Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1						
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2018	and ending 0	1/04/2018				
A This re	turn/report is for:	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 one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	port						
		an amended return/report	a short plan year r	eturn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extensi	1					
		special extension (enter descri	· · ·						
Part II		ormation—enter all requested in	formation		1b Three-digit				
1a Name of plan CARLSON & SEVIGNY RETIREMENT PLAN						er 001			
					1c Effective da	nte of plan 01/01/2005			
		oyer, if for a single-employer plan)) Pov)		2b Employer Identification Number				
City or	town, state or province	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		instructions)	(EIN) 33-1087673 2c Sponsor's telephone number				
CARLSON & SEVIGNY TPA SERVICES, INC.					509-464-4015				
P.O. BOX 48					2d Business code (see instructions) 541990				
SPOKANE, WA 99228-1098									
3a Plan administrator's name and address Same as Plan Sponsor. CARLSON & SEVIGNY TPA SERVICES, INC. P.O. BOX 48098 SPOKANE, WA 99228-1098					3b Administrate	or's EIN 33-1087673			
					3c Administrator's telephone number 509-464-4015				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
a Spons	sor's name				4d PN				
C Plan N	Name								
5a Total number of participants at the beginning of the plan year					. 5a	6			
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 complete this item)					. 5c				
d(1) Total number of active participants at the beginning of the plan year					5d(1)	6			
d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less					5d(2)				
than 100% vested					. 5e	0			
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.							
SIGN		d/valid electronic signature.	01/05/2018	SCOTT SEVIGNY	SCOTT SEVIGNY				
HERE	Signature of plan	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized	d/valid electronic signature.	01/05/2018	SCOTT SEVIGNY					
HERE	1 0: (, ,	15.	1	to a Carlona Sanata	decrease and the second			

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b							X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		(See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
а	Total plan assets	7a		836026			0			
b	Total plan liabilities			0		0				
c	Net plan assets (subtract line 7b from line 7a)	7c	83	836026			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
а 	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)		,	15726						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				15726				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8	51602						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		150						
g	g Other expenses			0	_					
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)						851752			
<u>i</u>	i Net income (loss) (subtract line 8h from line 8c)						-836026			
j	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2A 3D									
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			
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	,	,	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х				
	C Was the plan covered by a fidelity bond?			10c	Χ		83603			
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		X	3333			
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.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X		0			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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						

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Part '	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Yes X	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 section ERISA?			Yes X	No			
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
C	Enter the amount contributed by the employer to the plan for this plan year	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?		X Yes	S No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes 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)				13c(3) PN(s)				