Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement

Short Form Annual Return/Report of Small Employee

This form is required to be filed under sections 104 and 4065 of the Employee Retiremen 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								
For calend	ar plan year 2017 or f	fiscal plan year beginning 01/01/20	017	and ending 12	2/31/2017					
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) (employer information in ac						
		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 retu	urn/report (less than 12 m	_					
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program					
Don't II	Dania Dian Inf									
Part II		ormation—enter all requested info	ormation		46 "					
1a Name RW BLOCK	CONSULTING INC				1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/2014				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.		deve d'acces	2b Employer (EIN)	Identification Number 54-2078311				
•	CONSULTING INC	ce, country, and ZIP or foreign posta	il code (if foreign, see ins	structions)		s telephone number 07-897-5354				
					2d Business	code (see instructions)				
871 OUTER ORLANDO,	RD., SUITE B FL 32814				531390					
3a Plan a	dministrator's name a	and address X Same as Plan Spon	sor.		3b Administrator's EIN					
					3c Administra	ator's telephone number				
this pl	lan, enter the plan spo	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name ar			4b EIN					
a Spons C Plan N	or's name Jame				4d PN					
5a Total	number of participant	s at the beginning of the plan year			5a	37				
b Total	number of participant	s at the end of the plan year			5b	51				
		account balances as of the end of t			5c	15				
d(1) Tota	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	37				
		articipants at the end of the plan yea			5d(2)	48				
than	100% vested	o terminated employment during the			5e					
		or incomplete filing of this return								
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, a nplete.								
SIGN	Filed with authorized	d/valid electronic signature.	05/01/2018	TARRYN WALSH						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor				

Form 5500-SF 2017 Page **2**

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF 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 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 								
		. с. 200 р		, σα				(See instructions.)	
_ <u>Pa</u>	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning		·		(b) En	d of Year	
	Total plan assets	7a	1	62911	_			313365	
	Total plan liabilities	. 7b		0			87		
	Net plan assets (subtract line 7b from line 7a)	. 7c		62911				313278	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt			(b)	Total	
а	(1) Employers	8a(1)		0					
	(2) Participants	. 8a(2)	1:	21309					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b		33043					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						154352	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		3760					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	8g 225							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					3985		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						150367	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			31000	
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?					X		3.000	
е					X			620	
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g						Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	Χ				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X				

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance								
11	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)								
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.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling				
lf y	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							
С	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?		Ye	s X N	0				
	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 X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)				

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		rt Identification Information							
For calend	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2				
A This ref	turn/report is for:	🛮 a single-employer plan		lan (not multiemployer) nployer 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 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	ı			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	formation—enter all requested in	formation						
1a Name	of plan				1b Three-digit				
RW BLO	CK CONSULTIN	G INC			plan numbe	001			
					1c Effective da				
	*				01/01/2	•			
2a Plan si	ponsor's name (emp	loyer, if for a single-employer plan)			2b Employer lo	entification Number			
Mailing	address (include ro	om, apt., suite no, and street, or P.C). Box)		(EIN)54-2	078311			
	town, state or provi CK_CONSULTIN	nce, country, and ZIP or foreign post	ai code (ir foreign, see ins	(ructions)	200	elephone number			
IW DIO	OIL COMOCHILLIN				(407) 89				
					2d Business co	de (see instructions)			
871 OU'	TER RD., SUI	TE B							
ORLAND	0		FI	32814	531390				
		and address X Same as Plan Spor	nsor.		3b Administrate	or's EIN			
		3. - 2)							
					3C Administrate	or's telephone number			
				1	46 501				
4 If the r	name and/or EIN of t an_enter the plan sr	he plan sponsor or the plan name he consor's name, EIN, the plan name a	as changed since the last i and the plan number from t	return/report filed for the last return/report.	4b EIN				
	or's name				4d PN				
C Plan N	lame								
5a Total r	number of participan	ts at the beginning of the plan year .				37			
		ts at the end of the plan year			5b	51			
		h account balances as of the end of			5c	15			
d(1) Tota	al number of active p	participants at the beginning of the pl	an year	,	5d(1)	37			
		participants at the end of the plan ye			5d(2)				
e Number of participants who terminated employment during the plan year with accrued benefits that were less					5e				
Caution: A	penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	l uniess reasonable ca	use is established				
Under pena	alties of perjury and	other penalties set forth in the instru-	ctions, i declare that I have	examined this return/re	eport, including, if a	pplicable, a Schedule			
	edule MB completed true, correct, and co	and signed by an enrolled actuary, amplete.	as well as the electronic ve		it, and to the best (m my knowledge and			
SIGN	Mat	ur Work	5-1-18	TARRYN WALSH					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	administrator			
SIGN	11	y Wash	5-1-18	PARRYN WALSH					
HERE	Signature of emp	ioyer/plan sponsor	Date	Enter name of individ	tual signing as emp	loyer or plan sponsor			

	Form 5500-SF 2017		Page 2		
b	Were all of the plan's assets during the plan year invested in eligik Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther line 6a or line 6b, the plan cannot 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 the	an independ and condition of use Form nsurance pro	dent qualified public accountar ons.)	use Fo	X) X Yes No
Pa	rt III Financial Information	***************************************			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	162,93	11	313,36
b	Total plan liabilities	7b		0	8.
С	Net plan assets (subtract line 7b from line 7a)	7c	162,91	11	313,27
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0	
	(2) Participants	8a(2)	121,30	9	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	33,04	13	
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			154,352
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3,76	50	
ę	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g	22	25	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3,985
i	Net income (loss) (subtract line 8h from line 8c)	8i			150,367
j	Transfers to (from) the plan (see instructions)	8j		28	
Pa	rt IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Charac	cteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Charact	eristic C	Codes in the instructions:
Par	t V Compliance Questions			***************************************	
10	During the plan year:			es N	Amount
_	Was there a failure to transmit to the plan any participant contribu-	tions within t			

A (4)

10	During the plan year:		Yes	No	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		31,000
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		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	Х		620
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х	
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	х		

Form 5500-SF 2017 Page 3 -								
Part '	VI	Pension Funding Compllance						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a common state of the second sec					Ye	s 🛛 No
11a	Ent	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	40	11a				
12	ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the RISA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ne Code or section	n 302 o	f		Ye	s 🛭 No
а		n waiver of the minimum funding standard for a prior year is being amortized in this plan year, se anting the waiver.		d enter			letter r ear	uling
lf y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.	Meson million :			CHE HINGS ON A STATE	
b	Ente	er the minimum required contribution for this plan year		12b				
CI	Ente	er the amount contributed by the employer to the plan for this plan year		12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to gative amount)		12d				
е	Will	If the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N/	o []	N/A
Part \	/11	Plan Terminations and Transfers of Assets						

13a Has a resolution to terminate the plan been adopted in any plan year?

13c(1) Name of plan(s):

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.)

Yes

13a

13c(2) EIN(s)

X No

Yes X No

13c(3) PN(s)