			4b EIN			
a Spons	sor's name				4d PN			
C Plan N	Name							
5a Total	number of participants a	at the beginning of the plan year			5a	2		
b Total	number of participants a	at the end of the plan year			5b	2		
C Numb	er of participants with a	ccount balances as of the end of	the plan year (only defined	contribution plans	5c	2		
d(1) Tot	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	2		
		icipants at the end of the plan yea	-		5d(2)	2		
e Numb	ber of participants who to	erminated employment during the	e plan year with accrued be	enefits that were less	5e 0			
Caution: A	A penalty for the late or	r incomplete filing of this returr	n/report will be assessed	unless reasonable cau	ıse is establish	ed.		
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.								
SIGN	Filed with authorized/v	ralid electronic signature.	11/15/2018	LINDA L. FOREMAN				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as pl	an administrator		
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor		
F	1 5 1 11 4 1 11					E 5500 OF (0045)		

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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.) 						X Yes ☐ No X Yes ☐ No	
	If you answered "No" to either line 6a or line 6b, the plan cannot be supported in the control of the control o		,					× Yes No
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		-					(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Voor			(b) Enc	l of Year
<u>′</u>	Total plan assets	7a		11916			(D) Enc	833201
<u>u</u>	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	7	11916				833201
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
	Contributions received or receivable from:		(4) 7 11110 4111	· <u>-</u>			(-)	. • • • •
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)	,	14763				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	1	15568				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						130331
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		9046				
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)				9046			
i	i Net income (loss) (subtract line 8h from line 8c)							121285
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics	o,						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the insti	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			,		
	Program)			10a		X		
	reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			200000
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.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g				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			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	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
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						
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 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	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) 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 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

Part I		Identification Information	l	workers to the Local Comme				
For calen	dar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/2	2017		
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) nployer information in a				
		a one-participant plan	a foreign plan					
B This re	turn/report is	the first return/report	the final return/report					
		x an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m		
Part II	Pacio Plan Info	special extension (enter description)						
1a Name		prmation—enter all requested in	formation		41			
	•	LC RETIREMENT PLAN			1b Three-digit plan numb (PN) ▶			
	of the first first free first fre				1c Effective of 01/01/2			
Mailin	ng address (include roo:	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post). Box)			Identification Number 0578298		
LINDA	L. FOREMAN, PI	E, country, and zir or foreign post LLC	ai code (if foreign, see insti	ructions)	2c Sponsor's 425-377	telephone number		
5825 -	60TH ST. S.E.				2d Business code (see instructions) 541110			
SNOHOM		WA 98290						
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administra	itor's EIN		
					3c Administra	itor's telephone number		
4 If the this p	name and/or EIN of the	e plan sponsor or the plan name hansor's name, EIN, the plan name a	as changed since the last re	eturn/report filed for	4b EIN			
	sor's name		and the plantidinger from the	ie iastretain/report.	4d PN			
5a Total :	number of participants	at the beginning of the plan year			5a	2		
		at the end of the plan year			5b	2		
C Numb	er of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c	2		
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	2		
		rlicipants at the end of the plan yea			5d(2)	2		
Possible 2 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instructed actuary, a	tions. I declare that I have	examined this return/re	eport, includina, if	applicable, a Schedule		
SIGN	7111			Linda L. Fore	man			
HERE	Signature of plan ac	iministrator	Date (()/5/1()	Enter name of individ	dual signing as pla	an administrator		
SIGN HERE								
	Signature of employ	/er/plan sponsor	Date	Enter name of individ	dual signing as en	nployer or plan sponsor		

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Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8 Certain deemed and/or corrective distributions (see instructions). 8 Part V Compliance Questions 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 Was the plan provided with a plan party-in-interest? (Do not include transactions reported on line 10a.) B Administrative service providers (sea instructions) 8	6a	i de la descripción de la desc						X	Yes No	
Hyou answered "No" to either line & or line 8b, the plan cannot use Form 5500.** Frand must instead use Form 5500. Of the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year	IJ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Yes No	
Part III Financial Information Financial Informa		If you answered "No" to either line 6a or line 6b, the	e plan cannot use Fo	rm 5500-SF and mus	t inste	ad use	Form	5500.		_
Part III Financial Information Financial Information Pain Assets and Liabilities 7a 711, 916 833, 201	С								☐ Not	determined
7 Plan Assets and Liabilities 7 Plan Assets (subtract line 7b From line 7a) 7 Plan Plan Ribilities 8 Pl		If "Yes" is checked, enter the My PAA confirmation nur	nber from the PBGC p	remium filing for this p	lan yea	r			(See i	nstructions.)
a Total plan assets 7a 711, 916 833, 201 b Total plan inside 7b 7c 711, 916 833, 201 c Net plan assets (subtract line 7b from line 7a) 7c 711, 916 833, 201 c Net plan assets (subtract line 7b from line 7a) 7c 711, 916 833, 201 c Net plan assets (subtract line 7b from line 7a) 7c 711, 916 833, 201 c Net plan assets (subtract line 7b from line 7a) 7c 711, 916 833, 201 c Net plan assets (subtract line 7b from line 7a) 7c 711, 916 833, 201 c Ontributions received or (cealvable from: (1) Employers 84(1) 84(2) 14, 763 c Ontributions received or (cealvable from: (1) Employers 84(1) 84(2) 14, 763 c Ontributions (sective of cealvable from: (1) Employers 84(2) 14, 763 c Total income (add lines 84, 184(2), 84(3), and 8b) 8a(2) 115, 567 c Total income (add lines 84, 184(2), 84(3), and 8b) 8c 115, 567 c Total income (add lines 84, 184(1), 84(2), 84(3), and 8b) 8c 115, 567 c Total income (add lines 84, 184(1), 84(2), 84(3), and 8b) 8d 4 c Pental in a deemed and/or corrective distributions (see instructions) 8d 4 c Pental income (add lines 8d, 8e, 8f, and 8g) 8f 9, 046 f Administrative service providers (salaries, fees, commissions) 8f 9, 046 f Notal expenses (add lines 8d, 8e, 8f, and 8g) 8f 9, 046 f Notal expenses (add lines 8d, 8e, 8f, and 8g) 8f 9, 046 f Interplan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics 10 During the plan year. 2	Pa	art III Financial Information	· · · · · · · · · · · · · · · · · · ·			······································	***************************************			
a Total plan lassets	7	Plan Assets and Liabilities		(a) Beginning	of Vear	. [(b) En	d of Vos	
b Total plan liabilities. C Net plan assets (subtract line 7b from line 7a). C Net plan assets (subtract line 7b from line 7a). R Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 (2) Participants. 8a(2) 14,763 (3) Others (including rollovers). 8a(3) B D Differ income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8b D 115,567 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c D 133,330 d Benefits paid (including direct rollovers and insurrance preniums to provide benefits). 8d D D Differ income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(1), 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(2), 8a(3), and 8b). 8d D 15,567 C Total income (dead lines 8a(2), 8a(3), and 8b). 8d D 15,567 B 10,568 B 11,568 B 11,576 B 11,576 B 11,576 B 11,576 B 11,576	а	Total plan assets	7a	(a) Legining				(5) (11)	u vi real	
Expenses, and Transfers for this Plan Year 8 Income, Expenses, and Transfers for this Plan Year 9 Contributions received or receivable from: 9 (1) Employers 9 (2) Participants. 9 (3) Others (including rollovers). 8 (2) 1 1 4, 7 6 3 9 (3) Others (including rollovers). 8 (4) 1 15, 5 6 7 C Total income (dos). 8 (5) 1 15, 5 6 7 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 (6) 1 15, 5 6 7 C Total income (dos). 8 (7) Employers and insurance premiums to provide benefits. 9 (8) Expenses (add direct rollovers and insurance premiums to provide benefits). 9 (9) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 (1) Employers (add lines 8a(1), 8a(2), 8a(3), and 8b). 11 (2) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 12 (3) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 13 (4) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 14 (5) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 15 (7) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 16 (8) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 17 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 18 (9) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 19 (1) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 10 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 11 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 12 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 13 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 14 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 15 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 16 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 17 Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 18 Expenses (add lines 8a(2), 8a(3), and 8b). 18 Expenses (add lines 8a(2),							<u> </u>			000,20
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 2) Participants. 8a(2) 144,763 3(3) Others (including rollovers). 8a(3) b Other income (loss) 5 Other income (loss) 6 Be 115,567 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C 130,330 d Benefits pad (including direct rollovers and insurance premiums to provide benefits) 6 Partition deemed and/or corrective distributions (see instructions). 8 B 15,567 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C 130,330 d Benefits pad (including direct rollovers and insurance premiums to provide benefits) 8 G Partition deemed and/or corrective distributions (see instructions). 8 G Partition (according to the providers (salaries, fees, commissions). 8 F 9,046 g Other expenses. 8 G Partition (according to the providers (salaries, fees, commissions). 8 F 9,046 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8 Part IV Plan Characteristics 1 Net income (loss) (subtract line 8h from line 6c). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see instructions). 8 F 9,046 Fransfers to (from) the plan (see	С				711.	916				833.201
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Bother (including rollovers) (5) Other income (loss) (6) Other income (loss) (7) Total income (loss) (8) Bother (including rollovers) (8) Bother (including direct rollovers and insurance premiums for provide benefits) (8) Bother (including direct rollovers and insurance premiums for provide benefits) (8) Bother (including direct rollovers and insurance premiums for provide benefits) (8) Bother (including rollovers) (8) Certain deemed and/or corrective distributions (see instructions) (8) Bother (including rollovers) (8) Gother expenses (add lines 8d, 6e, 8f, and 8g) (9) Add in Net Income (loss) (subtract line 8h from line 8c) (1) It expenses (add lines 8d, 6e, 8f, and 8g) (1) It expenses (add lines 8d, 6e, 8f, and 8g) (2) Bother expenses (add lines 8d, 6e, 8f, and 8g) (3) Bother expenses (add lines 8d, 6e, 8f, and 8g) (4) It be plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (8) Part IV Plan Characteristics (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year:				(a) Amoun				(h)	Total	000,000
(2) Participants. 8a(2) 14,763 (3) Others (including rollovers). 8a(3) (b) Other incrome (loss). 8a(3) (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). 8d (e) Certain deemed and/or corrective distributions (see instructions). 8d (e) Certain deemed and/or corrective distributions (see instructions). 8e (f) Administrative service providers (selaries, fees, commissions). 8f (g) Other expenses (h) Total expenses (add lines 8d, 8e, 8f, and 8g). 8h (а			(a) Airioui	I L				TOTAL	***************************************
(3) Others (including rollovers)		(1) Employers	8a(1)			0				
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). g Certain deemed and/or corrective distributions (see instructions). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lin		(2) Participants	8a(2)		14,	763				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 130,330 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) and including direct rollovers and insurance premiums to provide benefits) 4d		(3) Others (including rollovers)	8a(3)							
d Benefits paid including direct rollovers and insurance premiums to provide benefits). e Certain deermed and/or corrective distributions (see instructions)	b	Other income (loss)	8b		115,	567				
to provide benefits)										130,330
## Administrative service providers (salaries, fees, commissions)	d 	Benefits paid (including direct rollovers and insurance p to provide benefits)	oremiums 8d							
Solution	e	Certain deemed and/or corrective distributions (see ins	tructions) 8e							
Note Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commis	ssions) 8f		9,	046				*****************
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8l 9,046 i Net income (loss) (subtract line 8h from line 8c) 8l 1211, 284 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 2G 2J 2K 2T 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). 10e X 10e X 10f X 10e X 10e X 10e X 10e X 10e If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Other expenses	8g					······································		
Net income (loss) (subtract line 8h from line 8c)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			: · · · ·	77 (9,046
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 2G 2J 2K 2T 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? 10a X 200,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10a X 200,000 f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10a X 10b X 10c X 200,000 10c X 10d X 10d X 10d X 10d X 10d X 10d X					i Sear of	1				121,284
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)								
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D	Par	rt IV Plan Characteristics				t.			·····	
Figure F	9a		ble pension feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the in	structions	:
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.)	b		ole welfare feature cod	es from the List of Pla	n Chara	cteris	tic Code	es in the inst	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	rt 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	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any particip described in 29 CFR 2510.3-102? (See instructions a	ant contributions within	n the time period						***************************************
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by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х				200,000
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 participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?	y the plan's fidelity bor	nd, that was caused	10d		х			
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, ag carrier, insurance service, or other organization that pr	gents, or other persons	s by an insurance the benefits under			х			
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	i	If 10h was answered "Yes," check the box if you either	provided the required	notice or one of the						

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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 Sche (Form 5500) and line 11a below)	edule S	ВВ	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	1 302 o	.,,,,,,,,	Yes X No
	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 t Day		letter ruling ear
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
<u>b</u>	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 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 N	o 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	No 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?		Ye	s 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)	1	3c(3) PN(s)
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