Form 55		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
Department of th Internal Revenu		This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee R	etirement	2017				
Department o Employee Benefits Secu	rity Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to Public Inspection				
Pension Benefit Guara	anty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	Public Inspection				
		lentification Information	047	and an Provide	0/00/00/7					
For calendar plan y	ear 2017 or fisc	al plan year beginning 01/01/2			2/20/2017	king this hav must attach a				
A This return/repoB This return/repoi	[a single-employer plan a one-participant plan				king this box must attach a vith the form instructions.)				
		the first return/report an amended return/report	\times the final return/report	: urn/report (less than 12 m	than 12 months)					
C Check box if filir	ngunder: [-			_					
		Form 5558 special extension (enter descr	iption)		DFVC p	rogram				
Part II Basi	c Plan Inforr	nation—enter all requested inf	ormation							
1a Name of plan		INED BENEFIT PENSION PLAN			(PN)	number				
						01/01/2014				
Mailing addres	s (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign post		structions)	2b Employer Identification Number (EIN) 91-1596448					
PACKARD & PACKA					2c Spor	nsor's telephone number 509-577-8277				
					2d Busir	ness code (see instructions)				
1501 SOUTH 40TH <i>A</i> YAKIMA, WA 98908	AVENUE					621210				
3a Plan administra	ator's name and	address X Same as Plan Spor	nsor.		3b Adm	inistrator's EIN				
					3c Adm	inistrator's telephone number				
		olan sponsor or the plan name ha			4b EIN					
a Sponsor's namc Plan Name	ne				4d PN					
5a Total number of	of participants at	t the beginning of the plan year			5a	22				
		t the end of the plan year			5b	0				
	•	count balances as of the end of		•	5c					
d(1) Total numbe	er of active partion	cipants at the beginning of the pl	an year		5d(1)	22				
d(2) Total number	er of active parti	cipants at the end of the plan yea	ar		5d(2)	0				
	•	erminated employment during the			5e	0				
		incomplete filing of this return				blished.				
Under penalties of	perjury and othe 3 completed and	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includ	ing, if applicable, a Schedule				
		alid electronic signature.	05/14/2018	DAVID PACKARD						
HERE	ture of plan adr	ninistrator	Date	Enter name of individ	lual signing	as plan administrator				
		alid electronic signature.	05/14/2018	DAVID PACKARD	5 0					
		er/plan sponsor see the Instructions for Form 5500	Date	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2017)				

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan's assets during the plan's assets during the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the plan's assets during the plan's assets d										
с	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 th										
Da	rt III Financial Information										
<u>га</u> 7	Plan Assets and Liabilities		(a) Baginning	of Voor			(b) End of Yoor				
<u>′</u>	Total plan assets	70	(a) Beginning	83561			(b) End of Year				
	Total plan liabilities	7a 7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	70 70	1	83561			0				
8											
	(1) Employers	1	40000								
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		6738							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					146738				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	3.	29712								
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		587							
g	Other expenses										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					330299				
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-183561				
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $1A$ $1D$ $3D$	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coo	les in the instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
a	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)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	х		50000				
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?										
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 the plan? (See instructions.)										
f	Has the plan failed to provide any benefit when due under the pla	10f		Х							
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
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										

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Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc rm 5500) and line 11a below)	hedule	e SB		×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	1				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or secti SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	? of			Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and the waiver.		erth Day	e date of	the lette Year		ng
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Ente	r the minimum required contribution for this plan year	12	5				
С	Ente	r the amount contributed by the employer to the plan for this plan year	. 120	•				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	120	ł		-		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	1	N/A
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			X Yes	1	١o	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a	l				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th trol of the PBGC?	e		X	Yes	No)
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(ch assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1) Name of plan(s): 13c(2	2) EIN(s)		13c(3) PN	l(s)

	60U		B	Single En		or Define	d Dav	- fi	4 Diam			OMB N	No. 1210-0110	
		EDULE S orm 5500)	D	Single-Em		rial Inform			t Plan			-		
	•	ment of the Treasur	rv.	~	ciuai		ιατιστ	1				2	2017	
	Interr	al Revenue Service		This schedule is rec										
		partment of Labor nefits Security Admin	nistration	Retirement Income S		Act of 1974 (ERI evenue Code (th			on 6059 of tl	ne	Tł		is Open to P spection	ublic
	Pension Be	nefit Guaranty Corp	oration			hment to Form	,		-SF.			115	spection	
Fo	or calendar p	olan year 2017	or fiscal plar		1/01/2017				and ending	12/2	20/201	7		
		amounts to n												
-			000 will be a	ssessed for late filing of	this repo	ort unless reasor	hable cau							
Α	Name of pla			ED BENEFIT PENSION	N PLAN			В	Three-dig		1		002	
									plan numl	Jer (PN)	•	002	
								_						
	•	or's name as sh & PACKARD F		2a of Form 5500 or 550	0-SF			D	Employer I			`	EIN)	
	FACINAIND		3							91-159	96448			
Е	Type of plan	: X Single	Multiple-A	Multiple-B		F Prior year pla	an size: 🔉	(100) or fewer	101-	500	More th	nan 500	
F	Part I	Basic Infor	mation											
1		valuation date		Month 09 D	ay <u>01</u>	Year 20)17							
2	Assets:				,									
	a Market value									2a			12	24229
	b Actuarial value									2b				24229
3 Funding target/participant count breakdown (1) Number of participants								. ,	sted F Targe	unding	(3) Total F Targ			
							0		Tarye	0	Taig	0		
		• •		;					0			0		0
			• •						22			216376		216376
	d Total								22			216376		216376
4				the box and complete lin					•					
	a Fundin	g target disreg	arding presc	ribed at-risk assumption	s					4a				
				sumptions, but disregare						4b				
5				onsecutive years and dis	-	g loading factor.								5.72%
6														0
	5	Enrolled Actu												
	accordance wi	th applicable law an	d regulations. In	ied in this schedule and accomp my opinion, each other assumpt experience under the plan.										
	SIGN													
	HERE		<u> </u>					_				03/01/201	8	
		J. CHURNEY	SIQ	nature of actuary								Date 17-06330	`	
		J. CHORNET	Type or	print name of actuary				-		Most	recent		nt number	
A		D PENSION C	••							moor		30-343-42		
	2035 FORES CHICO, CA	ST AVENUE 95928		Firm name				_	Tel	ephone	numt	per (incluc	ling area cod	e)
			A	ddress of the firm				_						
	e actuary ha	as not fully refle	ected any reg	ulation or ruling promul	gated und	der the statute in	n completi	ing th	is schedule	, check	the b	ox and se	e	
Fo	r Paperwor	k Reduction A	Act Notice, s	ee the Instructions for	Form 5	500 or 5500-SF.					So	chedule S	B (Form 550) v.	00) 2017 170203

P	art II	Begin	ning of Year	Carryov	ver and Prefunding Ba	alances	;							
								(a) C	arryover baland	ce	(b)	Prefundi	ing balance	
7		•	0 1 2		able adjustments (line 13 fro	•				0			13348	
8				,	nding requirement (line 35 fi					0			13339	
9	Amount r	emaining	g (line 7 minus line	8)						0			9	
10	Interest o	n line 9 u	using prior year's	actual retu	rn of <u>2.35</u> %					0			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)								0	
					a over line 38b from prior ye e interest rate of <u>5.91</u> 0								0	
	• •		•	•	edule SB, using prior year's	actual							0	
					ar to add to prefunding balanc	e							0	
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other rec	ductions i	n balances due to	elections	or deemed elections					0			0	
13	Balance	at beginn	ing of current yea	r (line 9 + l	line 10 + line 11d – line 12)					0			9	
P	Part III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percentag	ge								. 14	57.40%	
15	Adjusted	funding t	target attainment p	percentage	e							. 15	121.73%	
	Prior yea	r's fundir	ng percentage for	purposes o	of determining whether carry	over/pref	undin	g balance	es may be used	to redu	ce current	16	67.83%	
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and employer	oyees:								
()	(a) Date איץ-MM-DD		(b) Amount pa employer		(c) Amount paid by employees		a) Dat DD-Y	ie YYY)	(b) Amount employ		′ ((c) Amount paid by employees		
C)8/30/2017	•		50000	0									
1	0/04/2017	•		30000	0									
1	0/27/2017	,		30000	0									
1	2/06/2017	,		30000	0									
								-						
						Totals	•	18(b)		1400	000 18(c)		0	
19	Discount	ed emplo	over contributions	 see instr 	uctions for small plan with a	valuation	date	after the	beginning of th	<u> </u>	1			
	a Contril	outions a	llocated toward ur	npaid minir	num required contributions f	rom prior	years	S		19a			0	
	b Contrib	outions m	ade to avoid restr	ictions adj	usted to valuation date					19b			0	
	C Contrib	outions all	ocated toward mini	imum requi	ired contribution for current ye	ar adjuste	d to v	aluation d	ate	19c			139104	
20	20 Quarterly contributions and liquidity shortfalls:													
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							X	Yes No	
	b If line 2	20a is "Y	es," were required	l quarterly	installments for the current	/ear mad	e in a	timely m	anner?				Yes X No	
	c If line	20a is "Ye	es," see instructio	ns and con	nplete the following table as	applicab	e:							
					Liquidity shortfall as of en	d of quart	er of					(4)		
		(1) 1st			(2) 2nd			(3)	3rd			(4) 4th		
	0 0 0 0													

Page 3

P	art V	Assumpti	ons Used to Determine	Funding Target and Ta	rget Normal Cost							
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, ful	yield cu	irve use	ed	
	b Applica	able month (er	nter code)			21b	>		0			
22	Weighted	d average retire	ement age			22			65			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	escribed - separate	Subs	stitute					
Pa	art VI	Miscellane	ous Items									
24		-	•	arial assumptions for the current					·	es 🗙	No	
25	Has a me	ethod change b	been made for the current plar	year? If "Yes," see instructions	regarding required attack	hment			Y	es X	No	
26	Is the pla	in required to p	provide a Schedule of Active P	articipants? If "Yes," see instrue	ctions regarding required a	attachm	nent		<mark>X</mark> Y	es	No	
27		•	0	applicable code and see instru	0 0	27						
P	art VII	Reconcilia	ation of Unpaid Minimu	Im Required Contributio	ons For Prior Years	1	• •					
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28				0)	
29			ontributions allocated toward u		29				0)		
30	Remainir	ng amount of u	inpaid minimum required contr	ibutions (line 28 minus line 29) .		30				0)	
Ра	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
	a Target	normal cost (lii	ne 6)			31a	1			0)	
	b Excess assets, if applicable, but not greater than line 31a											
32	32 Amortization installments: Outstanding Balance Installment											
	a Net she	ortfall amortiza	tion installment			92156	;			11606	;	
	b Waiver	r amortization i	installment			0				0)	
33				r the date of the ruling letter gra) and the waived amount	0 11	33						
34	Total fun	ding requireme	ent before reflecting carryover/	prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				11606	5	
				Carryover balance	Prefunding balar	nce		Tot	al balan	се		
35			e to offset funding									
36	Additiona	al cash require	ment (line 34 minus line 35)			36				11606	6	
37				tribution for current year adjuste	•	37				139104	ŀ	
38	Present v	value of excess	s contributions for current year	(see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)			38a	1			127498	3	
	b Portion	n included in lin	ne 38a attributable to use of pr	efunding and funding standard o	arryover balances	38b)			0)	
39	Unpaid m	ninimum requir	ed contribution for current yea	r (excess, if any, of line 36 over	line 37)	39				0)	
40	Unpaid m	ninimum requir	ed contributions for all years			40				0)	
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 20	10 (See Instructions	5)						
41	If an elec		e to use PRA 2010 funding relie		-	-						
	a Schedu	ule elected					. 2	plus 7 year	s í	15 years	s	
	b Eligible	e plan year(s) f	or which the election in line 41	a was made		[2008	2009	2010	2011	1	
42						42						
				over to future plan years		43						

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1		
Form 5500-SF	Short Form Annual	Return/Report of	Small Employee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury	This form is required to be f	Benefit Plan	d 4065 of the Employee		2017		
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	t of 1974 (ERISA), and see emal Revenue Code (the C	ode).	l It	is Open to Public		
Pension Benefit Guaranty Corporation	 Complete all entries in acc 	ordance with the instruct	lons to the Form 5500-SF.				
Rartill Annual Report I	dentification Information	01/01/2017	and ending 1	2/20/2017			
For calendar plan year 2017 or fisc	al plan year beginning		in (not multiemployer) (Filers	checking this be	x must attach		
A This return/report is for:	x a single-employer plan	a multiple-employer pla a list of participating en	nployer information in accord	lance with the fo	m instructions.)		
B This return/report is:	the first return/report	x the final return/report					
D This feranizeport is:	an amended return/report		report (less than 12 months	5)			
	☐ Form 5558	automatic extension		DFVC progr	am		
C Check box if filing under:	special extension (enter descrip	ption)					
Realia Plan Info	rmation enter all requested in	nformation					
1a Name of plan	AKIMA DEFINED BENEFIT PH		11	D Three-digit plan number (PN) ►	002		
se tit is a labora finaludo rog	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						
City or town, state or provinc	20	C Sponsor's tele (509) 577					
1501 SOUTH 40TH AVENUE 621210							
US YAKIMA WA 98908					·		
3a Plan administrator's name an	nd address 🔀 Same as Plan Spo	onsor	3	b Administrator	s EIN		
			3	C Administrator	s telephone number		
4 If the name and/or EIN of the	e plan sponsor or the plan name ha	is changed since the last re	aturn/report filed for 4	b EIN			
 this plan, enter the plan spot a Sponsor's name 	nsor's name, EIN, the plan name a	ite plan nothoer itom ta		d PN			
c Plan Name							
5a Total number of participants	at the beginning of the plan year			5a	22		
	at the end of the plan year			5b	0		
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c			
	rticipants at the beginning of the pla			5d(1)	22		
d(2) Total number of active participants at the end of the plan year 5d(2)							
	terminated employment during the			5e	0		
Caution: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause	is established.			
Under penalties of perjury and o SB or Schedule MB completed a belief, it(is true, correct, and con	ther penalties set forth in the instru and signed by an enrolled actuary, nolete.	ctions, I declare that I have as well as the electronic ve	e examined this return/report rsion of this return/report, ar	t, including, if app nd to the best of I	olicable, a Schedule my knowledge and		
SIGN Tom		5-14-18	David P	alkar	d		
BERE Stgnature of plan adn	ninistrator	Date	f Enter name of indjvidual si	igning as plan ad	mipistrator		
SIGN		5-14-18	David P	acilar	Ø		
HERE Signature of employe	r/plan sponsor	Date -	Enter name of individual si	igning as employ	er or plan sponsor		

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

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••		XYes 🗌 No			
b	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			•			XYes 🔲 No			
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instea	ud use	Form	5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4	021)?	•••••	. 🗌 Ye	s 🗌 No 🗌 Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year				(See instructions.)			
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End of Year			
а	Total plan assets	7a	517	,639			712,549			
b	Total plan liabilities	7b		0	-		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	517	,639			712,549			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	/			(b) Total			
а	Contributions received or receivable from:		(,,				(-)			
	(1) Employers	8a(1)	62	,927	_					
	(2) Participants	8a(2)	84	,969						
<u> </u>	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	55	,345						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					203,241			
d	Benefits paid (including direct rollovers and insurance premiums		2	1.0.4						
	to provide benefits)	8d 8e	3	,164						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)									
g	her expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8,						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		194,910						
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Char	acterist	ic Cod	es in th	e instructions:			
	2A 2D 2E 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Chara	cteristic	Code	s in the	instructions:			
Pa	rt V Compliance Questions									
10	During the plan year:			Yes	No	N/A	Amount			
a		ons within	the time period		1					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		•							
	Program)			Da	x					
b		(Do not ir	clude transactions	Db	x					
c	Was the plan covered by a fidelity bond?)c X			60,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?		Dd	x						
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	De	x					
f	Has the plan failed to provide any benefit when due under the plan	?		of	x					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.) 10)g	x		·			
h			ctions and 29 CFR							
	2520.101-3.)	<u></u> 10)h	X		a contra cont				

Schedule SB, line 32 -Schedule of Amortization Bases

Creekside Dental Yakima Defined Benefit Pension Plan

91-1596448 / 002

For the plan year 01/01/2017 through 09/01/2017

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	29,074	Shortfall	22,320	5	4,835
	12/31/2016	54,493	Shortfall	48,383	6	9,004
	09/01/2017	21,453	Shortfall	21,453	7	3,523
Totals:				\$92,156		\$17,362

Due to the Plan's termination as of 09/01/2017, each amortization installment has been prorated for a resulting charge of \$11,606.

Schedule SB, line 26 -Schedule of Active Participant Data

Creekside Dental Yakima Defined Benefit Pension Plan 91-1596448/002 For the plan year 01/01/2017 through 09/01/2017

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25			1							
25 to 29			1							
30 to 34			1	1						
35 to 39			1	1	1					
40 to 44				2	2	1	1			
45 to 49					2	1	2			
50 to 54				1		1				
55 to 59				1	1					
60 to 64										
65 to 69										
70 & up										

SCHEDULE SB	Single-Employe	r Defined Be	nefit Plan	-		OMB No. 1210-0110
(Form 5500)	Actuaria	I Informatio	n			2017
Department of the Treasury Internal Revenue Service						2017
Department of Labor	This schedule is required to be fi Retirement Income Security Act o				Thio F	Form in Onen to Dublic
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		nue Code (the Code).			THIS F	Form is Open to Public Inspection
	File as an attachme					· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2017 or fiscal pl Round off amounts to nearest dol		/2017	and endin	g 09,	/01/20	17
Caution: A penalty of \$1,000 will be		uniona ronconchia aci	voo in ontabliabad			
A Name of plan	assessed for late lining of this report	uniess reasonable cal	B Three-dig			
REEKSIDE DENTAL YAKIMA DEI	FINED BENEFIT PENSION PLA	712	plan numt			002
Plan sponsor's name as shown on lir	20.00 of Earm 5500 or 5500 SE		D. Franklauss Id			
1	ie za ol Folm 5500 or 5500-5F		D Employer Id			ber (EIN)
ACKARD & PACKARD PS			9	1-159	6448	
Type of plan: 🔀 Single 🔛 Multiple	-A Multiple-B	Prior year plan size:	100 or fewer	101-5	500 m	More than 500
Part I Basic Information						
Enter the valuation date:	Month 09 Day 01	Year 2017				
2 Assets:			-			
a Market value	*****	•••••		2a		
b Actuarial value		•••••		2b		124,22
3 Funding target/participant count br	reakdown:	(1) Number of	(2) Vested	l Fundin	ıq	(3) Total Funding
•		participants	Tan	get		Target
a For retired participants and bene	ficiaries receiving payment	0			0	
b For terminated vested participan	its	0			0	
C For active participants		22		216	5,376	216,37
d Total		22		216	5,376	216,37
	k the box and complete lines (a) and	• •				
	scribed at-risk assumptions			4a		
	assumptions, but disregarding transiti ve consecutive years and disregardin		nave been in	4b		
5 Effective interest rate	ve consecutive years and disregardim	g loading lactor		5		5.72 %
6 Target normal cost	*****			6		
Statement by Enrolled Actuary						
To the best of my knowledge, the information suppl accordance with applicable law and regulations. In	lied in this schedule and accompanying schedules my opinion, each other assumption is reasonable	s, statements and attachment (taking into account the expe	is, if any, is complete a erience of the plan and	nd accurat reasonabl	te. Each pre e expectatio	sribed assumption was applied in ons) and such other assumptions, in
combination, offer my best estimate of anticipated e	experience under the plan.		· · · · · · · · · · · · · · · · · · ·			×, · · · · · · · · · · · · · · · · · · ·
SIGN STRA						
HERE	· · · · · · · · · · · · · · · · · · ·				03/01,	/2018
ELIZABETH J. CHU	ignature of actuary					ate
	or print name of actuary			Montre	17-06	
ASSOCIATED PENSI	. ,					rollment number 3-4233
· · · · · · · · · · · · · · · · · · ·	Firm name	· · · · · · · · · · · · · · · · · · ·	Tel		-	(including area code)
2035 FOREST AVEN			, 10	chuoite	THEFT	(including area code)
						· · ·
US CHICO	CA 95928 Address of the firm					
			-			
the actuary has not fully reflected any r structions	egulation or ruling promulgated unde	r the statute in comple	ting this schedule	e, check	the box	and see
or Paperwork Reduction Act Notice,	see the instructions for Form 5500	or 5500-SF.		·	Scł	nedule SB (Form 5500) 201
	,					v. 17020
•						

Page	2	

Pa	rt II	Beginnin	g of Year Carryov	ver and Prefunding Bal	ances							
		• •			(a) Carryover balance			(b) Prefunding balance				
7				ar after applicable adjustments (line 13 from p		0			13,348			
8	· · · · · · · · · · · · · · · · · · ·											
				••••••				0			13,339	
9						0				9		
10		Interest on line 9 using prior year's actual return of <u>2.35</u> % 0								0		
11		rior year's excess contributions to be added to prefunding balance:										
		a Present value of excess contributions (line 38a from prior year)						0				
	• •	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.91</u> %							0			
	b(2) Ir	nterest on line	e 38b from prior year So	rior year Schedule SB, using prior year's actual								
	return										0	
	C Total available at beginning of			f current plan year to add to prefunding balance .							0	
	d Port	d Portion of (c) to be added to prefunding balance										
12	Other r	eductions in t	palances due to election	ctions or deemed elections0					0			
13	Balance	alance at beginning of current year (line 9 + line 10 + line 11d - line 12)0							9			
Pa	rt III	Fundin	g Percentages									
14	Funding	g target attair	ment percentage	•••••	•••••	• • • • • • • • • • • •	•••••		•••••	14	57.40 %	
15										121.73 %		
16				s of determining whether carry						16	67 68	
17				is less than 70 percent of the f						17	67.83 % 57.41 %	
	rt IV		•	•	unung ta	rget, enter :	such percentage	••••	•••••	17	57.41 %	
			butions and Liquid									
	(a) Date	е	(b) Amount paid by			a) Date (b) Amount p			y		c) Amount paid by	
· ·	(MM-DD-YYYY) 08/30/2017		employer(s)	employees	(MM-DD-YYY		employe	er(s)		emp	loyees	
			50,000									
	/04/20		30,000									
	/27/20		30,000									
	/06/20	1/	30,000									
					Totals	▶ 18(b)		140.	000 18(c)		0	
19	Discou	nted employe	r contributions see in	structions for small plan with a	<u>i</u> valuation	date after t					Ŭ	
				nimum required contributions f			υ τ	19a			0	
 b Contributions made to avoid restrictions adjusted to valuation date 									0			
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c								139,104				
20 Quarterly contributions and liquidity shortfalls:												
a Did the plan have a "funding shortfall" for the prior year?									Yes No			
									Yes X No			
C If line 20a is "Yes," see instructions and complete the following table as applicable:												
				Liquidity shortfall as of end of qua								
		(1) 1st		(2) 2nd		(3) 3rd			(4) 4th		h	
					1			1				

Page 3

Pa	art V Assumptions Used To Determine Funding Target and Target Normal Cost									
21	Discount rate:									
	a Se	egment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used			
	h Ar	onlicable month				21b	0			
22		hted average re	215	65						
22										
Pa	rt VI	t VI Miscellaneous items								
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required									
- 05		attachment								
25	Hasa	a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attack	nment .				
26			•	Participants? If "Yes," see instruct		attachmen	tX Yes 🗌 No			
27			•	er applicable code and see instruc		27				
Pa	rt VII	Reconcili	ation of Unpaid Minimu	Im Required Contribution	s For Prior Years					
28				years		28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)						0			
30			30	0						
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Targe	et normal cost a	nd excess assets (see instructi	ons):						
		Ť	, ,	••••••		31a	0			
	b Exe	cess assets, if a	pplicable, but not greater than	line 31a	•••••	31b	0			
32	Amo	rtization installm	ents:		Outstanding Bala	nce	Installment			
	a Ne	t shortfall amorti	zation installment	••••••		92,156	11,606			
	b Wa	aiver amortizatio	n installment	•••••••		0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount						0			
34	Total			/ /prefunding balances (lines 31a - 3		34	11,606			
•	Total			Carryover balance	Prefunding Bala		Total balance			
25										
35			use to offset funding							
36				• • • • • • • • • • • • • • • •		36	11,606			
37										
	(line 19c)									
38	38 Present value of excess contributions for current year (see instructions)									
	a Tot	tal (excess, if an	y, of line 37 over line 36) • • •	••••••		38a	127,498			
	b Po	rtion included in	line 38a attributable to use of	38b	0					
39	Unpa	id minimum req	uired contribution for current ye	line 37)	39	0				
40	Unpa	id minimum req	40	0						
40 Unpaid minimum required contributions for all years 40 40 0 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 6										
41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedule elected									
	b Eligible plan year(s) for which the election in line 41a was made									
42	Amou	nt of acceleratio	n adjustment	•••••		42				
43	Exces	s installment ac	celeration amount to be carried	l over to future plan years		43				