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 Annual Rep	ort identification information	<u>1</u>								
For calendar plan year 2017	or fiscal plan year beginning 01/01/2	2017		and ending 12	2/31/201	7				
A This return/report is for:	X a single-employer plan			n (not multiemployer) (ployer information in ac		_				
	a one-participant plan	a for	eign plan	•						
B This return/report is	the first return/report	the fi	nal return/report							
	an amended return/report	a sho	a short plan year return/report (less than 12 months)							
C Check box if filing under:	X Form 5558	auto	matic extension	extension DFVC program						
	special extension (enter desc	' /								
Part II Basic Plan	Information—enter all requested in	nformation								
1a Name of plan MY CUSTOM I.T. 401(K) PLA	N				р	hree-digit lan number PN) ▶	001			
					1c E	ffective date o	f plan 1/2013			
	mployer, if for a single-employer plan) e room, apt., suite no. and street, or P.C	O Boy)					fication Number			
•	ovince, country, and ZIP or foreign post	,	f foreign, see instru	uctions)	`		117243			
MY CUSTOM I.T., LLC					20 3	ponsor's telep 509-241				
					2d B	usiness code (see instructions)			
1421 N. MULLAN ROAD, SUI SPOKANE, WA 99206	TE A				541511					
3a Plan administrator's nan	ne and address 🛛 Same as Plan Spo	onsor.			3b Administrator's EIN					
					3c Administrator's telephone number					
							·			
4 If the name and/or FIN of	of the plan energy or the plan name h		ad ainea tha laat ra	turn/ranart filed for	4b ∈	INI				
this plan, enter the plan	of the plan sponsor or the plan name h sponsor's name, EIN, the plan name a									
a Sponsor's name					4d PN					
C Plan Name										
5a Total number of particip	eants at the beginning of the plan year.				5a		19			
b Total number of particip	ants at the end of the plan year				5b		19			
	with account balances as of the end of				5c		3			
d(1) Total number of activ	e participants at the beginning of the p	olan year			5d(1)	19			
d(2) Total number of activ	re participants at the end of the plan ye	ear			5d(2) 19					
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 retur	rn/report v	will be assessed ι	ınless reasonable cau						
	nd other penalties set forth in the instru ed and signed by an enrolled actuary, a complete.									
0.0	rized/valid electronic signature.	1	0/01/2018	CHARLES LANE OR I	ROBER	T BAILEY				
HERE Signature of pl	an administrator	1	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE Signature of er	mployer/plan sponsor	[Date	Enter name of individe	ual signi	ng as employe	er or plan sponsor			

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								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.)								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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								
	If "Yes" is checked, enter the My PAA confirmation number from the \ensuremath{If}	e PBGC p	remium filing for this pl	lan yea	r			(See instructions	s.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	nd of Year	
а	Total plan assets	7a		00994			• • •	143600	
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	10	00994				143600	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		20293					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	22313					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42606	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						42606	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 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.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			500000	
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?					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.)					X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
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					

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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 co (Form 5500) and line 11a below)			В	1	res No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co- ERISA?				× 1	res No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instraining the waiver.				of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 le negative amount)		12d			0
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	s X 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 brough control of the PBGC?	nt under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

art I Annual Report	Identification Information	01/01/2017	and ending	12/31/20	17
r calendar plan year 2017 or fis		a multiple-employer	nlan (not multiemployer) (Filers checking this	box must attach a
This return/report is for:	a single-employer plan	list of participating	employer information in ac	cordance with the	form instructions.)
illig iernitiviehour is iou.	a one-participant plan	a foreign plan			
This return/report is	the first return/report	the final return/repo			
	an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
Check box if filing under:	X Form 5558	automatic extension	n	DFVC program	!
	special extension (enter des	cription)			
art II Basic Plan Info	rmation—enter all requested i				
Name of plan				1b Three-digit plan number	1
Custom I.T. 401(k) Plan		•	(PN)	
Cubcom File			ę	1c Effective da	<u>-</u>
				01/01/20	
Tradition address (include rec	oyer, if for a single-employer plan om, apt., suite no. and street, or P	O. Box)	inetructions)	(EIN) 20-	
City or town, state or province	ce, country, and ZiP or foreign po	stat code (ii loreign, see		2c Sponsor's 509-241-	telephone number
y Cuscom L. L.	် မြောင်းသည်။ မြိန်းသည် မြို့သည်။ မြို့သည် မြောင်းသည် မြိန်းသို့ မြောင်းသည်။ မြိန်းသည် မြောင်းသည်။ မြောင်းသည်				ode (see instructions)
121 N. Mullan Road	, Suite A			541511	
	WA 99206				
ookane • Blan administrator's name a	and address X Same as Plan Sp	onsor.		3b Administra	or's EIN
a Fiall autilitionation a marine e	יות מפטיטטט בין				
					tor's telephone numbe
	The managed returning ort		etum/report (ess tran 12)		tor's telephone numbe
If the second on EINI of the	an amended return/report	has changed since the	ast return/report filed for		tor's telephone numbe
If the name and/or EIN of the this plan, enter the plan sp	I an amended return/report	has changed since the leand the plan number from	ast return/report filed for		tor's telephone numbe
If the second on EiNl of the	he plan sponsor or the plan name onsor's name, EIN, the plan name	has changed since the leand the plan number from	ast return/report filed for om the last return/report.	4b EIN	tor's telephone numbe
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If the name and/or EIN of the this plan, enter the plan spansor's name a Sponsor's name b Total number of participant c Number of participants with complete this item) d(1) Total number of active participants with the second participants with t	an animal and return/report the plan sponsor or the plan name consor's name, EIN, the plan name that the beginning of the plan year that at the end of the plan year that account balances as of the end consorticipants at the beginning of the participants at the end of the plan the terminated employment during the or incomplete filing of this recother penalties set forth in the instant signed by an enrolled actuar	has changed since the le and the plan number from the plan year (only de plan year with accruturn/report will be asset to the plan be also be a le declare that le accrutions le declare that le accrutions le declare that le	ast return/report filed for om the last return/report. fined contribution plans ed benefits that were less ssed unless reasonable of have examined this return/report.	4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is establish report, including, if ort, and to the bes	ed. applicable, a Schedul t of my knowledge and
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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)					X Yes	No
	Are you claiming a waiver of the annual examination and report of		· · · ·						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		_					X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann							Not dete	arminad
C	If the plan is a defined benefit plan, is it covered under the PBGC in					[_]		(See instru	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC k	nemum ming for this p	ian yea		· ·	·	(066 1113111	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End o	of Year	
а	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	100,	994		<u> </u>	1	43,600
b	Total plan liabilities	7b		·	0	ga ^{sk} s.			·····
С	Net plan assets (subtract line 7b from line 7a)	7c		100,	994	. :		1	43,600
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t 🦠 💠	8988		(b) To)tal	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		20,2	293				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		22,	313				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							42 , 606
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
	Administrative service providers (salaries, fees, commissions)								
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								0
	Net income (loss) (subtract line 8h from line 8c)					·			42,606
<u>-</u>	Transfers to (from) the plan (see instructions)								•
D.	t IV Plan Characteristics	<u> </u>							
******************	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instr	uctions:	· · ·
	2E 2F 2G 2J 2K 2T 3D								· · ·
b	If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	n Chara	cteris	tic Cod	les in the instru	ctions:	
Par	t V Compliance Questions	93 2		and the same	· · · · ·	7.2.2	The second secon	A SECTION OF SECTION	
1 O		in the second of	The second secon	S. F. Starter Commission of the Starter St.	Yes	No	Light than the series were substituted as A	mount	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	utions with	in the time period		,				
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary I	Fiduciary Correction			X			
<u>. </u>	Program)			10a		7 7 7			···
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?	er de la companya de	த் நட்டு இது இருந்து இருந்து இது இது இது இது இது இது இது இது இது இ	10c	X			. 5	00,000
· · · · · · · · · ·	Did the plan have a loss, whether or not reimbursed by the plan's			the state of the s	100 (100 (100 (100 (100 (100 (100 (100				
	by fraud or dishonesty?			10d		X			i kan managan di digangan di d
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son			esta esta esta esta esta esta esta esta		X	**************************************	· · · · · · · · · · · · · · · · · · ·	
	the plan? (See instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the plan	an?	A CONTROL OF THE PROPERTY OF T	10f	en ikalisa	X	e e e e e e e e e e e e e e e e e e e		· · · · · ·
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X	**************************************	5000163000000000000000000000000000000000	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	ructions and 29 CFR	10h		Χ	- Garless - Post adopti		
:., ::	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i	general conserva-	Company of the compan	and the second of the second o		
	and Aurent and Aurent (1 + Martin Community of the Commu					(Ar			