Designer of dot         Designer of dot         Designer of dot           Events and advances         This for is required to be filed under sections 114 and 496s of the Employee Regimental         This Form is Open to Polici Lineace           Prote location durates Construct         - Complete all entries in accordance with the instructions to the Form 550b.SF.         This Form is Open to Polici Lineace           Part Lineace Location Lineace         - Complete all entries in accordance with the instructions to the Form 550b.SF.         This Form is Open to Polici Lineace           Part Lineace         - a single-employer plan         - in ophicipating employer plan (not multiple-employer plan (not multiple));         DevC program           Part Lineace         Form 5568         - uscrmation         DeVC program           A mean of plan         - form single-employer plan)         - multiple employer plan (not multiple)         001           Text DeFERRED ANNUTY PLAN OF FAMILIES CHILD ADVOCACY NETWORK, INC         10         The sead of plan         - 001           Text DeFERRED ANNUTY PLAN OF FAMILIES CHILD ADVOCACY NETWORK, INC         12	Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Despendent at Later         Description at Later         Description at Later         This Permits Quarts Copyring         This Permits Quarts Copyring         This Permits Quarts Copyring           Pertor Ancount Report Identification Information         - Complete all entries in accordance with the instructions to the Form 5500 SF.         This Permits Quarts Copyring           Pertor Ancount Report Identification Information         - Complete all entries in accordance with the instructions to the Form 5500 SF.         This Permits Quarts Copyring           A This return/report is complexent plan was heganing         - One-participant plan         - One-participant plan         - One-participant plan           B This return/report is complexent plan was heganing         - One-participant plan         - One-participant plan         - One-participant plan         - One-participant plan           B This return/report is complexent plan was heganing         - One-participant plan         - One-participant plan         - One-participant plan         - One-participant plan           B This return/report is complexent plan was head return/report         - Define flan complexent plan was neared return/report           C Acherk box if filing under:         - Form 5500 F.         - One OUPC program         - One OUPC program         - One OUPC program           <	Department of the Treasury Internal Revenue Service		This form is required to be file				2017			
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d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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       Filed with authorized/valid electronic signature.       06/28/2018       VICKI MCCARTHY         HERE       Filed with authorized/valid electronic signature.       06/28/2018       VICKI MCCARTHY					-	5c	7			
e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.       06/28/2018       VICKI MCCARTHY         SIGN HERE       Filed with authorized/valid electronic signature.       06/28/2018       VICKI MCCARTHY	d(1) Total number of active participants at the beginning of the plan year					. ,	5			
than 100% vested       Jee       Jee         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.       06/28/2018       VICKI MCCARTHY         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Filed with authorized/valid electronic signature.       06/28/2018       VICKI MCCARTHY					5d(2)	5				
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.       06/28/2018       VICKI MCCARTHY         SIGN HERE       Filed with authorized/valid electronic signature.       06/28/2018       VICKI MCCARTHY						5e	0			
SIGN HERE         Filed with authorized/valid electronic signature.         06/28/2018         VICKI MCCARTHY           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         06/28/2018         VICKI MCCARTHY	Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and of edule MB completed a	or incomplete filing of this return ther penalties set forth in the instru- und signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I hav	d unless reasonable cause re examined this return/repo	ort, includi	ng, if applicable, a Schedule			
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN         Filed with authorized/valid electronic signature.         06/28/2018         VICKI MCCARTHY				06/28/2018	VICKI MCCARTHY					
SIGN HERE Filed with authorized/valid electronic signature. 06/28/2018 VICKI MCCARTHY				Date	Enter name of individua	al signing	as plan administrator			
HERE	SIGN	· · ·								
Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SE.         Form 5500-SE (2017)	HERE				Enter name of individua	al signing	as employer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a								
D.	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	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 pr	emium filing for this plan year	(See instructions.)					
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	28961	38858					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	28961	38858					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	0						
	(2) Participants	8a(2)	5534						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	4457						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		9991					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	94						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		94					
i	Net income (loss) (subtract line 8h from line 8c)	8i		9897					
j	Transfers to (from) the plan (see instructions)	8j	0						
Pa	rt IV Plan Characteristics	-							
9a	If the plan provides pension benefits, enter the applicable pension ${}_{2}F$	feature coo	les from the List of Plan Characteris	tic Codes in the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristi	c Codes in the instructions:					

Part	V Compliance Questions						
10	During the plan year:			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		X			
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		50000		
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	×		39		
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					

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
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	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d	<b>d</b> 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)						
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	es X	No	
	lf "Y	es," 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			
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	<b>3c(1)</b> Name of plan(s): 13c(2)			EIN(s) 13c(3)			'N(s)