#### Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

### 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

Parti	Annual Repor	t identification information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 12	/31/2017	
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer) (F		
P This nat		a one-participant plan	a foreign plan			
D This ret	urn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	[	DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digit	
	ION PLLC CASH BAI	ANCE PLAN			plan numb	
					(PN) <b>•</b>	002
					1c Effective d	ate of plan
						01/01/2015
		oyer, if for a single-employer plan)	) D)			dentification Number
		om, apt., suite no. and street, or P.0 ice, country, and ZIP or foreign pos		ructions)	(=)	45-5513274
IDEAL OPTI		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	,		telephone number 9-222-1275
					2d Business c	ode (see instructions)
	GE BLVD., STE. G					621420
KENNEWIC	K, WA 99336-8108					
3a Plan a	idministrator's name	and address X Same as Plan Spo	neor		<b>3b</b> Administra	tor's FIN
<b>Ou</b> Flair a		and address M dame as rian ope	11301.		OB / Administra	101 0 2114
					<b>3c</b> Administra	tor's telephone number
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	<b>4b</b> EIN	
this p	lan, enter the plan sp	onsor's name, EIN, the plan name				
'	sor's name				4d PN	
C Plan N	Name					
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	35
<b>b</b> Total	number of participant	s at the end of the plan year			5b	0
		account balances as of the end of			5c	
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	30
<b>d(2)</b> Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	0
		o terminated employment during th			5e	0
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.				
SIGN	Filed with authorize	d/valid electronic signature.	09/04/2018	BEN NIPPER		
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor

Form 5500-SF 2017 Page **2** 

b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a	ccount	ant (IC	(PA)		X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
Ū	If "Yes" is checked, enter the My PAA confirmation number from the		- :			_		(See instructions.)
			Torridan minig for time pr	ian you			<del>4047200</del> .	(Coo inciraciono.)
Par	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End o	f Year
а	Total plan assets	. 7a	29	92619				0
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	29	92619				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) To	tal
	Contributions received or receivable from: (1) Employers	. 8a(1)		0				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b		32789				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						32789
	Benefits paid (including direct rollovers and insurance premiums	0.1	20	21677				
	to provide benefits)	. 8d	32	0				
	Certain deemed and/or corrective distributions (see instructions)	. 8e		3731				
	Administrative service providers (salaries, fees, commissions)	. 8f						
	Other expenses	. 8g		0				325408
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
	Net income (loss) (subtract line 8h from line 8c)	. 8i						-292619
	Transfers to (from) the plan (see instructions)	8j						
Par		f = - t	de a francisco de a Line at Di	01			ada a ta da a ta da	
	If the plan provides pension benefits, enter the applicable pension 1C 3H							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plai	n Chara	cterisi	tic Cod	des in the instruc	tions:
Par	V Compliance Questions				1	T	1	
10	During the plan year:				Yes	No	Aı	mount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		30000
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.)					X		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
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				

Form 5500-SF 2017	Page <b>3-</b> 1
-------------------	------------------

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		B 	X	es	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f		∕es X	No
	(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, and 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?		X Yes	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?		Į.	Yes	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	<b>13c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3	) PN(s)	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and ending	05/0	1/2017	
•	Round off amounts to nearest dollar.					
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report un	nless reasonable cause i	is established	l.		
	Name of plan	В	Three-dig	it		
	IDEAL OPTION PLLC CASH BALANCE PLAN		plan num	ber (PN	) •	002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	dentific	ation Number (E	IN)
	IDEAL OPTION PLLC			45-551	13274	
<u>E</u>	Type of plan: X Single Multiple-A Multiple-B	Prior year plan size: 🛚 🗴 1	00 or fewer	101-	500 More th	an 500
F	Part I Basic Information					
1	Enter the valuation date: Month05 Day01	Year <u>2017</u>				
2	Assets:			1		
	<b>a</b> Market value			2a		300089
	<b>b</b> Actuarial value			2b		300089
3	Funding target/participant count breakdown	(1) Nun partici			sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	<u> </u>	0		0	0
	<b>b</b> For terminated vested participants		2		1693	1693
	C For active participants		28		244529	244529
	<b>d</b> Total		30		246222	246222
4	If the plan is in at-risk status, check the box and complete lines (a) and (b		l.			
	<b>a</b> Funding target disregarding prescribed at-risk assumptions			4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition	n rule for plans that have	been in	4b		
	at-risk status for fewer than five consecutive years and disregarding loa					
_5_	Effective interest rate			5		5.53 %
6	Target normal cost			6		0
Sta	Itement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedule	s, statements and attachments, it	f any, is complete	and accur	ate. Each prescribed	assumption was applied in
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	(taking into account the experien	nce of the plan ar	id reasona	ble expectations) and	I such other assumptions, in
	SIGN					
	HERE				06/07/201	8
	Signature of actuary				Date	
	DANIEL J. VAN MIEGHEM				17-02290	
	Type or print name of actuary			Most i	ecent enrollmer	nt number
F	PYRAMID PENSION SERVICES				805-845-16	30
-	Firm name		Tel	ephone	number (includi	ing area code)
	P.O. BOX 12605 BAN DIEGO, CA 91222					
	Address of the firm					
	e actuary has not fully reflected any regulation or ruling promulgated under t	he statute in completing	this schedule	, check	the box and see	· []
inetr	ructions					-

Page 2	? - ·
--------	-------

Schedule SB (Form 5500) 2017

P	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
					<u> </u>		(a) C	arryover balance		(b) P	refundir	ng balanc	е
7		Ū	0 , ,		able adjustments (line 13 from			(	)				0
8				•	nding requirement (line 35 fro	•		(	)				0
9	Amount	remaining	g (line 7 minus line	8)				(	)				0
10	Interest of	on line 9 i	using prior year's	actual retu	ırn of <u>2.27</u> %			(	)				0
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							4287	<b>7</b> 5
					a over line 38b from prior yea e interest rate of5.57%								0
	<b>b(2)</b> Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual							
					ar to add to prefunding balance								0
			0 0		, ,							4287	75
	<b>d</b> Portion	n of (c) to	be added to pref	unding bala	ance								0
12	Other red	ductions i	n balances due to	elections	or deemed elections			(	)				0
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									0			
P	Part III	Fun	ding Percenta	ages									
14	14 Funding target attainment percentage							14	121	.87%			
15	15 Adjusted funding target attainment percentage							15	121	.87%			
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						16	117.	.29%					
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding target	t, enter suc	h percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18	Contribu	tions mad			ear by employer(s) and emplo	yees:							
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Date (b) Amount paid by employer(s)				(c) Amount paid by employees		
	VII.VI DD 1	,	Ginpleyor	(0)	omployees	(171117 22	,	o.n.p.oyon	.0)		ompie	, y 0 0 0	
						Totals ▶	18(b)		(	18(c)			0
19	Discount	ed emplo	yer contributions	– see instr	ructions for small plan with a	valuation dat	e after the	beginning of the	/ear:				
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	mum required contributions fr	om prior yea	ırs		19a				0
	<b>b</b> Contril	outions m	nade to avoid restr	ictions adj	justed to valuation date				19b				0
	<b>C</b> Contrib	outions all	ocated toward min	imum requi	ired contribution for current yea	ar adjusted to	valuation da	ate	19c				0
20			tions and liquidity										
	<b>a</b> Did the	e plan ha	ve a "funding sho	rtfall" for th	ne prior year?							Yes X	No
	<b>b</b> If line	20a is "Y	es," were required	l quarterly	installments for the current y	ear made in	a timely ma	anner?	<u>-</u>			Yes	No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as	applicable:							
		(4) 4	•		Liquidity shortfall as of end	of quarter of					(4) 411		
		(1) 1s	l	l	(2) 2nd	1	(3)	3rd	1	(	(4) 4th		
		` '					(0)	514			,	<u> </u>	

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discount	rate:					
	<b>a</b> Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used
	<b>b</b> Applica	able month (er	nter code)			21b	4
22	Weighted	average retire	ement age			22	62
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Prese	cribed - separate	Substitu	ite
Pa	art VI	Miscellane	ous Items				
24		•		arial assumptions for the current p	•		· ·
25	Has a me	thod change b	peen made for the current plan	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No
26	Is the pla	n required to p	provide a Schedule of Active F	articipants? If "Yes," see instructi	ons regarding required a	attachmen	tX Yes No
27				r applicable code and see instructi	ons regarding	27	
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	l l	
			•	ears		28	0
29	Discounte	ed employer co	ontributions allocated toward o	unpaid minimum required contribu	tions from prior years	29	0
30	Remainin	g amount of u	npaid minimum required conti	ributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year			
31			d excess assets (see instruction				
	<b>a</b> Target r	normal cost (li	ne 6)			31a	0
	<b>b</b> Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	0
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			0	0
	<b>b</b> Waiver	amortization i	nstallment		-		
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant ) and the waived amount	ing the approval	33	
34	Total fund	ding requireme	ent before reflecting carryover.	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding balar	nce	Total balance
35			e to offset funding	0		0	0
36	-					36	0
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	0
38			s contributions for current yea				
						38a	0
			•	efunding and funding standard ca		38b	0
39			•	ar (excess, if any, of line 36 over line	•	39	0
40	Unpaid m	inimum requir	ed contributions for all years			40	0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)	
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:			
	<b>a</b> Schedu	le elected				Г	2 plus 7 years 15 years
	<b>b</b> Eligible	plan year(s) f	or which the election in line 4°	la was made			<del>'                                    </del>
42						42	<u> </u>
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	

## **Ideal Option PLLC**

**Cash Balance Plan** 

Plan Number: 002

EIN: 45-5513274

#### 2017 Schedule SB, Line 26 - Schedule of Active Participant Data

Valuation Date: 05/01/2017

	Years of Credited Service									
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25		1								
25 to 29		9								
30 to 34		5	1							
35 to 39		2	1							
40 to 44		2								
45 to 49		4								
50 to 54		2	1							
55 to 59										
60 to 64		2	1							
65 to 69										
70 & Up		1								

#### **Ideal Option PLLC**

Cash Balance Plan Plan Year: 05/01/2017

Plan Number: 002

EIN: 45-5513274

## **Statement of Actuarial Assumptions/Methods**

Schedule SB, Part V

**1. Funding Method** As Prescribed in IRC Section 430

2. Interest Rates for Funding 4 Lookback Months Prior to End of Plan Year

		<u>Current</u>	<u>Average</u>	or Minimum	
Years 0-5	Segment Rate 1	1.57%	4.62%	4.16%	
Years 6-20	Segment Rate 2	3.77%	6.35%	5.72%	
Years Over 20	Segment Rate 3	4.73%	7.20%	6.48%	

3. Mortality for Funding

Pre-Retirement None

Post-Retirement Projection Based on Projection Scale AA

and the RP-2000 Static Combined Male and Static Combined Female Mortality Table

4. Interest Rates per Internal Revenue Code 0 Lookback Months Prior to End of Plan Year

 Years 0-5
 Segment Rate 1
 1.96%

 Years 6-20
 Segment Rate 2
 3.77%

 Years > 20
 Segment Rate 3
 4.62%

5. Mortality per Internal Revenue Code

Pre-Retirement None

Post-Retirement Applicable Mortality Table from Rev. Rul. 2006-67 - Unisex

6. Interest Rates for Plan Actuarial Equivalence

Pre-Retirement 5.00% Post-Retirement 5.00%

7. Mortality for Plan Actuarial Equivalence

Pre-Retirement None

Post-Retirement Applicable Table for Plan Year under IRC 417(e)

8. Assumptions for 410(b) and 401(a)(4) Testing and Compliance

Pre-Retirement Interest 8.50%
Post-Retirement Interest 8.50%
Pre-Retirement Mortality None

Post-Retirement Mortality 1971 Group Annuity Table - Male Rates

Testing Age Normal Retirement Age
Permissively Aggregated Plans Tested as Single Plan

Note: These Assumptions are Utilized to Determine Compliance and, in Order to Pass Testing Might be Changed for This Plan Year or any Other Plan Year

9. Benefit Form for Funding Lump Sum

Assumed Retirement Age Normal Retirement Age

11. Effective Interest Rate

This Year 5.53% Last Year 5.58%

12. Actual Interest Rate

This Year 1.61% Last Year 2.27%

## 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 A	nnual Report	Identification Information			10/01/00	117
For calendar pl	an year 2017 or fi	iscal plan year beginning	01/01/2017	and ending	12/31/20	
A This return/		X a single-employer plan	list of participating em	an (not multiemployer) (F aployer information in acc	ilers checking this ordance with the	s box must attach a form instructions.)
		a one-participant plan	a foreign plan			
<b>B</b> This return/	report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check box	if filing under:	∑ Form 5558	automatic extension		DFVC program	1
		special extension (enter desc				
Part II E	Basic Plan Inf	ormation—enter all requested i	nformation		4 la Timo dinit	
1a Name of	olan				1b Three-digit plan number	
		ash Balance Plan		30	(PN)	
Ideal Opc	1011 11110 00				1c Effective d	
		I if for a gingle employer plan			2b Employer I	dentification Number
	1.1 (!   -   -     -	loyer, if for a single-employer plan oom, apt., suite no. and street, or P	() BOX)		1	5513274
City or to	wn, state or provintion PLLC	nce, country, and ZIP or foreign po	stal code (if foreign, see ins	tructions)	<b>2c</b> Sponsor's 509-222	telephone number -1275
					2d Business	code (see instructions)
8514 W.	Gage Blvd.,	, Ste. G			621420	
			0.0			
Kennewic		WA 99336-81			3b Administra	ntor's EIN
3a Plan adn	ninistrator's name	and address X Same as Plan Sp	oonsor.			
					30 Administra	ator's telephone number
4 If the na	ame and/or EIN of	the plan sponsor or the plan name sponsor's name, EIN, the plan nam	has changed since the last	t return/report filed for the last return/report.	4b EIN	
this pla <b>a</b> Sponso		sponsor's name, Lin, the plan ham	o una uno piammana		4d PN	
c Plan Na						
					F	35
<b>5a</b> Total n	umber of participa	ants at the beginning of the plan yea	ar		5a	0
h Total n	umber of participa	ents at the end of the plan year			5b	U
<b>c</b> Numbe	er of participants w	vith account balances as of the enc	of the plan year (only defin	ed contribution plans	5c	20
d(1) Tota	I number of active	e participants at the beginning of th	e plan year		5d(1)	30
4(2) T-4-	- Laurenber of active	participants at the end of the plan	vear		5d(2)	0
a Numb	or of participants	who terminated employment during	the plan year with accrued	benefits that were less	5e	0
than 1	100% vested			ed unless reasonable c	 ause is establis	hed.
Under pena SB or Sche	alties of perjury an edule MB complete	d other penalties set forth in the inc ed and signed by an enrolled actua	structions, I declare that I harry, as well as the electronic	version of this return/rep	report, including, ort, and to the be	if applicable, a Schedule st of my knowledge and
belief, it is t	rue, correct, and o	complete.		Ben Nipper		
SIGN	15	- Million	9/4/18		idual cianina an	olan administrator
HERE	Signature of pl	an administrator	Date	Enter name of indiv	riduai signing as l	Jian auministrator
SIGN						
HERE	Signature of er	mployer/plan sponsor	Date	Enter name of indiv	idual signing as	employer or plan sponsor Form 5500-SF (2017)
	1 0					1 01111 0000 01 (2011)

Form	5500	.CE	20.	17

D	_	n	-	9
~	и	u	ы	- 4

<b>b</b> .	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	f the plan is a defined benefit plan, is it covered under the PBGC in							mined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4047285. (See instructions.)							
Par	t III Financial Information		_					
7	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year	
<u>a</u> '	Total plan assets	7a		292,	619			0
b ·	Total plan liabilities	7b			0			0
C	Net plan assets (subtract line 7b from line 7a)	7c		292,	619			0
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	ł			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b		32,	789			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3	2,789
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		321,	677			
е	Certain deemed and/or corrective distributions (see instructions)	89			0			
f	Administrative service providers (salaries, fees, commissions)	8f		3,	731			
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32	5,408
1	Net income (loss) (subtract line 8h from line 8c)	. 81					-29	2,619
j	Transfers to (from) the plan (see instructions)	8]						
Par	t IV Plan Characteristics	1 -						
ACCRECATE VALUE OF THE PARTY OF	If the plan provides pension benefits, enter the applicable pension 1C 3H	feature c	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:	-
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acteris	lic Cod	es in the instructions:	***************************************
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a fallure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See Instructions and DOL's Program)	Voluntary	Fiduclary Correction	10a		x		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х		
C	C Was the plan covered by a fidelity bond?						5	0,000
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?							
е	by fraud or dishonesty?							
f	f Has the plan failed to provide any benefit when due under the plan? 10f							
9	g Did the plan have any participant loans? (if "Yes," enter amount as of year-end.)					х		
h	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							
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							

art \	/I Pension Funding Compliance					
	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	X	Yes	☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		0		
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.)	n 302 of			Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.	d enter t		the lett Year		ing
Ify	rou 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				
	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				
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		WA
art:\	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	П	No	

If "Yes," enter the amount of any plan assets that reverted to the employer this year .....

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.)

control of the PBGC?

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the

Form 5500-SF 2017

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

Page 3-

0

X Yes No

13c(3) PN(s)

13a

13c(2) EIN(s)

## **SCHEDULE SB**

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as	an attachment to Form	5500 or 5	500-SF.			
For calendar plan year 2017 or fiscal pla		01/01/2017		and ending	]	05/01/20	17
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be	assessed for late filing of	this report unless reason	nable caus	e is established			
A Name of plan Ideal Option PLLC Cash	n Balance Plan			B Three-dig plan num		) <b>•</b>	002
			7 1				
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 550	0-SF	-	D Employer	dentific	ation Number (E	IN)
			-			,	,
Ideal Option PLLC		T		45-551327	4		Per Control Co
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pl	an size: 🏻	100 or fewer	101-	500 More tha	an 500
Part I Basic Information							
1 Enter the valuation date:	Month 05 D	ay 01 Year	2017				
2 Assets:							
a Market value					2a		300,089
<b>b</b> Actuarial value					2b		300,089
3 Funding target/participant count bre	eakdown		, , ,	umber of cicipants		sted Funding Target	(3) Total Funding Target
a For retired participants and benef	ficiaries receiving paymer	nt		0		0	0
<b>b</b> For terminated vested participant	s			2		1,693	1,693
<b>c</b> For active participants				28		244,529	244,529
d Total				30		246,222	246,222
4 If the plan is in at-risk status, check	the box and complete lin	nes (a) and (b)					
a Funding target disregarding preso	cribed at-risk assumption	S			4a		
<b>b</b> Funding target reflecting at-risk as status for fewer than five consecu	ssumptions, but disregard	ding transition rule for pla	ans that ha	ve been in at-ris	4b		
5 Effective interest rate					5		5.53%
6 Target normal cost					6		0
Statement by Enrolled Actuary  To the best of my knowledge, the information supple accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	n my opinion, each other assumpt	panying schedules, statements are discount in the control of the c	nd attachment count the expe	s, if any, is complete rience of the plan ar	and accur d reasona	ate. Each prescribed ble expectations) and	assumption was applied in such other assumptions, in
SIGN HERE	W					06/07/203	18
	gnature of actuary					Date	
Daniel J. Van Mieghem						1702290	
	or print name of actuary					ecent enrollmen	
Pyramid Pension Services						805-845-16	530
P.O. Box 12605	Firm name			Tel	ephone	number (includi	ng area code)
San Diego CA 91	.222						
	Address of the firm						
If the actuary has not fully reflected any re	gulation or ruling promule	nated under the statute in	n completir	na this schedula	check	the hov and soo	
instructions	January or raining promiting	jacou andor the statute ii	. Joinpielli	ig and deficable	, GIICCK	and box and see	

	Sched	ule SB (F	orm 5500) 2017	<u></u>		Pa	ige <b>2</b> -					
Р	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances						
7	Balance at beginning of prior year after applicable adjustments (line 13 year)						(a) (	Carryover balance	0	<b>(b)</b> Pre	efundir	ng balance
8	, ,				ınding requirement (line 35 fr							
9	year)								0			0
10			• •		ırn of <u>2.27</u> %				0			0
11					to prefunding balance:				<u> </u>			
•	•				38a from prior year)							42,875
	<b>b(1)</b> Inte	erest on t	the excess, if any,	of line 38a	a over line 38b from prior year interest rate of5.579	ır						12,070
			•	-	edule SB, using prior year's a	ıctual						0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	·						42,875
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bal	ance							0
12	Other red	ductions	in balances due to	elections	or deemed elections				0			0
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)				0			0
F	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percentag	ge							14	121.87%
15	Adjusted	funding	target attainment ¡	percentage	e						15	121.87%
16	year's fu	nding red	quirement		of determining whether carry						16	117.29%
	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targ	et, enter su	ch percentage			17	%
P	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					ear by employer(s) and emplo							
(1	(a) Date MM-DD-Y		(b) Amount p	-	(c) Amount paid by employees	( <b>a)</b> [ (MM-DE)	Date D-YYYY)	(b) Amount pai employer(s	-	(c)	Amou emplo	nt paid by ovees
		,		,	. ,	,	employed				,	
_						Totals ▶	18(b)		0	19(a)		0
							, ,	<u>I</u>		18(c)		0
19					ructions for small plan with a							
					mum required contributions f				9a			0
	b Contributions made to avoid restrictions adjusted to valuation date							0				
					ired contribution for current year	ar adjusted t	o valuation o	date 1	9с			0
20			itions and liquidity									V
					installments for the current y		n a timely m	nanner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and cor	mplete the following table as		-£41-11					
		(1) 1s	t		Liquidity shortfall as of end (2) 2nd	ot quarter	of this plan (3)	•		(4	) 4th	<u> </u>
		(1) 13	•		( <del>-</del> ) 2110		(0)			(+	, <del>-</del> τu	
									1			

P	art V	Assumpti	ons Used to Determine	e Funding Target and Targ	get Normal Cost		
21	Discount	rate:					
	a Segment rates:		1st segment: 4 . 16 %	2nd segment: 5.72 %	3rd segment: 6.48%		N/A, full yield curve used
	<b>b</b> Applica	able month (er	nter code)			21b	4
22	Weighted	average retire	ement age			22	62
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Preso	cribed - separate	Substitu	ute
Pa	art VI	Miscellane	ous Items				
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment						
25	Has a me	thod change I	been made for the current plan	n year? If "Yes," see instructions r	egarding required attach	nment	Yes X No
	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	attachmen	tX Yes No
27		-	alternative funding rules, ente	r applicable code and see instructi	ons regarding	27	
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid m	inimum requir	red contributions for all prior ye	ears		28	0
29				unpaid minimum required contribut		29	0
30	Remainin	g amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year			
31	Target no	ormal cost and	d excess assets (see instruction	ons):			
	<b>a</b> Target r	normal cost (li	ne 6)			31a	0
				ne 31a		31b	0
32	Amortizat	ion installmen	nts:		Outstanding Bala		Installment
	_					0	0
- 22						1	
	(Month _			er the date of the ruling letter grant ) and the waived amount		33	
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	. 34	0
				Carryover balance	Prefunding balar	nce	Total balance
35			se to offset funding	0		0	0
36	Additiona	I cash require	ment (line 34 minus line 35)			36	0
37							
38	38 Present value of excess contributions for current year (see instructions)						
a Total (excess, if any, of line 37 over line 36)							0
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0	
40	Unpaid m					40	0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)	
41	If an elect	ion was made	to use PRA 2010 funding reli	ef for this plan:			
	a Schedule elected						
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made					20	08 2009 2010 2011
42	Amount o	f acceleration	adjustment			42	
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	

## **Ideal Option PLLC**

**Cash Balance Plan** 

Plan Number: 002

EIN: 45-5513274

2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Valuation Date: 05/01/2017

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of their assumed retirement age.

## Ideal Option PLLC Cash Balance Plan

Plan Number: 002

EIN: 45-5513274

**Summary of Plan Provisions** 

1. Plan Effective Date January 01, 2015

2. Valuation Date May 1, 2017

**3. Plan Year** From January 01 to May 01

4. Eligibility All Employees not Excluded by Class are eligible to enter on the

January 01 or July 01 Coincident with or Next Following

the Completion of the Following Requirements:

12 Months of Service Attainment of Age 21

Union Employees and Non-Resident Aliens are Excluded.

**5. Normal Retirement Age** All Participants are Eligible to Retire on the Later of:

Attainment of Age 62

Completion of 5 Years of Participation

**6. Normal Retirement Benefit** A benefit based upon the Actuarial Equivalent of a Notional Account Balance at Normal

Retirement with 5.0% Notional Interest credited to the following annual rate of contributions.

Schedule SB, Part V

Plan Year: 05/01/2017

The Following Percent of Compensation limited as Indicated by the Dollar Amount

Group	% of Comp	\$ Amount

7. Years Excluded Years Prior to a Participant's Entry Date are Excluded

8. Normal Form Of Benefit An Annuity Payable for the Life of the Participant

**9. Termination Benefits** Upon Termination of Participation for a Reason other than Death, Disability

or Retirement, a Participant is Entitled to a Portion of the Earned to Date

Actuarial Equivalent of the Accrued Benefit in Accordance with

the Following Vesting Schedule:

Credited Years	Vested Percent
1	100
2	100
3	100
4	100
5	100
6	100

Credited Years are Plan Years Excluding the Followiing:

Years with Less Than 1000 Hours

**10. Death Benefit** 100% of the Actuarial Equivalent of the Accrued Benefit Earned to the Date of Death