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)

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		t identification information					
For calend	ar plan year 2017 or f	fiscal plan year beginning 01/01/	2017	and ending 1	2/31/2017		
A This re	turn/report is for:	X a single-employer plan	olan (not multiemployer) (Filers checking this box must attach a mployer information in accordance with the form instructions.)				
		a one-participant plan	a foreign plan	, ,,,		,	
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program		
		special extension (enter desc	• •				
Part II	Basic Plan Info	ormation—enter all requested in	formation		T	1	
1a Name FISHER ME		ACTORS, INC 401(K) PROFIT SHA	ARING PLAN		1b Three-digit plan number (PN) ▶	001	
					1c Effective date		
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)			2b Employer Identification Number (EIN) 84-0886867				
	r town, state or provin CHANICAL CONTRA	ce, country, and ZIP or foreign pos CTORS, INC.	tal code (if foreign, see ins	tructions)	2c Sponsor's telephone number 970-356-8636		
3900 CARS(ON AVENUE				2d Business code (see instructions)		
EVANS, CO	80620				23	0220	
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrator	s EIN	
					3C Administrator	s telephone number	
 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. a Sponsor's name 			4b EIN 4d PN				
C Plan N							
5a Total number of participants at the beginning of the plan year				5a 14			
		s at the end of the plan year			5b	14	
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			5c 13				
d(1) Total number of active participants at the beginning of the plan year			5d(1)				
d(2) Total number of active participants at the end of the plan year			5d(2)	9			
than	100% vested	o terminated employment during th			5e	0	
		or incomplete filing of this retur				diooble o Calaadula	
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.					
SIGN	Filed with authorized	d/valid electronic signature.	08/15/2018	RON BERNHARDT			
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	08/15/2018	RON BERNHARDT	ARDT		

Date

HERE

Enter name of individual signing as employer or plan sponsor

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Fo C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets	rm 5500. Yes No Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Yes No Not determined . (See instructions.) (b) End of Year 452421
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(b) End of Year 452421
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 367035 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 367035	(b) End of Year 452421 452421
7Plan Assets and Liabilities(a) Beginning of YearaTotal plan assets7a367035bTotal plan liabilities7b0cNet plan assets (subtract line 7b from line 7a)7c367035	452421 452421
a Total plan assets7a367035b Total plan liabilities7b0c Net plan assets (subtract line 7b from line 7a)7c367035	452421 452421
b Total plan liabilities	452421
C Net plan assets (subtract line 7b from line 7a)	
X Income Expanded and Iraneters for this Dian Year I I (a) Amount	(b) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:	
(1) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	86720
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 1334	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1334
i Net income (loss) (subtract line 8h from line 8c)	85386
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 2E 3D 2G 2J 2K 2F 2T	Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic C	odes in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes N	O Amount
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)	+
reported on line 10a.)	
C Was the plan covered by a fidelity bond?	60000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	994
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	1476
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X 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 Code or section ERISA?	n 302 o	f 	Y	′es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar 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						
C Enter the amount contributed by the employer to the plan for this plan year						
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)						
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	3a Has a resolution to terminate the plan been adopted in any plan year?			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 brought under the control of the PBGC?			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				
13c(1) Name of plan(s): 13c(2)) EIN(s)		13c(3) PN(s)	