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

20176

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 201 <u>7</u> 6 or	fiscal plan year beginning		and ending						
A This re	a single-employer plan a multiple-employer plan a multiple-employer plan (not multiemploye list of participating employer information in				· ·					
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1				
		special extension (enter descr								
Part II	•	ormation—enter all requested inf	formation							
1a Name	of plan				1b Three-digit	_				
					plan numbe (PN) ▶	er				
		-	1c Effective da	to of plan						
			ic Effective da	ne or plan						
		oyer, if for a single-employer plan)			2b Employer Identification Number					
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign post		uctions)	(EIN)					
o.i., o.	tom, class or province	, , , , , , , , , , , , , , , , , , ,	a. codo (roro.g.,, cooo.		2c Sponsor's telephone number					
					2d Business co	ode (see instructions)				
<u> </u>										
3a Plan administrator's name and address ☐ Same as Plan Sponsor.					3b Administrator's EIN					
					3c Administrator's telephone number					
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 the plan sponsor's name, EIN, the plan					4b EIN-					
name and the plan number from the last return/report.					4<u>d</u>e PN					
•	sor's name									
C Plan N	Name_									
5a Total	number of participants	s at the beginning of the plan year			5a					
b Total number of participants at the end of the plan year					5b					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans				contribution plans	5c					
complete this item)					5d(1)					
d(2) Total number of active participants at the end of the plan year					5d(2)					
Number of participants that who terminated employment during the plan year with accrued benefits that were less than 100% vested				d benefits that were	5e					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is establishe	d.				
Under pen SB or Sche	alties of perjury and ot	ther penalties set forth in the instruc and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	ort, including, if a	pplicable, a Schedule				
SIGN										
HERE	Signature of plan a	administrator	Date	Enter name of individu	of individual signing as plan administrator					
SIGN					· ·					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ial signing as emp	oloyer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					. ப ப
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			. (See instructions.)
Da	rt III Financial Information							
<u>га</u> 7	Plan Assets and Liabilities		(a) Baginning	of Voor			(h) En	d of Voor
<u>'</u> a	Total plan assets	7a	(a) Beginning (oi ieai			(0) E11	d of Year
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	76 7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	·+			(b)	Total
	Contributions received or receivable from:		(a) Amoun				(13)	Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b						
	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						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	f Administrative service providers (salaries, fees, commissions)							
g								
	h Total expenses (add lines 8d, 8e, 8f, and 8g)							
Ti	Net income (loss) (subtract line 8h from line 8c)	8h 8i						
j	Transfers to (from) the plan (see instructions)	8j						
Pai	Part IV Plan Characteristics							
9a								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a		itions withi	n the time period					, and and
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	40-				
	Program)			10a				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b				
С	C Was the plan covered by a fidelity bond?			10c				
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?			10d				
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.)			10e				
f	•			10f				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h				
i				10i				

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Part \	/I Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding re (Form 5500) and line 11a below)					В		Yes	No	
11a 12	Enter the unpaid minimum required contributions for all years is this a defined contribution plan subject to the minimum f ERISA?	ars from Schedule SB (Form 5500) unding requirements of section 412	line 40 2 of the Co	ode or section	11a	:		Yes	☐ No	
а	If a waiver of the minimum funding standard for a prior year granting the waiver.	is being amortized in this plan year			l enter t		of the I		lling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Sc	hedule MB (Form 5500), and ski	p to line 1	3.	•					
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			12c					
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	•	-		12d					
е	Will the minimum funding amount reported on line 12d be n	net by the funding deadline?				Yes	No		N/A	
Part \	/II Plan Terminations and Transfers of Ass	ets								
13a	Has a resolution to terminate the plan been adopted in any plar	ı year?				Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to				13a		<u> </u>	l .		
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 No				
С	If, during this plan year, any assets or liabilities were transfewhich assets or liabilities were transferred. (See instruction		n(s), identii	fy the plan(s)	to					
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13	c(3) P	N(s)	
Part				- 1						
14a Name of trust ABCDEFCHI ABCDEFCH					14b-Trust's EIN					
146 Name of trustee or custodian						14d-Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions									
15a Is the plan a 401(k) plan? If "No," skip b					X No					
401(k)(3) for the plan year? Check all that apply:				safe h	gn-based "Prior year" ADP test that year" N/A					
	What testing method was used to satisfy the coverage requiyear? Check all that apply:		the plan	Ratio		A	erage nefit te	st	K N/A	
16b-Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				X Yes		X No				
17a	If the plan is a master and prototype plan (M&P) or volume of the letter/and the serial number of the plan is an individually designed plan that received a factors.	submitter plan that received a favor	rable IRS							

X No

X No

X Yes

X Yes

18 Defined Benefit Plan or Money Purchase Pension Plan Only:
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?