Foi	rm 5500-SF	Short Form Annu	•	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	1065 of the Employee R	etirement	2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a		tructions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information							
For calend	ar plan year 2017 or fisc				2/31/2017 Filora abaal	ving this hav must attach a			
A This ret	turn/report is for:	X a single-employer plan		mployer information in ac		king this box must attach a vith the form instructions.)			
<b>B</b> This rot	urn/report is	a one-participant plan							
		× the first return/report	the final return/report						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descr	ription)						
Part II	Basic Plan Infor	mation—enter all requested inf	formation						
1a Name	•				1b Three	3			
DOCTOR D	ANIELLE DEFINED BEI	NEFIT PLAN			pian (PN)	number 001			
					, ,	tive date of plan			
						01/01/2017			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)		2b Empl (EIN)	oyer Identification Number 46-3080103			
City or		, country, and ZIP or foreign post		structions)	<b>2c</b> Sponsor's telephone number 206-214-6432				
					2d Busin	ness code (see instructions)			
PO BOX 721						446190			
MANSON, W	VA 98831								
<b>3a</b> Plan a	dministrator's name and	d address X Same as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha			4b EIN				
•	sor's name	sor's name, EIN, the plan name a		the last return/report.	4d PN				
C Plan N	lame								
5a Total	number of participants a	at the beginning of the plan year			5a	2			
<b>b</b> Total	number of participants a	at the end of the plan year			5b	2			
	· ·	ccount balances as of the end of		•	5c				
<b>d(1)</b> Tot	al number of active part	icipants at the beginning of the pl	an year		5d(1)	2			
<b>d(2)</b> Tot	al number of active part	ticipants at the end of the plan yea	ar		5d(2)	2			
		erminated employment during the			5e	0			
than Caution: A	A penalty for the late o	r incomplete filing of this return	n/report will be assesse	d unless reasonable cau		blished.			
Under pen SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and compl	alid electronic signature.	10/08/2018	SAMUEL KEELER					
HERE			Date		ual signing	as nlan administrator			
SIGN	Signature of plan ad	aninistrator /alid electronic signature.	10/08/2018	Enter name of individe	uai siyilliyi	as pian aunimistratur			
SIGN HERE					ual signing	as amployor or plan approx			
For Paperw	Signature of employ	ver/plan sponsor	Date D-SF		uai signing :	as employer or plan sponsor Form 5500-SF (2017)			

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	Were all of the plan's assets during the plan year invested in eligib							X Yes	No
D	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
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must	t instea	d use	Form	5500.	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not detern	nined
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC p	premium filing for this pl	lan year				. (See instructi	ons.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
а	Total plan assets	7a	(ii) = • <b>jj</b> ·	0			(.,	154309	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				154309	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		54309					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						154309	
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						154309	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $1A = 3D$	feature co	odes from the List of Pla	an Char	acteris	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instru	ictions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	A	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)	•		10a		Х			
b	Were there any nonexempt transactions with any party-in-interest								
	reported on line 10a.)			10b		Х			
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 by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			

10h

10i

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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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	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 o	f		Yes	X No
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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the		] [	Yes	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):	13c(2)	EIN(s)		13c(	3) PN	(s)

	SCH		Single-Em	plover	Defined	d Ben	efit Plan			OMB N	lo. 1210-0110	
	_	orm 5500)			I Inform					2	2017	
		tment of the Treasury nal Revenue Service	<b>-</b>							2	.017	
		partment of Labor nefits Security Administration	This schedule is requ Retirement Income Se	ecurity Act	of 1974 (ERI	SA) and s			This	Form i	s Open to P	ublic
		nefit Guaranty Corporation			nue Code (the	,				Ins	pection	
F	or calendar	olan year 2017 or fiscal pla		01/2017	ent to Form	5500 or :	and ending	1 12/3	1/2017			
		amounts to nearest dol		0.,20				,/0				
	Caution:	A penalty of \$1,000 will be	assessed for late filing of t	his report u	inless reason	able caus	se is established					
A	Name of pla						B Three-dig					
	DUCTORI	DANIELLE DEFINED BEN					plan num	ber (PN)	)	<u> </u>	001	
С			e 2a of Form 5500 or 5500	)-SF			D Employer	dentifica	ation Nu	mber (E	IN)	
	DOCTORI	DANIELLE LLC						46-308	0103			
Е	Type of plar	: 🗙 Single 🗌 Multiple-	A Multiple-B	F	Prior year pla	an size: 🗙	100 or fewer	101-	500	More th	an 500	
		Basic Information			. ,							
1		e valuation date:	Month 12 Da	y_ <u>31</u>	Year 20	17						
2	Assets:			,								
	<b>a</b> Marke	value						2a				0
	<b>b</b> Actuar	ial value						2b				0
3	Funding	target/participant count bro	eakdown				Number of rticipants	. ,	sted Fun Target	nding	(3) Total F Targe	-
	<b>a</b> For ret	ired participants and bene	ficiaries receiving payment	t			0		<u> </u>	0		0
	<b>b</b> For te	minated vested participan	ts				0			0		0
	<b>C</b> For ac	tive participants					2			0		0
	<b>d</b> Total						2			0		0
4	If the pla	n is in at-risk status, check	the box and complete line	es (a) and (b	b)		]					
	<b>a</b> Fundir	ng target disregarding pres	cribed at-risk assumptions					<b>4a</b>				
			ssumptions, but disregardi consecutive years and disre					4b				
5												6.48%
6								6			7	75103
St	To the best of accordance w		plied in this schedule and accompa n my opinion, each other assumptio d experience under the plan.									
	SIGN HERE								07/	/06/201	8	
		S	ignature of actuary						C	Date		
	R. SCOTT H	ARRISON, FSPA, APA							17	7-02175	5	
			or print name of actuary					Most r			nt number	
	THE RAYM	OND COMPANY								-289-34		
	4545 E. SO MESA, AZ 8	JTHERN AVE., SUITE 108 5206	Firm name 8				Ter	epnone	numper	(inclua	ing area code	9)
			Address of the firm				-					
	he actuary ha	as not fully reflected any re	egulation or ruling promulga	ated under	the statute in	completi	ng this schedule	, check	the box	and see	9	
		rk Reduction Act Notice,	see the Instructions for F	Form 5500	or 5500-SF.				Sche	edule S	B (Form 550 v.	0) 2017 170203

P	art II	Begir	ning of Year	Carryov	er and Prefunding Bal	lances							
_							<b>(a)</b> Ca	arryover balance		<b>(b)</b> P	refundir	ng bala	nce
7		0	0 1 7		able adjustments (line 13 from			C					0
8				,	nding requirement (line 35 fro			C					0
9	Amount	remaining	(line 7 minus line	8)				C					0
10	Interest	on line 9 (	using prior year's a	actual retu	rn of%			C					0
11	Prior yea	ar's exces	s contributions to I	be added t	to prefunding balance:								
	<b>a</b> Prese	nt value o	f excess contributi	ons (line 3	38a from prior year)								0
					a over line 38b from prior year interest rate of%								0
	• •		•		edule SB, using prior year's ac								0
					ar to add to prefunding balance								0
	<b>d</b> Portio	n of (c) to	be added to prefu	Inding bala	ance								
40													0
					or deemed elections								0
					line 10 + line 11d – line 12)			(					0
L	Part III		ding Percenta	-						r			
										<u></u>	14		00.00%
<ul><li>15 Adjusted funding target attainment percentage</li></ul>						15	20	03.61%					
10	16 Prior year's funding percentage year's funding requirement		• • • •	•	• •	•	-	•			16		<mark>0.00</mark> %
17	If the cu	rrent valu	e of the assets of t	he plan is	less than 70 percent of the fu	inding target	, enter suc	h percentage			17		%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contribu	tions mad	le to the plan for th	ne plan ye	ar by employer(s) and employ	/ees:							
()	<b>(a)</b> Dat MM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)		<b>(b)</b> Amount pa employer(		(C	Amoui ( emplo	•	by
0	2/14/201	8		118000	0								
C	3/19/201	8		36309	0								
										_			
							19(b)		45400	19(0)	T		
10	Discours	ا معدما م		a a a lia atau		Totals ►	18(b)	heading in a state of	15430	9 18(c)	<u> </u>		0
19					uctions for small plan with a v			<u>-</u>	ear: I9a				
					num required contributions fro				19a 19b				0
					usted to valuation date				190 19c			45	0
20			tions and liquidity		red contribution for current yea		valualion da	ລເບັ	190			15	2923
20					e prior vear?				L			Yes	X No
	<ul><li>a Did the plan have a "funding shortfall" for the prior year?</li><li>b If line 20a is "Yes," were required quarterly installments for the current year</li></ul>										······ []	Yes	No
	C If line	20a is "Y	es," see instructior	ns and con	nplete the following table as a	applicable:			Γ				_
					Liquidity shortfall as of end		this plan y	rear					
		(1) 1s <sup>-</sup>	t		(2) 2nd		(3) 3	Brd		(	(4) 4th		

Page 3

P	art V	Assumpti	ons Used to Determine	Funding Target and Ta	arget Normal Cost						
21	Discount	rate:									
	<b>a</b> Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, ful	yield cu	rve use	d
	<b>b</b> Applica	able month (er	nter code)			211	)		0		
22	Weighteo	d average retire	ement age			22			62		
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pr	escribed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items								
24		-	•	arial assumptions for the curren					·	es X I	No
25	Has a me	ethod change b	been made for the current plar	year? If "Yes," see instruction	s regarding required attach	nment.			Y	es 🗙 I	No
26	Is the pla	in required to p	provide a Schedule of Active P	articipants? If "Yes," see instru	ctions regarding required a	attachn	nent		Ye	es 🗙 I	No
27	•		0	applicable code and see instru	0 0	27					
P	art VII	Reconcilia	ation of Unpaid Minimu	Im Required Contribution	ons For Prior Years						
28	Unpaid m	ninimum requir	red contributions for all prior ye	ars		28				0	
29				Inpaid minimum required contri		29				0	
30	Remainir	ng amount of u	inpaid minimum required contr	ibutions (line 28 minus line 29)		30				0	
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Target n	ormal cost and	d excess assets (see instructio	ns):							
	a Target	normal cost (lii	ne 6)			31a	a			75103	
	<b>b</b> Excess	s assets, if app	licable, but not greater than lir	e 31a		31k	)			0	
32	Amortiza	tion installmen	its:		Outstanding Bala	ince		In	stallmen	t	
	a Net she	ortfall amortiza	tion installment			C	)			0	
	<b>b</b> Waiver	r amortization i	installment			C	)			0	
33				r the date of the ruling letter gra ) and the waived amount .	0 11	33					
34	Total fun	ding requireme	ent before reflecting carryover/	prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				75103	
				Carryover balance	Prefunding balar	nce		Tot	al balanc	ce	
35			e to offset funding								
36	Additiona	al cash require	ment (line 34 minus line 35)			36				75103	
37				tribution for current year adjust	,	37				152923	
38	Present v	value of excess	s contributions for current year	(see instructions)							
	<b>a</b> Total (e	excess, if any,	of line 37 over line 36)			38a	a			77820	
	<b>b</b> Portion	n included in lin	ne 38a attributable to use of pr	efunding and funding standard	carryover balances	38k	)			0	
39	Unpaid m	ninimum requir	ed contribution for current yea	r (excess, if any, of line 36 ove	<sup>.</sup> line 37)	39				0	
40	Unpaid m	ninimum requir	ed contributions for all years			40				0	
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 20	10 (See Instructions	5)					
41	If an elec	tion was made	to use PRA 2010 funding relie	ef for this plan:							
	a Schedu	ule elected					2	plus 7 yeai	s 1	5 years	
	<b>b</b> Eligible	e plan year(s) f	or which the election in line 41	a was made			2008	2009	2010	2011	
42	Amount c	of acceleration	adjustment			42		_			
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43					

	Form 5500-SF	Short Form Annua	al Return/Report of Small Employ Benefit Plan	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to I	be filed under sections 104 and 4065 of the Employe	е		2017
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	the	Act of 1974 (ERISA), and section 6057(b) and 6058 Internal Revenue Code (the Code).			is Open to Public
	- ,		accordance with the instructions to the Form 550	0-SF.		
1000	art I Annual Report Ic calendar plan year 2017 or fisca	lentification Informatio	n 01/01/2017 and ending	1	2/31/2017	
A B	This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	<ul> <li>a multiple-employer plan (not multiemployer) (</li></ul>	Filers	checking this bo ance with the for	m instructions.)
С	Check box if filing under:		automatic extension		DFVC progra	im
		special extension (enter desc				······································
-		mation enter all requested	d information	<b>.</b>		T
1a	Name of plan Doctor Danielle Defi	ned Benefit Plan		1b	Three-digit plan number (PN) ►	001
				1c	Effective date of 01/01/2017	•
2a		apt., suite no. and street, or P.	.O. Box) stal code (if foreign, see instructions)	2b	Employer Ident (EIN) 46-30	ification Number 80103
	Doctor Danielle LLC		· · · · · · · ( · · · · · · · · · · · ·	2c	Sponsor's telep (206) 214-	
	PO Box 721			2d	Business code 446190	(see instructions)
3a	US Manson WA 98831 Plan administrator's name and	address X Same as Plan Sr	Donsor	3h	Administrator's	FIN
				0.5	Administrator 5	
				3c	Administrator's	telephone number
4	If the name and/or EIN of the p this plan, enter the plan sponso	lan sponsor or the plan name h or's name, EIN, the plan name a	has changed since the last return/report filed for and the plan number from the last return/report.	4b	EIN	······································
a C	Sponsor's name Plan Name			4d	PN	
				58		2
b C	Number of participants with acc	count balances as of the end of	the plan year (only defined contribution plans	51 50		2
d(	complete this item) 1) Total number of active partici		an year	5d(		2
	2) Total number of active partici			5d(		2
e	Number of participants who ter	minated employment during the	e plan year with accrued benefits that were	5		0
Ca	ution: A penalty for the late or	incomplete filing of this retu	rn/report will be assessed unless reasonable cau	se is	established.	
Un	der penalties of perjury and othe	r penalties set forth in the instru	uctions, I declare that I have examined this return/rep as well as the electronic version of this return/report	oort, in	cluding, if applic	able, a Schedule knowledge and

belief, it is true, correct, and complete. 10-8-18 Samuel Keeler Enter name of individual signing as plan administrator Signature of plan administrator Date

SUSN	10-8-18	Samuel Keeler
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Papanyork Poduction Act Nation and the instructions for F		

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

SIGN HERE

Form 5500-SF (2017) v.170203

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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	XYes No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	No Not 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	0	154,309
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	154,309
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	154,309	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		154,309
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		154,309
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 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				

Page **3 -**

Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		nedule S	8B	x	Yes [	No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				0
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the 0 ? 		on 302 c	of		Yes [	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		lling
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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the re 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		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	-			Yes	X N	0
С	,	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.)	tify the plan(s	) to				
1:	<b>3c(1)</b> Na	ame of plan(s):	<b>13c(2)</b> El	N(s)		13	c <b>(3)</b> PN	l(s)

## DOCTOR DANIELLE DEFINED BENEFIT PLAN

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

Plan Effective Date	January 1, 2017					
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 or July 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 for benefit on the later of the following:	all retirement				
	Attainment of age 62 Completion of 5 years of participation from	entry date				
Normal Retirement Benefit	Upon normal retirement each participant will be benefit payable in the normal form equal to the					
	10% of average compensation per credited maximum of 10 years. Credited years are pl first day of the plan year containing date of years with less than 1,000 hours.	an years from the				
	The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.					
	The benefit is based on average salary during th consecutive years of service from date of hire.	e highest 3				
Normal Form of Benefit	A benefit payable for the life of the participant					
Accrued Benefit	The normal retirement benefit described above on salary and/or service on the calculation date, the normal retirement date.					
	Credited years are plan years from the first day containing date of entry excluding the following	of the plan year g:				
	Years with less than 1,000 hours					
Termination Benefit	Upon termination for any reason other than deat a participant shall be entitled to a portion of the equivalent of his accrued benefit in accordance following vesting schedule:	actuarial				
	<u>Credited Years</u>	<u>Vested Percent</u> 0				
	2 3	0 100				

### DOCTOR DANIELLE DEFINED BENEFIT PLAN

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

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum accrued benefit equal to the following:					
	2% of average compensation times credited 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 highest 5 consecutive years of employment					
Top-Heavy Normal Form	A benefit payable for the life of the participant					
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.					
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death					

SCHEDULE SB Single-Employer Defined Benefit Plan							OMB No. 1210-0110			
(Form 5500) Department of the Treasury		Actuarial Information						2017		
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement Income	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).						is Open to Public spection		
Pension Benefit Guaranty Corporation	File as	an attac	hment to Form	5500 or	5500-SF.					
For calendar plan year 2017 or fisca	I plan year beginning (	01/01/201	17		and ending	g 12/3	31/2017			
Round off amounts to nearest	dollar.						1.1			
Caution: A penalty of \$1,000 wil	be assessed for late filing of	f this repo	ort unless reaso	nable cau	se is established	1.				
A Name of plan					B Three-dig	git		001		
DOCTOR DANIELLE DEFINED BENEFIT PLAN						ber (PN)	•			
C Plan sponsor's name as shown or	line 2a of Form FEOD or FEO	00 SE		-	D Employer	Idontifico	tion Number (	EINI)		
DOCTOR DANIELLE LLC	The 2a of Form 5500 of 550	JU-3F			46-3080103	identifica	tion Number (	EIN)		
E Type of plan: X Single Mult	iple-A 🗍 Multiple-B	1	F Prior year pl	an size: 🔽	100 or fewer	□ 101-5		han 500		
		and the second	i i iloi you pi					harrooo		
Part I Basic Informatio		21	Year 2	117			×.			
Enter the valuation date:     Assets:	Month 12 D	Day 31	Year 2	<u> </u>						
2 Assets: a Market value						2a				
				•••••		2b				
b Actuarial value				(1) [	Number of		ted Funding	(3) Total Funding		
3 Funding target/participant coun				pa	rticipants		arget	Target		
a For retired participants and b					0		0			
<b>b</b> For terminated vested partici	pants				0		0			
C For active participants					2		0			
d Total					2	1.0000	0	×		
4 If the plan is in at-risk status, cl	neck the box and complete lin	nes (a) ar	nd (b)	[	]					
a Funding target disregarding	prescribed at-risk assumption	ns				4a				
b Funding target reflecting at-ri at-risk status for fewer than f						4b				
5 Effective interest rate						5		6.48 %		
6 Target normal cost						6		7510		
Statement by Enrolled Actuary To the best of my knowledge, the informatio accordance with applicable law and regulati combination, offer my best estimate of antic	ons. In my opinion, each other assump	panying sch otion is reaso	edules, statements a onable (taking into ac	nd attachmer count the exp	nts, if any, is complete perience of the plan a	e and accura nd reasonab	ite. Each prescribe le expectations) a	ed assumption was applied in nd such other assumptions, in		
SIGN HERE	RSH						07/06/201	8		
	Signature of actuary						Date			
R.	Scott Harrison, FSPA, APa						17-02175	j.		
Ту	pe or print name of actuary					Most re	ecent enrollme	ent number		
15	The Raymond Company						(480) 289-34	174		
4545	Firm name E. Southern Ave., Suite 108	3			Те	lephone	number (inclu	ding area code)		
	Mesa, AZ 85206 Address of the firm			n den la la						
f the actuary has not fully reflected ar	v regulation or ruling promul	lasted un	der the statute i	n complet	ing this schedule	e, check t	he box and se	e 🗌		
nstructions	.) regelenen er reinig pretriet	iguica un		NATION STOCKED STOCKED						

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	Balan	ices							
								<b>(a)</b> C	arryover balanc	е	(b)	Prefundi	ng balance	
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0			0			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0		
9	9 Amount remaining (line 7 minus line 8)									0			0	
10	Interest	on line 9 ı	using prior year's a	actual retur	n of0.00 %					0			0	
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:									
	<b>a</b> Present value of excess contributions (line 38a from prior year)												0	
b(					r line 38b from prior year interest rate of0.00	<u>%</u>							0	
	• •			•	dule SB, using prior year's									
					r to add to prefunding balan								0	
			0 0										0	
	<b>d</b> Portio	n of (c) to	be added to prefu	inding bala	Ince								0	
12	Other re	ductions i	n balances due to	elections of	or deemed elections					0			0	
13	Balance	at beginn	ing of current yea	r (line 9 + li	ine 10 + line 11d – line 12)					0			0	
F	Part III	Fun	ding Percenta	iges										
14	Funding	target att	ainment percenta	ge								14	100.00 %	
												15	203.61 %	
	Prior yea	ar's fundir	g percentage for	ourposes o	f determining whether carr	yover	r/prefundin	g balance	s may be used	to redu	uce current	16	0.00 %	
17	If the cu	rrent value	e of the assets of	he plan is	less than 70 percent of the	fundi	ing target,	enter suc	h percentage			17	%	
P	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18					ar by employer(s) and emp	loyee								
(1	<b>(a)</b> Dat MM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(	<b>(a)</b> Dat (MM-DD-Y)		(b) Amount employe		у (	(c) Amount paid by employees		
<u> </u>	)2-14-201	,		118000		Ì		,					,	
(	03-19-201	8		36309										
				·		То	otals ►	18(b)		1543	309 <b>18(c)</b>		0	
19	Discour	nted empl	oyer contributions	– see instr	uctions for small plan with	a valu	uation date	e after the	beginning of th	e year	:			
<b>a</b> Co	ntribution	s allocate	d toward unpaid m	ninimum ree	quired contributions from p	orior ye	ears			19a	1		0	
<b>b</b> C	ontributio	ns made t	to avoid restriction	s adjusted	to valuation date					19b			0	
С	Contrib	utions allo	cated toward minin	num require	ed contribution for current ye	ar adj	justed to va	luation da	te	19c			152923	
20	Quarter	y contribu	tions and liquidity	shortfalls:										
	<b>a</b> Did th	e plan ha	ve a "funding sho	tfall" for the	e prior year?								Yes 🗙 No	
	<b>b</b> If line	20a is "Y	es," were required	quarterly i	nstallments for the current	year	made in a	timely ma	anner?			<u> </u>	Yes No	
	C If line	20a is "Ye	es," see instruction	ns and com	plete the following table as									
		(1) 1st	F		Liquidity shortfall as of er (2) 2nd	nd of o	quarter of t		vear 3rd			(1) 1+L		
						(4) 4th	I							

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Page 3

P	Part V	Assumpti	ions Used to Determin	e Funding Target a	nd Targ	et Normal Cost								
21	Discount	rate:												
	<b>a</b> Segm	ent rates:	1st segment: 4.16 %	2nd segment: 5.72 %		3rd segment: 6.48 %			N/A, full yield curve used					
	<b>b</b> Applic	able month (er	nter code)				21	b	0					
22	Weightee	d average retire	ement age				22	2	62					
23	Mortality	table(s) (see	instructions) X Pre	scribed - combined	Presc	ribed - separate	Sub	ostitute						
Pa	art VI	Miscellane	ous Items											
24		-	ade in the non-prescribed act			-				· _	Yes	X No		
25	Has a me	ethod change l	been made for the current pla	an year? If "Yes," see instr	ructions re	egarding required attach	nment				Yes	X No		
26			provide a Schedule of Active				attach	ment		·····	Yes	X No		
27			alternative funding rules, ent		e instructio	ons regarding	27	7						
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contr	ibution	s For Prior Years	T							
28	Unpaid n	ninimum requir	red contributions for all prior	/ears			28	3				0		
29			ontributions allocated toward				29	•				0		
30	Remainir	ng amount of u	inpaid minimum required con	tributions (line 28 minus lir	ne 29)		30	)				0		
Pa	art VIII	Minimum	<b>Required Contributio</b>	n For Current Year										
31	Target n	ormal cost and	d excess assets (see instructi	ions):										
	<b>a</b> Target	normal cost (li	ne 6)				31	а				75103		
	<b>b</b> Excess	s assets, if app	licable, but not greater than l	ine 31a			31	b				0		
32	Amortiza	tion installmen	nts:			Outstanding Bala	ince		Ir	nstallme	ent			
	a Net sh	ortfall amortiza	ation installment					0				0		
	<b>b</b> Waive	r amortization i	installment					0				0		
33			pproved for this plan year, en ay Year				33	3						
34	Total fun	ding requireme	ent before reflecting carryove	r/prefunding balances (line	es 31a - 3 <sup>-</sup>	1b + 32a + 32b - 33)	34	1				75103		
				Carryover balance	e	Prefunding balar	nce		То	tal bala	nce			
35			se to offset funding		0			0				0		
36	Additiona	al cash require	ment (line 34 minus line 35).				36	6				75103		
37	Contribu	tions allocated	toward minimum required co	ontribution for current year	adjusted t	o valuation date (line	37	7				152923		
38	Present	value of exces	s contributions for current yea	ar (see instructions)										
	<b>a</b> Total (	excess, if any,	of line 37 over line 36)				38	а				77820		
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38					0		
39	Unpaid n	ninimum requir	red contribution for current ye	ear (excess, if any, of line 3	36 over lin	e 37)	39	•				0		
40	Unpaid n	ninimum requir	red contributions for all years				40	)				0		
Ра	rt IX	Pension	Funding Relief Under	Pension Relief Act	of 2010	(See Instructions	5)							
41	If an elec	tion was made	e to use PRA 2010 funding re	lief for this plan:										
	a Schedu	ule elected						2	2 plus 7 yea	rs	15 ye	ears		
	<b>b</b> Elig ble	e plan year(s) f	for which the election in line 4	1a was made				2008	2009	2010	) 2	011		
42	Amount of	of acceleration	adjustment				42	2						
43	Excess ir	stallment acce	eleration amount to be carried	d over to future plan years			43	3						

## DOCTOR DANIELLE DEFINED BENEFIT PLAN

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

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>			
Interest Rates	Seg 1: 4.16% 1.79%	Seg 1: 2.04%	Pre-Retirement: 5.00%			
	Seg 2: 5.72% 3.70%	Seg 2: 4.03%	Post-Retirement: 5.00%			
	Seg 3: 6.48% 4.56%	Seg 3: 4.82%				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 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 Interest Rate		6.48%				
Actuarial Cost Method		The Unit Credit funding method prescribed by the Pension Protect method sets the funding target ev- value of accrued benefits, and see equal to the present value of the the current year.	ction Act. This qual to the present ets the normal cost			

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.

# DOCTOR DANIELLE DEFINED BENEFIT PLAN Employer ID# 46-3080103: Plan No. 001

Quarterly Installment Payment: \$0.00

#### Schedule SB, line 19 - Discounted Employer Contributions

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

<u>Date</u> 02-14-2018	<u>Amount</u> 118,000.00	<u>Year</u> 2017	<u><b>Rate</b></u> 6.48%	Period 02-14-2018 to 12-31-2017	<u>Adj Ctb</u> 117,107.16
03-19-2018	36,309.00	2017	6.48%	03-19-2018 to 12-31-2017	35,815.99
Totals:	154,309.00				152,923.15

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

a	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	152,923.15

Attachment to 2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 46-3080103 PN: 001

# DOCTOR DANIELLE DEFINED BENEFIT PLAN

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

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 62 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 62