	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Emplo	oyee	ON	/IB Nos. 1210-0110 1210-0089
Inter	Intment of the Treasury rnal Revenue Service epartment of Labor	This form is required to be filed Income Security Act of 1974 (under sections 104 and ERISA), and sections 60	57(b) and 6058(a) of the			2017
	Senefits Security Administration	-	Revenue Code (the Cod	le).			m is Open to Inspection
Part I	<u>,</u>	Complete all entries in ad dentification Information	ccordance with the inst	tructions to the Form 55	00-SF.		
	ar plan year 2017 or fise)17	and ending 12	2/31/2017		
A This ret	turn/report is for:	X a single-employer plan	list of participating er	elan (not multiemployer) (l mployer information in ac		-	
	<i>,</i>	a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/report				
		X an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descrip	ption)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation		-		
	•	D SPORTS CLINIC, P.S. INC. 401(1b Three plan	e-digit number	
KIISAF FI	TSICAL THERAPT AND	5 SFOR 15 CLINIC, F.S. INC. 401	(K) FROFIT SHARING F	LAN	(PN)		001
					1c Effect	tive date of p 01/01/	
Mailing	g address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		tructions)	2b Empl (EIN)		ation Number
		SPORTS CLINIC, P.S. INC.				nsor's telepho 360-598-3	3764
19319 7TH A					2d Busir		ee instructions)
SUITE 100 POULSBO, V						62134	0
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spons	sor.		3b Admi	nistrator's El	N
					3c Admi	nistrator's tel	lephone number
		plan sponsor or the plan name has			4b EIN		
	sor's name	sor's name, EIN, the plan name ar	id the plan number from	the last return/report.	4d PN		
5a Total	number of participants a	at the beginning of the plan year			5a		108
		at the end of the plan year		•	5b		115
		ccount balances as of the end of th			5c		87
d(1) Tot	al number of active part	icipants at the beginning of the pla	n year		5d(1)		102
d(2) Tot	tal number of active part	ticipants at the end of the plan year	r		5d(2)		90
than	100% vested	erminated employment during the	•		5e		0
Under pen SB or Sche	alties of perjury and oth	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	tions, I declare that I have	e examined this return/rep	oort, includi	ng, if applica	
SIGN		valid electronic signature.	09/25/2019	MIKE DANFORD			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing a	as plan admi	nistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ual signing a		
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500-	SF.			Fo	rm 5500-SF (2017) v.170203

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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 in If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and conditi ot use Fo i surance pi	ident qualified public accountant (lons.) rm 5500-SF and must instead us rogram (see ERISA section 4021)	QPA) X Yes No Se Form 5500. ? No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	4918471	5687291
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	4918471	5687291
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	167495	
	(2) Participants	8a(2)	422086	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	502646	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1092227

b	Other income (loss)	8b	502646	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1092227
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	295591	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	27816	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		323407
i	Net income (loss) (subtract line 8h from line 8c)	8i		768820
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			

9a	If the	plan	provid	les pe	nsion	bene	fits, e	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2J	2K	2F	2G	3D	2S	2T	

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
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Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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		х	
С	Was the plan covered by a fidelity bond?	10c	Х		250000
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		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.).	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "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 brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

For	rm 5500-SF	Short Form Annua	al Return/Repo Benefit Plan		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed	d under sections 104 and	1 406			2017
	epartment of Labor	Income Security Act of 1974			b) and 6058(a) of the	Internal	This Form is Open to
	enefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Co				Public Inspection
Part I		Complete all entries in a Identification Information	iccordance with the ins	struc	ctions to the Form 5	500-SF.	
	and the second se		01/01/2017		and ending	12/3	1/2017
		X a single-employer plan		plan			ing this box must attach a
A This rel	turn/report is for:	a one-participant plan					ith the form instructions.)
B This ret	urn/report is	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year ret	um/r	eport (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		, , ,	DFVC pr	rogram
		special extension (enter descri	iption)				•
Part II	Basic Plan Info	prmation—enter all requested info					
1a Name						1b Three	-digit
		any and Sports Clinic	D C Inc 40	1 (1)	Drofit		number 001
Sharing		apy and Sports Clinic	, P.S. 10C. 40	т (к) Prolit	(PN)	
							tive date of plan 1/1999
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)				over Identification Number 91-1940669
		country, and ZIP or foreign posta		struc	ctions)		sor's telephone number
KIUSap	Physical life.	rapy and Sports Clini	c, P.S. Inc.				598-3764
19319 7	th Avenue						ess code (see instructions)
Suite 1						62134	40
Poulsbo		WA 98370					
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	sor.			3b Admir	nistrator's EIN
						3c Admin	nistrator's telephone number
						JC Admin	istrator s telephone number
A 15.45			- the state of the		1.51.15	41	
		e plan sponsor or the plan name ha msor's name, EIN, the plan name a				4b EIN	
	or's name					4d PN	
c Plan N	lame						
						F	
		at the beginning of the plan year				5a	108
		at the end of the plan year				5b	133
		account balances as of the end of t				5c	8
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year			5d(1)	102
d(2) Tot	al number of active pa	inticipants at the end of the plan yea	٢			5d(2)	120
e Numb	per of participants who	terminated employment during the	plan year with accrued	bene	efits that were less	5e	(
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	d un	less reasonable cau	ise is estab	lished.
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	ther penalties set forth in the instruct nd signed by an enrolled actuary, a relate	tions, I declare that I have s well as the electronic v	e ex ersio	camined this return/report on of this return/report	port, includir t, and to the	ng, it applicable, a Schedule best of my knowledge and
SIGN	Mule I	Danford	9-4-201	8M	ike Danford		
HERE	Signature of plan a	1	Date		Enter name of individ	ual signing a	as plan administrator
SIGN	M. Do I	Jonford		-	ike Danford		

SIGN	Mike Danford	9-4-2018	Mike Danford
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as emplo
C	the Deduction Act Nation and the Instructions for Form FEOA SE		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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Person Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspect Part I Annual Report Identification Information a complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspect Part I Annual Report Identification Information a complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspect A This return/report is for: ⓐ a single-employer plan ⓐ a one-participant plan ⓐ a foreign plan ⓑ a one-participant plan ⓑ a foreign plan ⓑ a short plan year return/report ⓑ a number year ⓑ pecial extension (enter description) DFVC program ⓑ protyper plan ⓑ pro	Form 5500-SF	Short Form Ann		of Small Employee	OMB Nos. 1210-0110 1210-0089
Department of table This Form is Operations 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and 6058(a) of the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections 6057 (b) and editions for the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections for the Internal Revenue Code (income Security Act of 1974 (ERISA), and sections (income Security Act of 1975 (ERISA))). This Form is Comparing Parine Parine Parinal Parina (Parine Parine Parine) Parine Parina (Parine Parine)		This form is required to be fi		065 of the Employee Retireme	2017
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 A This return/report is for:	Particular and the second s	Complete all entries in		ructions to the Form 5500-SF.	
A This return/report is for:				1	0/01/0017
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□ the first return/report □ the first return/report □ the first return/report □ an amended return/report □ a short plan year return/report □ DFVC program □ special extension (enter description) □ DFVC program □ DFVC program □ special extension (enter description) □ DFVC program □ 001 Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (plan with plan year deta or plan old vitic plan number (plan) 1c Effective date or plan old with plan year deta with with plan year deta or plan old with plan year deta with with plan year deta with with plan year deta with wear de	A This return/report is for:	og ter the elshylese	list of participating em		
Image: Second state of plan sponsor's name (employer, if for a single-employer plan) Image: Second state of plan sponsor's name (employer, if for a single-employer plan) Image: Second state of plan sponsor's name (employer, if for a single-employer plan) Visit 100 Point 100 Point 200	B This return/report is	the first return/report	the final return/report		1926 NCO85047 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Kitsap Physical Therapy and Sports Clinic, P.S. Inc. 401(k) Profit (PN) * Sharing Plan 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) City or town, state or privonce, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Nut (EIN) 91-1940669 2c Sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) City or town, state or privince, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone numt 360-598-3764 19319 7th Avenue 3uite 100 2d Business code (see instruc 621340 Poulsbo WA 98370 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone r 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a 5b 5c 5a 5b 5c 61(1) Total number of participants at the end of the plan year 5d 62(1) 5d(1) 5d(2) 6 Number of participants at the end of the plan year 5d 6 Number of participants				C	-
2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer identification Num Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer identification Num City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone num Kitsap Physical Therapy and Sports Clinic, P.S. Inc. 2c Sponsor's telephone num 19319 7th Avenue 2d Business code (see instructions) Suite 100 WA 98370 Poulsbo WA 98370 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone rum 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a c Number of participants at the od of the plan year 5b c Number of participants at the od of the plan year 5c c Number of participants at the end of the plan year 5c c Number of participants at the od of the plan year 5c(1) d(1) Total number of active participants at the beginning of the plan year 5c(2) e Number of participants at the od of the plan year		capy and Sports Clini	ic, P.S. Inc. 401	(Ir) Drofit	
Mailing address (include room, apt, suite no. and street, or P.O. Box) (EIN) 91-1940669 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Ritsap Physical Therapy and Sports Clinic, P.S. Inc. Nitsap Physical Therapy and Sports Clinic, P.S. Inc. 2c Sponsor's telephone numt 360-598-3764 19319 7th Avenue 2d Business code (see instruc 621340 Suite 100 Poulsbo WA 98370 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year 5a c Number of participants at the end of the plan year 5c c Number of participants at the end of the plan year 5d(1) d(1) Total number of active participants at the end of the plan year 5d(2) c Number of active participants at the end of the plan year 5c c C Number of participants with account balances as of the end of the plan year 5d(2) c Number of active participants at the end of the plan year 5c c Number of active participants at the end of the plan year 5c			(E) 6 F.	and and a set of the s	the treat of the party processing of the second
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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 Sci	than 100% vested			Je	0
	Under penalties of perjury and or SB or Schedule MB completed a	other penalties set forth in the instr and signed by an enrolled actuary,	ructions, I declare that I have	examined this return/report, inc	luding, if applicable, a Schedule
belief, it is true, correct, and complete.	Ing to		0.05	Mike Danford	https://www.august.ini.ini.ini
HERE THE CHIEFE TA TA TA	HERE	Danford	Report of the state of the state of the state of the state of the		
Signature of plan administrator Date Enter name of individual signing as plan administrator	Signature of plan	administrator			ing as plan administrator
SIGN Mike Danford 9-25-19 Mike Danford	HERE	Danford			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s	Signature of empl	and the second	A REPORT OF THE OWNER	Enter name of individual sign	ing as employer or plan sponsor Form 5500-SF (2017)

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Form 5500-SF 2017

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets?	(See instructions.)	X Yes No
b	b Are you claiming a waiver of the annual examination and report of an indeper under 29 CFR 2520.104-46? (See instructions on waiver eligibility and condit		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Fo	rm 5500-SF and must instead use	Form 5500.
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance p	program (see ERISA section 4021)? .	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC p	premium filing for this plan year	. (See instructions.)
Pa	Part III Financial Information		
7	7 Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year

7	Plan Assets and Liabilities	muter ien.	(a) Beginning o	of Year	1211	nt L	(b) End o	f Year	
а	Total plan assets	7a	4,	918,	471	116 X4		5,	687,291
b	Total plan liabilities	7b		5			teicnu pri	iit li xod	C Check
С	Net plan assets (subtract line 7b from line 7a)	7c	4,	918,	471		-	5,	,687,291
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		ite con	(b) To	tal	11 march
а	Contributions received or receivable from: (1) Employers	8a(1)		167,	495			realing for	emeri st
	(2) Participants	8a(2)		422,	086	s yqe	radi Ida	r Brynin	geedia
	(3) Others (including rollovers)	8a(3)							altra en c
b	Other income (loss)	8b		502,	646		and a state of the second		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	incover peac	748 - 64 Q			cipila, alasha	1,	,092,227
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	enoo fiduos norem r	295,	591	1460 .9 V (14	omivono no eteza	ewe te et	City or
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		27,	816		eunev	A si	19319-0
g	Other expenses	8g					Contractory of the	00	Suite 1
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	16 C.S.C.			. 34			323,407
i	Net income (loss) (subtract line 8h from line 8c)	8i	ാങ്ങള് നടന്ന് ഒട	ame2.		nd addr	ie sonsin enols:	deharab	768,820
:	Transfers to (from) the plan (see instructions)	8j							
-	If the plan provides pension benefits, enter the applicable pension2E2J2K2F2G3D2S2TIf the plan provides welfare benefits, enter the applicable welfare for	feature cod							
Pai 9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $2F$ $2G$ $3D$ $2S$ $2T$ If the plan provides welfare benefits, enter the applicable welfare for	feature cod							na ya Manya Cango B
Pai 9a b Par	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2K$ $2F$ $2G$ $3D$ $2S$ $2T$ If the plan provides welfare benefits, enter the applicable welfare for	feature cod					es in the instruc		á liga G Par
Pai 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2S 2T If the plan provides welfare benefits, enter the applicable welfare fr t 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 V Program)	feature code eature code utions within /oluntary Fig	s from the List of Plan the time period duciary Correction		acterist	ic Code	es in the instruc	ctions:	a gara G Man N Sa Tor
Pai 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2S 2T If the plan provides welfare benefits, enter the applicable welfare for t 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 V	feature code eature code utions within /oluntary Fic	s from the List of Plan the time period duciary Correction clude transactions	n Chara	acterist	No	es in the instruc A	mount	d control control b toto c Mumb control
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Form 5500-SF 2017

Page 3-

Part	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)			[] Ye	es 🗌 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 sec ERISA?		of	Ye	es 🛛 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nth Day Year				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	. 12b				
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	No	N/A	
Part VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	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		
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.)						
13c(1) Name of plan(s): 13c(2		2) EIN(s)		13c(3) PN(s)		