-	orm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	rt of Small Empl	OMB Nos. 1210-0110 1210-0089				
Inte	partment of the Treasury ernal Revenue Service Department of Labor	This form is required to be filed Income Security Act of 1974 (under sections 104 and			-	2017		
	Benefits Security Administration Benefit Guaranty Corporation	-	Revenue Code (the Cod	,			rm is Open to Inspection		
Part I		Complete all entries in a Identification Information	ccordance with the ins	structions to the Form 5	500-SF.				
1	dar plan year 2017 or fis)17	and ending 1	2/31/2017				
	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) (employer information in ac	(Filers check	-			
		a one-participant plan	a foreign plan						
B This re	eturn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation		-				
1a Name	•				1b Three				
THE CHEC	HE CHECK DEPOT, INC. PROFIT SHARING PLAN AND TRUST				plan (PN)	number	001		
			1c Effec	tive date of 01/01/					
	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)						cation Number		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HE CHECK DEPOT, INC.					C Sponsor's telephone number 941-525-2217			
					2d Business code (see instructions)				
	INOLOGY DRIVE, SUIT NICE, FL 34275	E8			453990				
3a Plan	administrator's name ar	nd address 🗙 Same las Plan Spons	sor.		3b Administrator's EIN				
					3c Admi	nistrator's te	lephone number		
4 If the	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last	return/report filed for	4b EIN				
	plan, enter the plan spor nsor's name	nsor's name, EIN, the plan name ar	nd the plan number from	the last return/report.	4d PN				
C Plan									
5a Tota	I number of participants	at the beginning of the plan year			5a		10		
b Tota	I number of participants	at the end of the plan year			5b		10		
		account balances as of the end of th		•	5c		9		
d(1) ⊺a	otal number of active par	rticipants at the beginning of the pla	n year		5d(1)		10		
d(2) ⊤o	otal number of active par	rticipants at the end of the plan yea	r		5d(2)		10		
thar	n 100% vested	terminated employment during the			5e		0		
		or incomplete filing of this return/ ner penalties set forth in the instruct					able a Schedule		
SB or Sch		nd signed by an enrolled actuary, as							
SIGN	Filed with authorized/	valid electronic signature.	09/14/2018	JAMES WOOD					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing	as plan admi	inistrator		
SIGN	Filed with authorized/	valid electronic signature.	09/14/2018	JAMES WOOD					
HERE	Signature of emplo		Date	Enter name of individ	lual signing				
For Paper	work Reduction Act Notic	e, see the Instructions for Form 5500-	SF.			Fo	v.170203		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes 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 If you answered "No" to either line 6a or line 6b, the plan cann						
c	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 the PBGC premium filing for this plan year							
		e i boc pi		(See instructions.)			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a	396966	488145			
b	Total plan liabilities	7b	0	0			
C	Net plan assets (subtract line 7b from line 7a)	7c	396966	488145			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	12426				
	(2) Participants	8a(2)	41194				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	52054				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		105674			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10380				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	4115				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		14495			
i	Net income (loss) (subtract line 8h from line 8c)	8i		91179			
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	feature co	des from the List of Plan Characteristi	c Codes in the instructions:			
	2E 2F 2G 2K 2T 3D						
b	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
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		x	
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	
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		435
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		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		Х	
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	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	×I	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) F	'N(s)

· · · · · · · · · · · · · · · · · · ·									
Form 5500-SF	210.00								
hiernai Revena Servica	This form is required to be file	ed under serions 104 as	4 dOSC of the Secondarian t	Roticement	2017				
Department of Labov Employee Benetis Security Administration	I RECEIPTE DECERTS AND A DECENT	L (EPISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th	¢ Internal	This Form is Open to				
Pension Benefit Guaranty Corporation	n → Complete all entries in		•		Public Inspection				
Part I Annual Repo	rt Identification Information	e and the second se	structions to the Form 5	5500-SF, [
For calendar plan year 2017 of	Tiscal plan year beginning	0170172017	and ending		na na hanna an				
	formal and an analysis and a second and a second seco	A later	and the second second with the second s		34/2017				
A This return/report is for:	🔀 a single-employer plan	list of participating e	pran (not multiemployer) anployer information in a	(inliers check coordance w	ing this box must attach a th the form instructions.)				
8 This return/report is	J a one-participant plan	a foreign plan							
and the second second second second second	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	an/report (less than 12 n	nonths)					
C Check box if filing under.	X Form 5558	automatic extension			nnam				
	special extension (enter descr	iption)		1.1	ar As an er				
Part II Basic Plan Inf	ormation-enter all requested inf			and an and a second					
1a Name of plan	we readed with which and readed and the	CODE CONTRACTOR CONTRACTOR CONTRACTOR	a na na mana na mang ang katalah da katala na mang kana na katala na mang kana na katala na katala na katala na	1 at k					
	nc. Profit Sharing Pla	कर जन्म मे		1b Three	i-digit iumber				
Trust	· · · · · · · · · · · · · · · · · · ·			(PN)	\$				
				1c Effect	ive date of plan				
20.03	a star v star se		1	1	01/2014				
Mailing address (include rde	over, if for a single-employer plan)	(S)		2b Emplo	yer Identification Number				
Mailing address (include rison, 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)				(EIN)	30-0254771				
The Check Depot, Inc.				2c Sponsor's telephone number					
					(941) 525-2217				
2420 Washer Laws av	and the second			20 Busine	ess code (see instructions)				
3439 Technology Dri	ve, suite x								
North Venice		FI	. 34275	4535	990				
3a Plan administrator's name a	nd addiess 🗙 Same las Pian Spon	sor.		Anno second sec second second sec	istrator's EIN				
				9002-2020-20-00-00-00-00-00-00-00-00-00-0	Star - La della de compositione de la compositione de la della de la della desse de compositione de la composit				
				3C Admin	istrator's telephone number				
4 If the name and/or EIN of the	e plan sponsor or the plan name has	changed since the last r	etum/report filed for	4b EIN	n de la marte de la companya de la c				
this plan, enter the plan spo a Sponsor's name	nsor's name, EIN, the plan name an	id the plan number from t	he last return/report.	1992 (Dellation de de seço seus dura era	ers handlinningen den kennen in der an dem einen der sterreranden bei handlichte die einer erste bei einer ges				
G Plan Name				4d PN					
0 7 98097 1 8 Jan 2 Cha									
5a Total number of participants	at the beginning of the plan year	998 and in a second		© m	999 (100) and the Hamman Constant Constant Street Stre				
				<u>5a</u>	<u>1</u> ()				
C Number of participants with a	at the end of the plan year	en profession summer an er	······································	5b	10				
complete this item)	www.s.s.sanaroos.ga.ci.uc.civi.o.81	e plan year (only defined	Contribution plans	Sc	9				
d(1) Total number of active par	ticipants at the beginning of the plar	vear		5d(1)					
d(2) Total number of active par	ficipants at the end of the plan year			5d(2)					
 Wimber of participants who is 	terminated employment during the c	lan year with arcmod bo	motits that make have	na n	0 J.				
ulan luuna vestee	Charles Margaret and the second second			5e	0				
and the state of the lace of	r incomplete filing of this return/ er penalfies set forth in the instruction signed by so employed actives.	HENTER WHIT DID BOODDODAN	とうわえかのめ かんのんめんかんちょうしょう	se is establi	shed.				
		well as the electronic ver-	examined this return/report, sion of this return/report,	ort, including and to the b	. If applicable, a Schedule est of my knowledge and				
	1 9.0 million and the second	- Andrew And	and a second		anaga mataga sa				
SION K	SSC 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u>/////8028</u>	James Wood						
Signwedre of plan ad	Ininistrator	Daté	Enter name of individua	al signing as	plan administrator				
SIGN VIEW Sauce	hand the second s	A/14/2018	James Wood						
HERE Signature of employ	eríplan sponsor	Date	Enter nome of individua	n dingina	employer or plan sponsor				
For Paperwork Reduction Act Notice,	, see the instructions for Form 5500-Si		anaanaanaanaanaanaanaanaanaanaanaanaana	* styred de de la commencia de Commencia de la commencia de la	Form 5500-SF (2017)				
					v 170203				

Form 5500-SF 2017

 6a Were all of the plan's assets during the plan year invested in b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligit if you answered "No" to either line 6a or line 6b, the plan c If the plan is a defined benefit plan, is it covered under the PB If "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan. 	ort of an indepen bility and condition cannot use For GC insurance pr	dent qualified public accountant (IQPA) ons.) m 5500-SF and must instead use For ogram (see ERISA section 4021)?[
Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets		396,966	488,145
b Total plan liabilities	7h	Û	<u> </u>

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	396,966	488,145
b Total plan liabilities	7b	0	(
c Net plan assets (subtract line 7b from line 7a)	7c	396,966	488,145
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	12,426	
(2) Participants	8a(2)	41,194	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	52,054	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		105,674
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10,380	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	4,115	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		14,495
i Net income (loss) (subtract line 8h from line 8c)	8i	n herste present	91,179
j Transfers to (from) the plan (see instructions)	8i	0	
Part IV Plan Characteristics	i	<u> </u>	

1	If the plan provides pension benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E 2F 2G 2K 2T 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:			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	X		50,000
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	
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	-	435
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	\$B	Yes	X No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?		f	Yes	X No
a	the date o	of the letter ru Year	ling		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<u>b</u>	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	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 control of the PBGC?			Yes 🛛 N	0
<u>с</u>	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)	Ī	13c(3) PI	V(s)