	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan					
D	rnal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and	057(b) and 6058(a) of the I		2017 This Form is Open to		
	Benefits Security Administration	 Complete all entries in a 	, , , , , , , , , , , , , , , , , , ,	,	00-SF	Public Inspection		
Part I		dentification Information						
For calend	lar plan year 2017 or fise	cal plan year beginning 01/01/2			/31/2017			
A This re	turn/report is for:	X a single-employer plan		blan (not multiemployer) (F mployer information in acc		ing this box must attach a ith the form instructions.)		
B This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report		ırn/report (less than 12 mo	nths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr		L]			
Part II	Basic Plan Infor	mation—enter all requested inf						
1a Name	•	· · · ·			1b Three	5		
MATTHEW	P. BERGMAN, PS CAS	H BALANCE PLAN			plan (PN)	number 002		
					()	tive date of plan 09/01/2011		
Mailin	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)		2b Empl (EIN)	oyer Identification Number 91-1762956		
-	P. BERGMAN, P.S.	e, country, and ZIP or foreign post	al code (il foreign, see ins	structions)	2c Spon	sor's telephone number 206-463-3200		
P.O. BOX 20	010				2d Busin	ness code (see instructions)		
	LAND, WA 98070					541110		
3a Plana	administrator's name and	d address \overline{X} Same $$ as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
a Spons	sor's name	sor's name, EIN, the plan name a	nd the plan number from	· · ·	4d PN			
C Plan N	Name							
5a Total	number of participants a	at the beginning of the plan year			5a	2		
b Total	number of participants a	at the end of the plan year			5b	2		
		ccount balances as of the end of		-	5c			
d(1) Tot	tal number of active part	ticipants at the beginning of the pla	an year		5d(1)	1		
• • •		ticipants at the end of the plan yea			5d(2)	1		
than	100% vested	terminated employment during the	•		5e	0		
Caution: /	A penalty for the late o	r incomplete filing of this return er penalties set forth in the instruc	n/report will be assessed	d unless reasonable cau				
SB or Sch		d signed by an enrolled actuary, a						
SIGN	Filed with authorized/	valid electronic signature.	10/01/2018	MATTHEW P. BERGM	AN			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	al signing a	as plan administrator		
SIGN	Filed with authorized/	valid electronic signature.	10/01/2018	MATTHEW P. BERGM	AN			
HERE	Signature of employ		Date	Enter name of individu	al signing a	as employer or plan sponsor		
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	H-3F.			Form 5500-SF (2017) v.170203		

6a b											
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021)	? Yes X No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)										
D -	of the second at the forest of the second second										
Ра	rt III Financial Information		ſ								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	1241956	1701702							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1241956	1701702							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	314277								
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	145469								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		459746							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									

8f

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

459746

Part V Compliance Questions

g Other expenses.....

Part IV Plan Characteristics

1C 3D

Administrative service providers (salaries, fees, commissions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

f

j

9a

b

1A

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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c		Х	
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		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			
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0	
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng	
lf	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	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 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?			Yes	XI	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to					
1	3c(1) Name of plan(s):	n(s): 13c(2) El						

	80U	EDULE SB		Single Em		or Dofina	d Don	f	t Dlan			OMB N	lo. 1210-011	0
		orm 5500)		Single-Em ∆		rial Inform			it Plan					
	•	ment of the Treasury		~	ciua		ation	•				2	2017	
	Intern	al Revenue Service		This schedule is req										
		partment of Labor nefits Security Administra	ation	Retirement Income S		Act of 1974 (ERI Revenue Code (th		secti	on 6059 of t	he	T		s Open to spection	Public
	Pension Ber	nefit Guaranty Corporation	on	File as	an attao	chment to Form	5500 or	5500)-SF.				peedon	
Fc	or calendar p	lan year 2017 or f	iscal plan	year beginning 01	/01/201	7			and ending	y 12/:	31/20	17		
		amounts to near												
-) will be as	sessed for late filing of	this rep	ort unless reasor	hable cau	T	established	l.				
	Name of pla	n P. Bergman, PS	S CASH B	ALANCE PLAN				в	Three-dig		N		002	
	in the test	T. DERGINIAR, TY	0 0/10/1 0						plan num	ber (PN	1)	•	002	
								_						
	•	pr's name as show P. BERGMAN, P.		2a of Form 5500 or 550	0-SF			D	Employer				EIN)	
		T. DEROMAN, T.	.0.							91-17	62956	5		
Е	Type of plan	: 🗙 Single	Multiple-A	Multiple-B		F Prior year pla	an size: 🗴	(10	0 or fewer	101-	-500	More th	nan 500	
F	Part I	Basic Informa	tion											
1		valuation date:		Month 01 Da	ay <u>01</u>	Year 20)17							
2	Assets:				,									
	a Market	value								2a			1	241956
	b Actuari	al value								2b				231144
3	Funding f	arget/participant o	count breal	kdown					ber of ants	. ,	sted I Targe	Funding	. ,	Funding
	a For reti	red participants a	nd benefic	iaries receiving paymen	nt		pu	itioip	0		raige	0	i u	0
	b For ter	minated vested pa	articipants .						1			39679		39679
		•	•						1		650718			650718
	d Total								2			690397		690397
4	If the plar	n is in at-risk statu	s, check th	ne box and complete line	es (a) ai	nd (b)								
	a Fundin	g target disregard	ing prescri	bed at-risk assumptions	s					4a				
				umptions, but disregard						4b				
5				nsecutive years and dis	-	ig loading factor								6.08%
6	_							<u></u>			+			81929
Sta	0	Enrolled Actuary								_				
	accordance wit	h applicable law and rec	gulations. In m	ed in this schedule and accomp ny opinion, each other assumpti xperience under the plan.										
	SIGN HERE											09/17/201	0	
		I	Siar	nature of actuary				_				Date	<u> </u>	
F	R. SCOTT H	ARRISON, FSPA	0									17-02175	5	
			Type or	print name of actuary				_		Most	recen	t enrollme	nt number	
	THE RAYMO	OND COMPANY						_			4	80-289-34	74	
	4545 E. SOL MESA, AZ 8	JTHERN AVE., SU 5206	JITE 108	Firm name					Te	ephone	e num	ber (includ	ing area co	ode)
			Ad	dress of the firm				_						
	e actuary ha ructions	s not fully reflecte	d any regu	ulation or ruling promulg	gated un	ider the statute in	i completi	ing tl	nis schedule	, check	the b	ox and se	e	
Fo	or Paperwor	k Reduction Act	Notice, se	ee the Instructions for	Form 5	500 or 5500-SF.					S	chedule S	B (Form 5	500) 2017 v. 170203

P	art II	Begin	ning of Year	Carryov	ver and Prefunding B	alance	5						
								(a) C	arryover baland	e	(b)	Prefundi	ng balance
7		•	0 1 2		able adjustments (line 13 fro	•				0			473010
8			•	,	nding requirement (line 35 f	•				0			0
9	Amount r	emaining	g (line 7 minus line	9 8)						0			473010
10					rn of <u>1.04</u> %					0			4919
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
					38a from prior year)								149711
					a over line 38b from prior ye e interest rate of <u>6.28</u>								9402
	• •		•	•	edule SB, using prior year's	actual							0
	C Total av	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e							159113
	d Portion of (c) to be added to p			unding bala	ance								159113
12	12 Other reductions in balances due to			elections	or deemed elections					0			0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) 0							637042					
Part III Funding Percentages													
14	4 Funding target attainment percentage								. 14	86.05%			
	15 Adjusted funding target attainment percentage							15	178.32%				
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.							ce current	16	91.40%				
								. 17	%				
Р	Part IV	Con	tributions and	d Liquid	lity Shortfalls								
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:			-				
()	(a) Date אארDD-Y		(b) Amount pa employer		(c) Amount paid by employees		a) Da DD-Y	te ′YYY)	(b) Amount employe		· (nt paid by oyees
· · · ·)9/13/2018	,		314277	0			,		()			
						Totals	►	18(b)		3142	277 18(c)		C
19	Discount	ed emplo	over contributions	- see instr	uctions for small plan with a	valuation	n date	after the	beginning of the	e year:			
	a Contril	outions a	llocated toward ur	npaid minir	num required contributions	from prio	year	s		19a			0
	b Contrib	outions m	ade to avoid restr	ictions adj	usted to valuation date					19b			0
	C Contrib	outions all	ocated toward mini	imum requi	ired contribution for current ye	ar adjuste	ed to v	aluation d	late	19c			284291
20	Quarterly	, contribu	tions and liquidity	shortfalls:									
a Did the plan have a "funding shortfall" for the prior year?							X	Yes No					
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								Yes X No				
	C If line 2	20a is "Ye	es," see instruction	ns and cor	mplete the following table as	applicab	le:						
	Liquidity shortfall as of end of quarter of this plan year							(1)					
		(1) 1st			(2) 2nd			(3)	3rd			(4) 4th	
			0		0				0				0

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P	art V	art V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %			N/A, ful	yield c	urve	used	
	b Applica	able month (er	nter code)			21	b		2			
22	Weighteo	d average retire	ement age			22	2		65			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pre	scribed - separate	Sub	ostitute					
Pa	art VI	Miscellane	ous Items									
24		•	•	arial assumptions for the current					· _	Yes	X No	
25	Has a me	ethod change b	peen made for the current plar	year? If "Yes," see instructions	regarding required attack	hment			·····] `	Yes	X No	
26	Is the pla	in required to p	provide a Schedule of Active P	articipants? If "Yes," see instruc	tions regarding required a	attach	ment			Yes	X No	
27			0	r applicable code and see instruc	0 0	27	7					
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28	3				0	
29				Inpaid minimum required contrib		29					0	
30	Remainir	ng amount of u	npaid minimum required contr	ibutions (line 28 minus line 29)		30)				0	
Pa	art VIII	Minimum	Required Contribution	For Current Year								
31	Target n	ormal cost and	excess assets (see instructio	ns):								
	a Target	normal cost (lii	ne 6)			31	а			819	929	
	b Excess	s assets, if app	licable, but not greater than lir	ne 31a		31	b				0	
32	Amortiza	tion installmen	ts:		Outstanding Bala	ance		In	stallme	nt		
	a Net she	ortfall amortiza	tion installment			9629	5			16	754	
	b Waiver	r amortization i	nstallment			1	0				0	
33				r the date of the ruling letter grar) and the waived amount	e 11	33	3					
34	Total fun	ding requireme	ent before reflecting carryover/	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34	L			98	683	
				Carryover balance	Prefunding balar	nce		Tot	al balar	nce		
35			e to offset funding	0		()				0	
36	Additiona	al cash require	ment (line 34 minus line 35)			36	6			98	683	
37				tribution for current year adjuste		37	7			284	291	
38	Present v	value of excess	s contributions for current year	· (see instructions)								
	a Total (e	excess, if any,	of line 37 over line 36)			38	а			185	608	
	b Portion	n included in lin	ne 38a attributable to use of pr	efunding and funding standard c	arryover balances	38	b				0	
39	Unpaid m	ninimum requir	ed contribution for current yea	r (excess, if any, of line 36 over	ine 37)	39	•				0	
40	0 Unpaid minimum required contributions for all years											
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions	5)						
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:								
	a Schedu	ule elected					2	plus 7 yea	s	15 ye	ears	
	b Eligible	e plan year(s) f	or which the election in line 41	a was made			2008	2009	2010	2	011	
42	Amount c	of acceleration	adjustment			42	2					
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	3					

Form 5500-SF Short Form Annual Return/Report of Small Employ Department of the Treasury Benefit Plan	ee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee		2017			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(c) Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500		This Form is Open to Public Inspection			
Part I Annual Report Identification Information	-01.				
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending	12/3	31/2017			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (F a list of participating employer information in action in a foreign plan B This return/report is: a one-participant plan a foreign plan Image: the first return/report is: a namended return/report a short plan year return/report (less than 12 model)	ccordance				
C Check box if filing under: x Form 5558 automatic extension		DFVC program			
special extension (enter description)					
Part II Basic Plan Information enter all requested information					
1a Name of plan Matthew P. Bergman, PS Cash Balance Plan	pla (Pt	ree-digit an number N) ► 002 fective date of plan			
		0/01/2011			
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 91-1762956				
Matthew P. Bergman, P.S.	2c Sponsor's telephone number (206) 463-3200				
P.O. Box 2010		isiness code (see instructions)			
US Vashon Island WA 98070					
3a Plan administrator's name and address X Same as Plan Sponsor	3b Ad	Iministrator's EIN			
	3c Ad	Iministrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report.	4b EI	N			
 a Sponsor's name c Plan Name 	4d PN	l.			
5a Total number of participants at the beginning of the plan year	5a	2			
b Total number of participants at the end of the plan year	5b	2			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c				
d(1) Total number of active participants at the beginning of the plan year	5d(1)	1			
d(2) Total number of active participants at the end of the plan year	5d(2)	1			
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 caus	se is est	ablished.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, belief, it is true, correct, and complete.	ort, inclu	ding, if applicable, a Schedule			

SIGN			
HERE S	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN _	114	10/01/2018	
	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-SF.

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
b	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.)	X Yes 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 insurance program (see ERISA section 4021)?	No DNot determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)
_		

Ρ	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,241,956	1,701,702
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,241,956	1,701,702
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	314,277	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	145,469	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		459,746
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		459,746
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 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:		Yes	No	N/A	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		x		
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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
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				
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 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								0
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No
а	If a wai grantin	iver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver	Ionth	d enter Da		I of the I Yea		ling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter t	he minimum required contribution for this plan year		12b				
С	Enter t	he amount contributed by the employer to the plan for the 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	e 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 i	resolution to terminate the plan been adopted in any plan year?		Ľ	Yes	х	No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?						0	
С	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.)							
1:	13c(1) Name of plan(s): 13c(2) Ell					13	c(3) PN	l(s)

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

Plan Effective Date	September 1, 2011
Plan Year	From January 1, 2017 to December 31, 2017
Eligibility	All employees not excluded by class are eligible to enter on the January 1, April 1, July 1 or October 1 coincident with or following the completion of the following requirements:
	1 year of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 65 Completion of 5 years of participation from entry date
Cash Balance Contribution Credit	The plan provides the following cash balance contribution credits to participants based on their group classification:
	Group 1: \$125,000
	Group 2: \$10,000
	Group 3: 21% of compensation
	The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.
	Salary based contribution credits are applied to current compensation.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:
	Years with less than 1,000 hours
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

	Credited Years	Vested Percent			
	1	0			
	2 3	0 100			
	5	100			
	Credited years are plan years from date of hire	e excluding the			
	following:				
	Years before the effective date				
	Years before age 18				
	Years with less than 1,000 hours				
Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum equal to the following:	accrued benefit			
	2% of average compensation times credite	ed years			
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:				
	Years with less than 1,000 hours Years plan is not top-heavy				
	with a maximum of 10 years				
	Benefit is based on average salary during the h years of employment	nighest 5 consecutive			
Top-Heavy Normal Form	A benefit payable for the life of the participan	t			
Top-Heavy Status	A plan is top-heavy if over 60% of the value of benefits in all of the employer's plans are for the employees. A key employee is generally an of the company. This plan is currently top-heavy	he benefit of key ficer or owner of			
Death Benefit	Actuarial Equivalent of the accrued benefit ea death	rned to date of			
Cash Balance	The Interest Crediting Rate for this plan year i	s 3.11%			

Attachment to 2017 Schedule SB, Part V - EIN: 91-1762956 PN: 002

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>			
Interest Rates	Seg 1: 4.16% 1.55%	Seg 1: 2.04%	Pre-Retirement: 5.50%			
	Seg 2: 5.72% 3.76%	Seg 2: 4.03%	Post-Retirement: 5.50%			
	Seg 3: 6.48% 4.73%	Seg 3: 4.82%				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation			
Post-Retirement						
Mortality	Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years	2017 Applicable Mortality Table from Notice 2016-50	2017 Applicable Mortality Table from Notice 2016-50			
Assumed Benefit Form	For Funding	Normal Form				
Assumed Spouse's Age	Wives assumed to be the same age as husbands		Wives assumed to be the same age as husbands			
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Int	erest Rate	6.08%				
Cash Balance Projected	Interest Crediting Rate	3.11%				
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

SCHEDULE SB	efit Plan		OMB N	o. 1210-0110					
SCHEDULE SB (Form 5500)Single-Employer Defined Benefit Plan Actuarial Information							2017		
Department of the Treasury Internal Revenue Service	This schodulo is required	to be filed under a	ection 104	of the Employ	20				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Department of Labor Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). Internal Revenue Code (the Code).						s Open to Public pection		
Pension Benefit Guaranty Corporation	File as an att	tachment to Forn	n 5500 or	5500-SF.					
For calendar plan year 2017 or fiscal pla	an year beginning 01/01/2	2017		and endin	g 12/	31/2017			
Round off amounts to nearest dol							14 c		
Caution: A penalty of \$1,000 will be	assessed for late filing of this re	eport unless reaso	nable cau						
A Name of plan				B Three-di	-		002		
MATTHEW P. BERGMAN, P.S. CAS	H BALANCE PLAN			plan num	iber (PN				
		1							
C Plan sponsor's name as shown on lir MATTHEW P. BERGMAN, P.S. dba		BERGMAN		D Employer 91-1762956	Identifica	ation Number (E	IN)		
E Type of plan: X Single Multiple	-A 🗌 Multiple-B	F Prior year p	lan size: 🔽	100 or fewer	□ 101-	500 More th	an 500		
Part I Basic Information	Month 01 Day 01	1 Year 2	017						
Enter the valuation date: Assets:	Day_or								
a Market value					2a		1241956		
b Actuarial value					2b		123114		
3 Funding target/participant count br			1	Number of		sted Funding	(3) Total Funding		
			pa	rticipants		Target	Target		
a For retired participants and bene	ficiaries receiving payment		··	0		0			
b For terminated vested participar				1	_	39679	3967		
C For active participants				1		650718	65071		
d Total				2		690397	69039		
4 If the plan is in at-risk status, chec	k the box and complete lines (a)) and (b)							
a Funding target disregarding pres	scribed at-risk assumptions				4a				
b Funding target reflecting at-risk at-risk status for fewer than five					4b				
5 Effective interest rate					5		6.08 %		
6 Target normal cost							8192		
Statement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption is re	schedules, statements a easonable (taking into ad	and attachmer ccount the exp	nts, if any, is complet perience of the plan a	e and accur and reasona	ate. Each prescribed ble expectations) and	assumption was applied in d such other assumptions, in		
SIGN HERE	RSIL					09/17/2018			
	Signature of actuary					Date			
	ott Harrison, FSPA, APA					17-02175			
New York Control of Co	or print name of actuary				Most	ecent enrollmer	nt number		
The	e Raymond Company					(480) 289-347	74		
4545 E.	Firm name Southern Ave., Suite 108			Te	elephone	number (includ	ing area code)		
	Mesa, AZ 85206 Address of the firm			-					
If the actuary has not fully reflected any n instructions				ing this schedul	e, check	the box and see	e 🗌		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. 2018-09-13T20:13:55.072-05:00

Schedule SB (Form 5500) 2017 v. 170203

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances							
							(a) Ca	arryover balance		(b) F	refundiı	ng bala	nce
7		0	0 1 2		able adjustments (line 13 fror				0				473010
8					nding requirement (line 35 fro				0				0
9	Amount	remaining	g (line 7 minus line	8)					0				473010
10	Interest of	on line 9	using prior year's a	actual retur	n of <u>1.04</u> %				0				4919
11	Prior yea	ır's exces	s contributions to	be added t	o prefunding balance:								
	a Prese	nt value o	of excess contribut	ions (line 3	38a from prior year)								149711
b(er line 38b from prior year interest rate of <u>6.28</u> %	, 							9402
	• •			•	dule SB, using prior year's a								
					r to add to prefunding balance								0
	_		0 0	. ,		_							159113
	d Portio	n of (c) to	be added to prefu	inding bala	ance								159113
12	Other ree	ductions i	in balances due to	elections of	or deemed elections				0				0
13	Balance	at beginr	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12)				0				637042
F	Part III	Fun	ding Percenta	iges									
14	Funding	target att	ainment percentag	je							14	8	6.05 %
15	Adjusted	funding	target attainment p	ercentage							15	17	8.32 %
	Prior yea	ır's fundir	ng percentage for p	ourposes o	f determining whether carryc	over/prefund	ing balance	s may be used to	reduce	current	16	9	1.40 %
17	If the cur	rent valu	e of the assets of t	he plan is	less than 70 percent of the fu	unding targe	t, enter sucl	h percentage			17		%
	art IV		tributions and										
18					ar by employer(s) and emplo	-							
(1	(a) Date MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pai employer(s		(C	(c) Amount paid by employees		
(09-13-201	8		314277									
							1.04						
						Totals <a>	18(b)		314277	7 18(c)			0
19					ructions for small plan with a				1				
					quired contributions from price	-			19a				0
b Contributions made to avoid restrictions adjusted to valuation date							19b				0		
С	Contrib	utions allo	cated toward minin	num require	ed contribution for current year	adjusted to	valuation dat	te 19)c				284291
20	20 Quarterly contributions and liquidity shortfalls:												
	a Did th	e plan ha	ive a "funding shor	tfall" for the	e prior year?						X	Yes	No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current y	ear made in	a timely ma	inner?	······			Yes	X No
	c If line	20a is "Y	es," see instructior	ns and com	nplete the following table as a	applicable:							
					Liquidity shortfall as of end	of quarter o							
(1) 1st					(2) 2nd (3) 3rd				(4) 4th				

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Page 3

F	Part V	Assumpti	ons Used to Determ	ine Funding Target a	and Targ	et Normal Cost			
21	Discount	rate:							
	a Segm	ent rates:	1st segment: 4.16 %	2nd segment 5.72		3rd segment: 6.48 %		N/A, full yield curve used	
	b Applic	able month (er	nter code)				21b	2	
22	Weighted	d average retire	ement age				22	65	
23	Mortality	table(s) (see i	instructions) X F	Prescribed - combined	Presc	ribed - separate	Substitu	te	
Pa	art VI	Miscellane	ous Items						
24		0		ctuarial assumptions for the	•			<u> </u>	
25	Has a me	ethod change b	been made for the current	plan year? If "Yes," see ins	structions re	egarding required attach	nment	Yes X No	
26	Is the pla	an required to p	provide a Schedule of Activ	ve Participants? If "Yes," se	e instructio	ons regarding required a	attachment	Yes 🛛 No	
27			alternative funding rules, e	nter applicable code and se	ee instructio	ons regarding	27		
Ρ	art VII	Reconcilia	ation of Unpaid Mini	mum Required Cont	ribution	s For Prior Years			
28	Unpaid n	ninimum requir	red contributions for all pric	r years			28	0	
29				rd unpaid minimum require			29	0	
30	Remainir	ng amount of u	inpaid minimum required c	ontributions (line 28 minus	line 29)		30	0	
Pa	art VIII	Minimum	Required Contribut	ion For Current Year	•				
31	Target n	ormal cost and	d excess assets (see instru	ctions):					
	a Target	normal cost (lii	ne 6)				31a	81929	
	b Excess	s assets, if app	licable, but not greater tha	n line 31a			31b	0	
32	Amortiza	tion installmen	its:			Outstanding Bala	nce	Installment	
	a Net sh	ortfall amortiza	ation installment				96295	16754	
	b Waiver	r amortization i	installment				0	0	
33				enter the date of the ruling le) and the waived a			33		
34	Total fun	ding requireme	ent before reflecting carryo	ver/prefunding balances (lir	nes 31a - 3	1b + 32a + 32b - 33)	34	98683	
				Carryover balar	nce	Prefunding balar	nce	Total balance	
35			se to offset funding		0		0	0	
36	Additiona	al cash require	ment (line 34 minus line 35	5)			36	98683	
37			•	contribution for current yea	•	•	37	284291	
38	Present	value of excess	s contributions for current	/ear (see instructions)					
	a Total (e	excess, if any,	of line 37 over line 36)				38a	185608	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							0	
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						39	0	
40	40 Unpaid minimum required contributions for all years								
Ра	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41	41 If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedu	ule elected						2 plus 7 years 15 years	
_	b Elig ble	e plan year(s) f	for which the election in line	e 41a was made			200	08 2009 2010 2011	
42	Amount o	of acceleration	adjustment				42		

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN

Shortfall Amortization Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
01/01/2015	7-year	5	\$261	\$1,204
01/01/2016	7-year	6	\$7,464	\$40,108
01/01/2017	7-year	7	\$9,029	<u>\$54,983</u>
Total	-		\$16,754	\$96,295

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN Employer ID# 91-1762956: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	Period	<u>Adj Ctb</u>
09-13-2018	314,277.00	2017	6.08%	09-13-2018 to 01-01-2017	284,291.04
Totals:	314,277.00				284,291.04

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

а	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	284,291.04

Attachment to 2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 91-1762956 PN: 002

MATTHEW P. BERGMAN, P.S. CASH BALANCE PLAN

Weighted Average Retirement Age Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65