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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/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 return/report is
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DB STERLIN CONSULTANTS, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
DB STERLIN CONSULTANTS, INC.

123 NORTH WACKER DRIVE SUITE 2000
CHICAGO, IL 60606

2b Employer Identification Number (EIN) 36-4149498

2c Sponsor's telephone number 312-857-1006

2d Business code (see instructions) 541330

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	98
b Total number of participants at the end of the plan year	**5b**	111
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	109
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	64
d(2) Total number of active participants at the end of the plan year	**5d(2)**	80
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	11

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.

SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2018	FLORENCE STERLIN
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... [X] Yes [ ] No

If you answered "No" to either line 6a or 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)? ..... [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5507882	6345897
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	5507882	6345897
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	599626	
(2) Participants	8a(2)	414128	
(3) Others (including rollovers)	8a(3)	192857	
b Other income (loss)	8b	914347	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2120958
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1262674	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	20269	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1282943
i Net income (loss) (subtract line 8h from line 8c)	8i		838015
j Transfers to (from) the plan (see instructions)	8j	0	

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:
2A 2E 2F 2G 2J 2S 2T 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:		Yes	No	Amount
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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		250000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		133991
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☐ 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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
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. Month _____ Day _____ Year _____	

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b	Enter the minimum required contribution for this plan year	**12b**	
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**	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No
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)** EIN(s)	**13c(3)** PN(s)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DB Sterlin Consultants, Inc. Profit Sharing and 401(k) Plan and Trust
01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRAX			536,792.42	550,333.41
1JTTAX			281,265.67	298,622.04
1JNSAX			376,300.05	409,528.25
1JSMAX			702,724.38	786,756.04
1SRJAX			177,024.65	199,977.82
1SMTAX			746,500.02	862,439.96
1JSAAX			510,330.38	586,264.37
1JTSAX			325,131.83	368,624.39
1RERCX			81,165.20	93,925.24
1MDLOX			9,860.29	9,964.86
1OAKIX			111,572.25	132,426.33
1ODMAX			83,809.38	100,579.59
1DISSX			166,477.92	176,144.28
1NB-GEN			12,653.22	12,352.60
1FSCLX			261,915.54	305,151.74
1VETAX			42,858.17	48,809.79
1OIEIX			29,409.33	35,024.70
1HLEIX			266,178.68	294,316.39
1POGRX			103,494.74	113,854.66
1DLTNX			29,803.50	29,343.12
1MWTNX			232,027.42	229,601.28
1JPMF15			517,668.31	526,985.29
			5,604,963.35	**6,171,026.15**
PARTICIPANT LOANS	VARIOUS	4.250-5.250	133,740.68	133,991.05
FORFEITURES			40,645.78	40,879.71

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 36-4149498

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DB Sterlin Consultants, Inc. Profit Sharing and 401(k) Plan and Trust

01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1JSRAX	J P Morgan SmartRetirement Income A	1JTTAX	J P Morgan SmartRetirement 2020 A
1JNSAX	J P Morgan SmartRetirement 2025 A	1JSMAX	J P Morgan SmartRetirement 2030 A
1SRJAX	J P Morgan SmartRetirement 2035 A	1SMTAX	J P Morgan SmartRetirement 2040 A
1JSAAX	J P Morgan SmartRetirement 2045 A	1JTSAX	J P Morgan SmartRetirement 2050 A
1RERCX	American Funds EuroPacific Gr R3	1MDLOX	BlackRock Global Allocation Inv A
1OAKIX	Oakmark International Investor	1ODMAX	Oppenheimer Developing Markets A
1DISSX	Dreyfus Small Cap Stock Index Fund	1NB-GEN	Neuberger & Berman Genesis Trust
1FSCLX	Fidelity Mid Cap Index Investor	1VETAX	Victory Sycamore Established Value A
1OIEIX	J P Morgan Equity Income A	1HLEIX	JPMorgan Equity Index I
1POGRX	PRIMECAP Odyssey Growth	1DLTNX	DoubleLine Total Return Bond N
1MWTNX	Metropolitan West Total Re Bd Admin Cl	1JPMF15	JPMCB Stable Asset Income F15

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year