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).

2016

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2009 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1972945 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number DAVID A. CLARK ARCHITECTS, PLLC 253-351-8877 2d Business code (see instructions) 33017 134TH AVE. SE 541310 **AUBURN, WA 98092 3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established 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 Filed with authorized/valid electronic signature. 0/08/2017 SUSAN CLARK SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		,					X Yes	No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determine	ned	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End of Year		
a	Total plan assets	7a		522033		712943				
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		522033		712943				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		150000						
-	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		47411						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						197411		
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		6501						
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0501	-					
<u>g</u>	Other expenses	8g						6501		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6501 190910		
-	Net income (loss) (subtract line 8h from line 8c)	8i						190910		
J	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics			01		0				
9a	If the plan provides pension benefits, enter the applicable pension $1B 3B 3D$	feature co	des from the List of Pl	an Cha	racteris	stic Co	ides in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	-	10a		X				
b						X				
-	reported on line 10a.)			10b	X				0000	
	Was the plan covered by a fidelity bond?			10c	^			11	0000	
d		•	-	10d		X				
—е	by fraud or dishonesty?			100						
·	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under			X				
	the plan? (See instructions.)	10e		X						
f	Has the plan failed to provide any benefit when due under the pla		10f							
9	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the			. 5.1						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?				□\	′es X No	
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	s, and	l enter t _ Day		of the lette Year _	r ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougo ol of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L s		n-based arbor	d [Prior ye test	ear" ADP
			- □ "	Curre ADP t	ent year est	,,	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🗌	Ratio perce test	entage		verage enefit test	N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

_ F0	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and endin	g 12/3	31/2016			
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report un	less reasonable cau	use is established	 d.				
Α	Name of plan DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLA		B Three-digit plan number (PN) 001					
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAVID A. CLARK ARCHITECTS, PLLC		D Employer Identification Number (EIN) 91-1972945					
		Prior year plan size:	X 100 or fewer	101-	500 More th	an 500		
	Part I Basic Information							
1 2	Enter the valuation date: Month 12 Day 31 Assets:	Year <u>2016</u>						
_	Assets. a Market value			2a		562943		
	b Actuarial value			2b		562943		
3	Funding target/participant count breakdown	(1)	Number of irticipants	nber of (2) Vested Funding (3) Total Fundin				
	a For retired participants and beneficiaries receiving payment		0		0	0		
	b For terminated vested participants		0	0		0		
	C For active participants		3		545244	553359		
	d Total		3		545244	553359		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions			4a				
	b Funding target reflecting at-risk assumptions, but disregarding transition status for fewer than five consecutive years and disregarding loading factors.			40				
5	Effective interest rate			5		5.06%		
6	Target normal cost			6		89095		
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.							
	SIGN HERE				10/03/201	7		
	Signature of actuary				Date			
J	JEFFREY P. MAHON, EA		_		17-08151			
	Type or print name of actuary			Most	recent enrollmer	nt number		
F	RETIREMENT SYSTEMS OF CALIFORNIA				844-604-31			
	Firm name 21021 VENTURA BL., SUITE 300 WOODLAND HILLS, CA 91364		Te	lephone	number (includ	ing area code)		
	Address of the firm		_					
	e actuary has not fully reflected any regulation or ruling promulgated under th	e statute in complet	ting this schedule	e, check	the box and see			

age	2 -	1	
-----	-----	---	--

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances							
7	Polonoo	at baginr	oing of prior year o	ftor applic	able adjustments (line 13 fro	m prior		(a) Ca	arryover balance		(b) P	refundir	ng balance
		-	•		able adjustifiertis (lifle 13 flo				0				168
8			•	-	nding requirement (line 35 fr								
9	Amount	remainin	g (line 7 minus line	e 8)					0				168
10	Interest	on line 9	using prior year's	actual retu	rn of -11.52 %				0				-19
11										L			
					38a from prior year)	-							34215
	` ´Sc	hedule SI	B, using prior year	's effective	a over line 38b from prior yea e interest rate of6.34 o	%							0
				-	edule SB, using prior year's a								
	C Total a	ıvailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	e							34215
	d Portio	n of (c) to	be added to pref	unding bala	ance								34215
12	Other re	ductions	in balances due to	elections	or deemed elections								0
					line 10 + line 11d – line 12) .				0				34364
	art III		ding Percenta	•	,	I				<u> </u>			
_	14 Funding target attainment percentage										14	95.20%	
	15 Adjusted funding target attainment percentage									15	110.19%		
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current								102.89%				
17	you o taking requirement								%				
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls						Į.		
18					ar by employer(s) and employer						1		
(1)	(a) Dat ∕MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) [(MM-DD		′)	(b) Amount pai employer(s		(c) Amount paid by employees		
	9/06/2017		. ,	150000	0	,			. ,	•		•	
												1	
						Totals ►	18	8(b)	1	50000	18(c)		0
19					ructions for small plan with a								
a Contributions allocated toward unpaid minimum required contributions from prior years													
b Contributions made to avoid restrictions adjusted to valuation date													
					ired contribution for current ye	ar adjusted to	o valuat	tion da	ate 1	9с			145029
20			utions and liquidity										Von V Na
a Did the plan have a "funding shortfall" for the prior year?								∐	Yes X No				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? c If line 20a is "Yes," see instructions and complete the following table as applicable:						Yes No							
	C IT line	∠ua is "Y	es, see instructio	ns and cor	nplete the following table as Liquidity shortfall as of end		of this	nlan v	ear				
		(1) 1s	t		(2) 2nd	a or quartor			Brd		((4) 4th	
			-					-					

P	Part V Assumptions Used to Determine Funding Target and Target Normal Co												
21	Discount	rate:											
	a Segm	ent rates:	1st seg	gment: 4.43%	2nd segment 5.91 %		3rd segment: 6.65 %			N/A, full yie	eld cui	rve used	İ
	b Applic	able month (er	nter code)					21b			2		
22	Weighted	d average retire	ement age					22			62		
23	Mortality	table(s) (see i	instructions)	X Pres	cribed - combined	Prescri	bed - separate	Substit	ute				
Pá	art VI	Miscellane	ous Items					<u> </u>					
24				escribed actua	arial assumptions for the	current pla	n vear? If "Ves " see i	netruction	ne red	nardina requir	od.		
		-			anar assumptions for the		-				_	es X N	No
25	Has a me	ethod change b	peen made for th	ne current plar	n year? If "Yes," see ins	tructions reg	parding required attach	nment			Ye	es X N	Мо
26	Is the pla	n required to p	provide a Sched	ule of Active P	articipants? If "Yes," se	e instruction	s regarding required a	attachmer	nt		Υe	es X N	No
27		•		•	r applicable code and se		0 0	27					
P	art VII				um Required Cont			1	I				
28					ears			28				0	
29	Discount	ed employer c	ontributions allo	cated toward u	unpaid minimum required	d contributio	ns from prior years	29					
30		,			ributions (line 28 minus l			30				0	
Pa	art VIII	Minimum	Required Co	ontribution	For Current Year	,			1				
	31 Target normal cost and excess assets (see instructions):												
-	a Target	normal cost (lii	ne 6)					31a				89095	
	b Excess	s assets, if app	licable, but not	greater than lir	ne 31a			31b				0	
32	Amortiza	tion installmen	its:				Outstanding Bala	ince		Instal	lment		
	a Net she	ortfall amortiza	tion installment					26519 4382					
	b Waive	r amortization i	installment					0				0	
33				-	er the date of the ruling le	-		33					
34	Total fun	ding requireme	ent before reflec	ting carryover/	prefunding balances (lin	es 31a - 31	b + 32a + 32b - 33)	34				93477	
					Carryover balan	се	Prefunding balar	nce		Total b	alanc	e	
35			se to offset fundi									0	
36								36				93477	
37					ntribution for current year							93411	
	19c)							37			1	145029	
38					r (see instructions)				1				
								38a				51552	
					efunding and funding sta	•		38b				0	
	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							39				0	
40 Par	Unpaid n				Pension Relief Act			40	1			0	
						01 2010 (See mstructions	»)					
41			to use PRA 20°					г	7.	luo 7 · ·		E	
					la constant					olus 7 years		5 years	
40					a was made				800	2009 2	UTU	2011	
								42					
43	⊨xcess ir	nstallment acce	eration amount	to be carried	over to future plan years	3		43	1				

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

	For Fu <u>Min</u>	ınding <u>Max</u>	<u>For 417</u>	<u>(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1: 4.43%	1.52%	Seg 1:	1.76%	Pre-Retirement: 5.00%		
	Seg 2: 5.91%	3.78%	Seg 2:	4.15%	Post-Retirement: 5.00%		
	Seg 3: 6.65%	4.76%	Seg 3:	5.13%			
Pre-Retirement							
Turnover	None		None		None		
Mortality	None		None		None		
Assumed Ret Age	Age Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		
Future Salary Incr	4% salary increa	dary increase per year			None		
Post-Retirement							
Mortality Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			oplicable Mortality om Notice 2015-53	2016 Applicable Mortality Table from Notice 2015-53			
Assumed Benefit Form F	or Funding		Lump Sum				
Calculated Effective Inte	erest Rate		5.06%				
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date January 1, 2009

Plan Year From January 1, 2016 to December 31, 2016

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens are excluded

Normal Retirement Age

All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation from beginning of entry

year

Normal Retirement BenefitUpon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

The accrued benefit as of January 1, 2012, plus the benefit based on the following formula:

Group 1: David Clark

\$450 per month times Credit Service post 1.1.2012 up to a maximum 35 years.

Group 2: Sheryl Brown

3% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.

Group 3: All Others

0.5% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.

0% of average compensation

The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on

the normal retirement date.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before January 1, 2012 Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date

Years before age 18

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1972945: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2016

SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Shortfall Amortization Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2016 Total	7-year	7	\$4,382 \$4,382	\$26,519 \$26,519

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

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calend	ar plan year 2016 or f	scal plan year beginning	01/01/2016	and ending	12/31	/2016	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pla	in (not multiemployer) i ployer information in a	_		
		a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 m	nonths)		
C Check I	box if filing under:	Form 5558	automatic extension		DFVC progra	m	
Dord II	Danie Dlem Infe	special extension (enter descr	. ,				
Part II		prmation—enter all requested inf	ormation		1h Thursdie		
1a Name	of plan . Clark Archi	tects DIIC			1b Three-dig		
	Benefit Pens				(PN) •	001	
					1c Effective 01/01.		
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Pay\			Identification Number	
		ce, country, and ZIP or foreign posta		uctions)	<u> </u>	1-1972945	
David A	. Clark Archi	tects, PLLC				s telephone number 351-8877	
					2d Business 541310	code (see instructions)	
33017 1	34th Ave. SE				341310)	
Auburn		Fla	AW	98092	01		
3a Plan a	dministrator's name a	nd address 🛭 Same as Plan Spon	isor.		3b Administr	ator's EIN	
					3c Administr	ator's telephone number	
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN		
name	, EIN, and the plan nu	mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,			
	or's name	at the heginning of the plan year	jet serveren interacenda estas serveren.		4c PN	3	
		at the beginning of the plan year at the end of the plan year			5b	3	
		account balances as of the end of t					
compl	lete this item)				5c		
		rticipants at the beginning of the pla			5d(1)	3	
		articipants at the end of the plan yea terminated employment during the			5d(2)	3	
than	100% vested				5e	0	
Caution: A	t penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	report will be assessed in	unless reasonable ca	use is establish	ed.	
SB or Sche	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic vers	sion of this return/repor	rt, and to the bes	t of my knowledge and	
SIGN	Dusan	J. P. Clark	10-8-17	Susan Clark			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pl	an administrator	
SIGN HERE							
	Signature of emplo		Date			mployer or plan sponsor	
rieparer s	name (including firm f	name, if applicable) and address (in	clude room or suite number	r)	Preparer's tele	phone number	
I							

b Any you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 40217		Were all of the plan's assets during the plan year invested in eligib		,						X Ye	s No
If you answered "No" to either line 6 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 insurance program (see ERISA section 4021)?	b									X Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7b 522,033 712,943 b Total plan liabilities 7b 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 712,943 c Net plan assets (subtract line 7b from line 7a) 7c 522,033 7c 7c 7c 7c 7c 7c 7c		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		,							
7 Plan Assets and Liabilities	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	X No	Not de	termined
a Total plan assets	Pa	rt III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			((b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		522,	033				7	12 , 943
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 150,000 (2) Participants. 8a(2) (3) Others (including rollovers). 8a(3) b Other income (loss). 8b 47,411 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 197,411 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 6 e Certain ideamed and/or corrective distributions (see instructions). 8d 7,501 g Other expenses. 8d 6,501 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 6,501 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 6,501 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: 1B 3B 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 plan failed to transmit to the plan any party-in-interest? (Do not include transactions plan failed to provide any benefits when a plan share a loss, whether or not reimbursed by the plans failed by the plan have any party-in-interest? (Do not include transactions plan failed to provide any benefit when due under the plan? C Was the plan have any correction that provides some or all of the benefits under the plan? 100	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		522,	033				7	12,943
(1) Employers 8a(1) 150,000 (2) Participants 8a(2) (3) Others (including rollovers). 8a(3) (5) Others (including rollovers). 8a(3) (6) Other income (loss). 8b 47,411 (7) Otal income (loss) 1197,411 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 197,411 (9) Experimental depends and/or corrective distributions (see instructions). 8e 190,700 otal expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 197,411 (9) Other expenses 190,700 otal expenses (salaries, fees, commissions). 8f 190,701 (9) Other expenses 190,700 otal expenses (add lines 8d, 8e, 8f, and 8g). 8f 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) Transfers to (from) the plan (see instructions). 8g 190,701 (1) During the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 18 38 30 (1) During the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 18 38 30 (1) During the plan year: 190,701 (2) During the plan year: 190,701 (3) During the plan year: 190,701 (4) During the plan year: 190,701 (5) N/N N/N N/N N/N N/N N/N N/N N/N N/N N/				(a) Amoun	ıt				(b) To	otal	
(2) Participants	а		8a(1)		150,	000					
(3) Others (including rollovers)											
b Other income (loss)		•	` ′								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	, , , , , , , , , , , , , , , , , , , ,			47,	411					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	.97,411
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 6, 501 g Other expenses	d										
f Administrative service providers (salaries, fees, commissions)											
g Other expenses	<u>e</u>	· · · · · · · · · · · · · · · · · · ·			6	5.0.1					
h Total expenses (add lines 8d, 8e, 8f, and 8g)			1		0,	301					
i Net income (loss) (subtract line 8h from line 8c)		•									6 501
Transfers to (from) the plan (see instructions)											
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: 1	÷										.90,910
Part V Compliance Questions	Day		8 j								
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			feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:	
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)	Ja		icature of	des nom the List of the	an Ona	actori	one oc	AC3 III	tile ilisti	uctions.	
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ctions:	
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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	_										
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)											
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				Control Control		Yes	No	N/A		Amoun	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а										
reported on line 10a.)		Program)			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 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.) 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	b				10b		Х				
by fraud or dishonesty?	С	C Was the plan covered by a fidelity bond?								1	10,000
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				10d		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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									
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 pla	10f		Х						
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g				_		
	h	·	•		10h						
	i	·			10i						

Form 5500-SF 2016	Page 3-

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)					X	Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 \dots			11a				0
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C A?						Yes	X No
а	_	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Valver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	truction	ns. and	d enter t	he date	of the le	tter rul	ina
	grant	ing the waiver	onth _		_ Day		Yea		
lf	you co	ompleted 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		ì 	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	<u> </u>	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?	_				Yes	X N	0
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident n assets or liabilities were transferred. (See instructions.)	ify the	plan(s) to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		130	(3) PN	l(s)
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's I	ΞIN		
14c	Name	of trustee or custodian					s or custone number		3
Par	: IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe i	n-based narbor	_	"Prior test	year"	ADP
				ADP 1	ent year test		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	t [N/A
16b		be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the m	ost rec	ent deter	minatio	on
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?		from	Yes	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	s [No		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

<u> </u>	File as an attachment to Form 5	5500 or 5500-SF.	- 1		
For calendar plan year 2016 or fiscal plan year beginning	01/01/2016	and endin	3	12/3	1/2016
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late	filing of this report unless reasona	able cause is established	i		
A Name of plan		B Three-dig	iit		
David A. Clark Architects, PLLC D	ef Ben Pen Plan	plan num	ber (PN))	001
! -					
C Plan sponsor's name as shown on line 2a of Form 550	0 or 5500-SF	D Employer	dentifica	ntion Number (E	EIN)
David A. Clark 'Architects, PLLC		91-1972		`	, .
	ko - Angari (A)				
E Type of plan: Single Multiple-A Multiple-B	F Prior year plan	size: X 100 or fewer	101-	500 More th	an 500
Part Basic Information					:
1 Enter the valuation date: Month 12	Day 31 Year 2	016			
2 Assets:					
a Market value			2a		562,943
b Actuarial value			2b		562,943
3 Funding target/participant count breakdown		(1) Number of participants		ted Funding arget	(3) Total Funding Target
a For retired participants and beneficiaries receiving	payment	0		0	0
b For terminated vested participants		0		0	. 0
C For active participants		3		545,244	553,359
d Total		3		545,244	553,359
4 If the plan is in at-risk status, check the box and com					
a Funding target disregarding prescribed at-risk assu	umptions		. 4a	Technological and service of the ser	
b Funding target reflecting at-risk assumptions, but of status for fewer than five consecutive years and di	lisregarding transition rule for plans	s that have been in at-ris	SK 41-		
5 Effective interest rate			. 5		5.06%
6 Target normal cost			. 6		89,095
Statement by Enrolled Actuary			•		
To the best of my knowledge, the information supplied in this schedule an accordance with applicable law and regulations. In my opinion, each othe combination, offer my best estimate of anticipated experience under the	er assumption is reasonable (taking into accou	attachments, if any, is complete nt the experience of the plan an	and accura d reasonal	te. Each prescribed le expectations) and	assumption was applied in I such other assumptions, in
SIGN					
HERE Jally Mike		,	10,	13/2017	
\$ignature of actuar	у		l	Date	
Jeffrey P. Mahon, EA				17-0815	1
Type or print name of ac	ctuary		Most re	ecent enrollmer	
Retirement Systems of California			(844)604-3	163
Firm name		Tel	ephone i	number (includi	ng area code)
21021 Ventura Bl., Suite 300					
Woodland Hills	CA 91364				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling instructions	promulgated under the statute in c	ompleting this schedule	check t	he box and see	;

Р	art II B	eginn	ing of Year	Carryove	er and Prefunding B	alances								
								(a) (Carryover bala	nce	(b)	² refund	ling bala	ance
7	year)				ble adjustments (line 13 fr				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0			168
	Portion electe year)	ed for u	se to offset pri	or year's fun	ding requirement (line 35	from prior								
_ 9	Amount rema	aining (I	ine 7 minus lin	ne 8)	***************************************					(0			168
10					n of <u>-11.52</u> %					(D			-19
11	Prior year's e	xcess o	contributions to	be added to	prefunding balance:									
					Ba from prior year)						Š			34215
	Schedu	le SB, t	using prior yea	ır's effective	over line 38b from prior yeinterest rate of $\frac{6.34}{}$	%								
	return.		······································		lule SB, using prior year's						**			0
	C Total availa	ble at be	eginning of curr	ent plan year	to add to prefunding balanc	æ								34215
	d Portion of (c) to be added to prefunding balance													34215
12	Other reduction	ons in b	alances due to	o elections o	r deemed elections									
13	Balance at be	eginning	of current yea	ar (line 9 + lir	ne 10 + line 11d – line 12)					()			34364
Р	art III F	undi	ng Percent	ages										
14												14	95	.20%
												15		.19%
	Prior year's fu	ınding p	percentage for	purposes of	determining whether carry	over/prefu	nding	balance	es may be use	d to redu	ce current	16		.89%
17	If the current	value o	f the assets of	the plan is le	ess than 70 percent of the	funding tar	get,	enter suc	h percentage.	***************************************		17		%
Р	art IV	Contri	butions an	d Liquidit	y Shortfalls									
18	A 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				by employer(s) and empl	ovees:								
-	(a) Date MM-DD-YYYY)		(b) Amount p employer	aid by	(c) Amount paid by employees		Date D-Y		(b) Amour emplo	• •	(0		int paid oyees	by
0	9/06/201	7	1	50,000	0									
			i											
			<u> </u>											
						Totals ▶		18(b)		150,00	18(c)			· 0
19	Discounted er	nployer	contributions	– see instruc	ctions for small plan with a	valuation o	late :	after the					,	
	a Contribution	ns alloc	ated toward ur	npaid minimu	ım required contributions f	rom prior y	ears			. 19a				
	b Contribution	ns made	to avoid rest	rictions adjus	ted to valuation date					. 19b				
	c Contribution	s alloca	ted toward min	imum require	d contribution for current ye	ar adjusted	to va	luation da	ate	. 19c			14	5 , 029
20	Quarterly conf	tributior	ns and liquidity	shortfalls:						•				
	a Did the plan	n have a	a "funding sho	rtfall" for the	prior year?								Yes	X No
	b If line 20a is	s "Yes,"	were required	d quarterly in:	stallments for the current y	ear made i	n a t	imely ma	anner?		••••		Yes	No
					lete the following table as			-		[i
			:		Liquidity shortfall as of end			nis plan y	ear ear		<u> </u>	14 N.A. 1544(1718)		
	(1)	1st	!		(2) 2nd			(3)	3rd			(4) 4th	1	
-			1											

	et and Target Normal Co	ost		
21 Discount rate:				
a Segment rates: 1st segment: 2nd seg	- i		N/A, full yield curve used	
1.13 3.91	% 6.65	<u>%</u>		
b Applicable month (enter code)				
22 Weighted average retirement age			62	
23 Mortality table(s) (see instructions) Prescribed - combined	Prescribed - separate	Substi	tute	
Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions fattachment.	r the current plan year? If "Yes,	" see instructio	ns regarding required	
25 Has a method change been made for the current plan year? If "Yes," se	instructions regarding required	attachment	Yes X No	
26 Is the plan required to provide a Schedule of Active Participants? If "Yes	" see instructions regarding req	uired attachme	nt	
27 If the plan is subject to alternative funding rules, enter applicable code a attachment	d see instructions regarding	27		
Part VII Reconciliation of Unpaid Minimum Required C	ontributions For Prior Y	ears		
28 Unpaid minimum required contributions for all prior years			0	
. 29 Discounted employer contributions allocated toward unpaid minimum rec (line 19a)	uired contributions from prior ve	ars 20	·	
30 Remaining amount of unpaid minimum required contributions (line 28 mi	us line 29)	30	0	
Part VIII Minimum Required Contribution For Current Y	ear			
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6)		31a	89,095	
b Excess assets, if applicable, but not greater than line 31a		31b	0	
32 Amortization installments:	Balance	Installment ·		
a Net shortfall amortization installment	26,519	4,382		
b Waiver amortization installment		(0	
33 If a waiver has been approved for this plan year, enter the date of the rul (Month Day Year) and the waiv		33		
34 Total funding requirement before reflecting carryover/prefunding balance	(lines 31a - 31b + 32a + 32b - 3	33) 34	93,477	
Carryover b	alance Prefunding	balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)		36	93,477	
37 Contributions allocated toward minimum required contribution for current 19c)	ear adjusted to valuation date (145,029	
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)		38a	51,552	
b Portion included in line 38a attributable to use of prefunding and fundir	38b	0		
39 Unpaid minimum required contribution for current year (excess, if any, of	ine 36 over line 37)	39	. 0	
		40	0	
40 Unpaid minimum required contributions for all years				
40 Unpaid minimum required contributions for all years Part IX Pension Funding Relief Under Pension Relief			•	
Part IX Pension Funding Relief Under Pension Relief	Act of 2010 (See Instruct	ions)	2 plus 7 years 15 years	
Part IX Pension Funding Relief Under Pension Relief 41 If an election was made to use PRA 2010 funding relief for this plan:	Act of 2010 (See Instruct	ions)	2 plus 7 years	
Part IX Pension Funding Relief Under Pension Relief 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	Act of 2010 (See Instruct	ions)		

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

	For Fu <u>Min</u>	ınding <u>Max</u>	For 417	<u>(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 4.43%	1.52%	Seg 1:	1.76%	Pre-Retirement: 5.00%			
	Seg 2: 5.91%	3.78%	Seg 2:	4.15%	Post-Retirement: 5.00%			
	Seg 3: 6.65%	4.76%	Seg 3:	5.13%				
Pre-Retirement								
Turnover	None		None		None			
Mortality	None		None		None			
Assumed Ret Age	Assumed Ret Age Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation			
Future Salary Incr 4% salary increase per year		None		None				
Post-Retirement								
Mortality Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years				oplicable Mortality om Notice 2015-53	2016 Applicable Mortality Table from Notice 2015-53			
Assumed Benefit Form F	For Funding		Lump Sum					
Calculated Effective Inte	erest Rate		5.06%					
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.					

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Plan Effective Date January 1, 2009

Plan Year From January 1, 2016 to December 31, 2016

Eligibility

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 21

Union employees & non-resident aliens are excluded

Normal Retirement Age

All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation from beginning of entry

year

Normal Retirement BenefitUpon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

The accrued benefit as of January 1, 2012, plus the benefit based on the following formula:

Group 1: David Clark

\$450 per month times Credit Service post 1.1.2012 up to a maximum 35 years.

Group 2: Sheryl Brown

3% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.

Group 3: All Others

0.5% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.

0% of average compensation

The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on

the normal retirement date.

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before January 1, 2012 Years with less than 1,000 hours

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date

Years before age 18

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1972945: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2016

SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Shortfall Amortization Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 12/31/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2016 Total	7-year	7	\$4,382 \$4,382	\$26,519 \$26,519