Form 5500-SF		Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		This form is required to be file	1065 of the Employee Bot	iromont	2017						
	rtment of Labor fits Security Administration	Income Security Act of 1974		This Form is Open to							
Pension Bene	fit Guaranty Corporation	Public Inspection Public Insp									
		dentification 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: A This											
B This return	/report is	a one-participant plan									
		the first return/report									
	l	an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)						
C Check box	x if filing under:	X Form 5558	automatic extension		DFVC p	rogram					
	[special extension (enter descr	iption)								
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			1					
1a Name of	•	N			1b Three	e-digit number					
LINDASTAX	SERVICE 401(K) PLA	NN			(PN)						
					1c Effec	tive date of plan 01/01/2016					
Mailing a	ddress (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Empl (EIN)	mployer Identification Number					
City or to DUNN INVEST		, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)	2c Sponsor's telephone number 360-882-3978						
					2d Business code (see instructions)						
6314 NE 137TH VANCOUVER,						541213					
3a Plan adm	ninistrator's name and	l address X Same as Plan Spor	nsor.	:	3b Admi	nistrator's EIN					
				:	3c Admi	nistrator's telephone number					
4 If the nar	me and/or EIN of the	plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN						
this plan	, enter the plan spons	sor's name, EIN, the plan name a		he last return/report.							
a Sponsorc Plan Nar					4d PN						
5a Total nu	mber of participants a	t the beginning of the plan year			5a	16					
	• •	t the end of the plan year			5b	21					
		ccount balances as of the end of			5c	6					
d(1) Total	number of active parti	cipants at the beginning of the pla	an year		5d(1)	14					
d(2) Total	number of active parti		5d(2)	18							
	of participants who te		5e	0							
Caution: A p Under penalti SB or Schedu	enalty for the late or es of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a ete.	n/report will be assessed ctions, I declare that I have	unless reasonable cause examined this return/report	ort, includi	ng, if applicable, a Schedule					
		alid electronic signature.	09/18/2018	MICHELE DUNN							
HERE	Signature of plan ad	Č	Enter name of individua	ridual signing as plan administrator							
		alid electronic signature.	Date 09/18/2018	MICHELE DUNN	5						
HERE	Signature of employ	č	Date	Enter name of individua	al signing a	as employer or plan sponsor					
For Paperwork	Reduction Act Notice	see the Instructions for Form 5500	LSE			Form 5500-SF (2017)					

lotice, see Pape

v.170203

F0111 3300-3F 2017		Faye Z				
 6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either line 6a or line 6b, the plan can 	of an independ ty and conditio	lent qualified public a	iccounta	ant (IQ	PA)	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from		•		,		
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a Total plan assets	7a		36644			61182
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	:	36644			61182
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)		5566			
(2) Participants	8a(2)	1	12118			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b		6863			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					24547
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g		9			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9
i Net income (loss) (subtract line 8h from line 8c)	8i					24538
j Transfers to (from) the plan (see instructions)	···· 8i					
Part IV Plan Characteristics	,					
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D	on feature cod	es from the List of Pla	an Char	acteri	stic Cod	es in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	cterist	ic Code	s in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's 						2
Program)		,	10a	x		9499
b Were there any nonexempt transactions with any party-in-intere-			10b		х	

		100			
С	Was the plan covered by a fidelity bond?	10c	Х		10000
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	
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		X	
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			

r

Г

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 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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		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		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)	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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	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	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)

	Form 5500-SF	rm 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan						
	Department of the Treasury Internal Revenue Service	This form is required to be	d 4065 of the Employee		2017			
i.w	Department of Labor oyee Benefits Security Administration	Retirement Income Security A the Int	ction 6057(b) and 6058(a) of ode).	B(a) of This Form is Open to Pul Inspection				
	ension Benefit Guaranty Corporation	Complete all entries in according to the second secon	cordance with the instruct	ions to the Form 5500-SF.				
	alendar plan year 2017 or fisc	dentification Information	01/01/2017	and ending 1	2/31/2017			
-or c			and the second se	n (not multiemployer) (Filers		ox must attach		
А Т	his return/report is for:	x a single-employer plan a one-participant plan	a list of participating en	ployer information in accord	ance with the fo	rm instructions.)		
В Т	his return/report is:	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 months)			
c c	Check box if filing under:	x Form 5558	automatic extension		DFVC prog	ram		
		special extension (enter descri	iption)					
p.	rt II Basic Plan Infor	mation enter all requested	information					
	Name of plan			11	Three-digit plan number			
	LINDA'S TAX SERVICE	401(k) PLAN	•		(PN) ►	001		
				10	Effective date			
2a	Malling Address (include reer	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)			ntification Number		
	City or town, state or province DUNN INVESTMENTS, I	e, country, and $\angle IP$ or foreign post	al code (il foreign, see insut	20	Sponsor's tele (360) 882			
	6314 NE 137TH AVE			20	Business cod 541213	e (see instructions)		
	US VANCOUVER WA 98682		· · · · · · · · · · · · · · · · · · ·					
3a	Plan administrator's name an	d address 🗶 Same as Plan Sp	onsor	31	o Administrator	s EIN		
				3	C Administrator	s telephone number		
			С., ₁					
4	If the name and/or EIN of the	plan sponsor or the plan name h	as changed since the last re		b ein			
a	this plan, enter the plan spon Sponsor's name	isor's name, EIN, the plan name a	na në plan namber nom ar	4	di PN			
C	Plan Name							
					/ .	 Alternative 		
					5a	16		
5a		at the beginning of the plan year			5b	21		
b C	Number of participants with a	at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plans	5c	6		
dí		ticipants at the beginning of the pl			d(1)	14		
		ticipants at the end of the plan yea			d(2)	18		
e	Number of participants who	terminated employment during the	e plan year with accrued ber		5e	0		
	1000 11411 10010 10010	or incomplete filing of this retu		unless reasonable cause	is established.			
Ur	dor populties of periup, and o	ther penalties set forth in the instrund signed by an enrolled actuary,	uctions. I declare that I have	examined this return/report	including, if app	blicable, a Schedule my knowledge and		
	all a halla	TARA A	01-18-18	Michele Du	nn			
10.00	ion Manual	<u>A A</u>		Enter name of individual si		ministrator		
	IERE Signature of plan adm	mistrator	Date 9-18-18		nny as plan ac			
	IIGN ///////	f future		Enter name of individual si		er or plan sponsor		
	ERE Signature of employe	r/plan-sponsor	Date		gring as employ	Form 5500-SF (2017		

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

rm 5500-SF (2017) v 170203

Page 2

62	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)					Y	es No	
h	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	independ	ent qualified public accour	ntant (IQPA)		Y	′es 🔲 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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	4021)? .	[Yes	No 🖸 N	ot determined	
	If "Yes" is checked, enter the My PAA confirmation number from the								structions.)	
222242288		÷ .								
			(a) Beginning of	Year		Γ		(b) End of Yea	r	
7	Plan Assets and Liabilities Total plan assets	7a		6,64	4				61,182	
		7b	· · · · ·							
	Total plan liabilities	76 7c	3	6,64	4	1-			61,182	
	Net plan assets (subtract line 7b from line 7a)	10	(a) Amount	- /				(b) Total		
	Contributions received or receivable from:		(-)						1997 T	
u	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	5,56	6		a constant		And the second	
	(2) Participants	8a(2)	1	2,11	.8					
	(3) Others (including rollovers)	8a(3)					1.5		and a second	
b	Other income (loss)	8b		6,86	53 <u>.</u>					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			a de la compañía de l				24,547	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						Terrisoner and		
ė	Certain deemed and/or corrective distributions (see instructions)	8e			. N		-36		Service Production	
f	Administrative service providers (salaries, fees, commissions)	8f						the second		
g	Other expenses	8g			9					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		and of					9	
i	Net income (loss) (subtract line 8h from line 8c)	8i			2				24,538	
i	Transfers to (from) the plan (see instructions)	8j					-9		and the second second	
F	art IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aracte	eristic	: Code	es in the	e instructions:		
	2F 2G 2J 2K 3D	· ·	·							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Cha	aracter	ristic	Code	s in the	instructions:		
P	art V Compliance Questions					·	102010000000000000000000000000000000000			
10	During the plan year:				Yes	No	N/A	Amo	unt	
ć										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•							9,499	
	Program)			10a	X		-	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	9,433	
ŀ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
	Was the plan covered by a fidelity bond?			10c	х				10,000	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused						·	
	by fraud or dishonesty?			10d		X				
. (Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ie or all of	the benefits under	10e		x				
	Has the plan failed to provide any benefit when due under the plan			10f		x				
				10g		x	198			
	h If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			<u> </u>	4964			
	2520.101-3.)			10h		x				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require 1-3		10i						

Form 5500-SF 2017

Page **3 -**

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)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		1				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec	ion 302	of	🗌 Yes 🕱 No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a	nd ente	er the date	of the letter ruling				
а	granting the waiver amount funding standard for a prior year is being anonized in this plan year, dec induced in a granting the waiver amount funding standard for a prior year is being anonized in this plan year, dec induced in the standard for a prior year is being anonized in this plan year.	D)ay	Year				
Ifv	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
y b	Enter the minimum required contribution for this plan year.	12b						
	Enter the amount contributed by the employer to the plan for the plan year	12c						
<u> </u>								
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	1					
е								
Par	VII Plan Terminations and Transfers of Assets	 						
	Has a resolution to terminate the plan been adopted in any plan year?		Yes Yes	X 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 participant of the partic	he		Yes 🕱 No				
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)				