### Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service

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

Short Form Annual Return/Report of Small Employee

Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF 2017

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number PARAMOUNT PAINTING, INC. DEFINED BENEFIT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 99-0316984 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number PARAMOUNT PAINTING, INC. 808-325-1768 2d Business code (see instructions) P.O. BOX 2049 P.O. BOX 2049 238300 SAND POINT, ID 83864-0906 SAND POINT, ID 83864-0906 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 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 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year ...... 5<sub>b</sub> **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year ..... Number of participants who terminated employment during the plan year with accrued benefits that were less Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

10/01/2018

Date

Date

JOHN C. STEFANEY

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Filed with authorized/valid electronic signature

Signature of plan administrator

SIGN **HERE** 

**SIGN HERE**  Form 5500-SF 2017 Page **2** 

| _        | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of a<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | an indeper<br>and condit | ndent qualified public a | ccount   | ant (IC  | PA)     |              | _           |                              |
|----------|---|--------------------------|--------------------------|----------|----------|---------|--------------|-------------|------------------------------|
| С        | If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th           | surance p                | rogram (see ERISA se     | ection 4 | 021)?    | X       | Yes I        |             | ot determined instructions.) |
| Pai      | t III Financial Information   | 1                        |                          |          |          |         |              |             |                              |
| 7        | Plan Assets and Liabilities   |                          | (a) Beginning o          | of Year  |          |         | (b) l        | End of Yea  | ar                           |
| <u>a</u> | Total plan assets   | 7a                       | 42                       | 24071    |          |         |              | 554         | 4878                         |
| b        | Total plan liabilities  | 7b                       |                          |          |          |         |              |             |                              |
| <u> </u> | Net plan assets (subtract line 7b from line 7a)   | 7c                       | 42                       | 24071    |          |         |              | 554         | 4878                         |
|          | Income, Expenses, and Transfers for this Plan Year  |                          | (a) Amoun                | t        |          |         |              | (b) Total   |                              |
| a        | Contributions received or receivable from:  (1) Employers   | 8a(1)                    | 10                       | 00000    |          |         |              |             |                              |
|          | (2) Participants  | 8a(2)                    |                          |          |          |         |              |             |                              |
|          | (3) Others (including rollovers)  | 8a(3)                    |                          |          |          |         |              |             |                              |
| <u>b</u> | Other income (loss)   | 8b                       | 4                        | 44661    | _        |         |              |             |                              |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                       |                          |          |          |         |              | 144         | 4661                         |
|          | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d                       |                          | 9067     |          |         |              |             |                              |
| е        | Certain deemed and/or corrective distributions (see instructions)   | 8e                       |                          |          |          |         |              |             |                              |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f                       |                          | 4787     |          |         |              |             |                              |
| g        | Other expenses  | 8g                       |                          |          |          |         |              |             |                              |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                       |                          |          |          |         |              | 1;          | 3854                         |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)   | 8i                       |                          |          |          |         |              | 130         | 0807                         |
| j_       | Transfers to (from) the plan (see instructions)   | 8j                       |                          |          |          |         |              |             |                              |
| Par      | t IV Plan Characteristics   |                          |                          |          |          |         |              |             |                              |
| 9a       | If the plan provides pension benefits, enter the applicable pension 1A 3D   | feature co               | des from the List of Pla | an Cha   | racteri  | stic Co | des in the   | instruction | ns:                          |
| b        | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod               | es from the List of Plar | n Chara  | acterist | tic Cod | les in the i | nstructions | :                            |
| Par      | t V Compliance Questions  |                          |                          |          |          |         |              |             |                              |
| 10       | During the plan year:   |                          |                          |          | Yes      | No      |              | Amoui       | nt                           |
| 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.)   | ? (Do not i              | include transactions     | 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 by fraud or dishonesty?   |                          |                          | 10d      |          | X       |              |             |                              |
| е        | 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      |          | X       |              |             |                              |
| f        | Has the plan failed to provide any benefit when due under the pla   | n?                       |                          | 10f      |          | X       |              |             |                              |
| g        |   | -                        |                          | 10g      |          | X       |              |             |                              |
| h        | If this is an individual account plan, was there a blackout period? 2520.101-3.)  |                          |                          | 10h      |          | X       |              |             |                              |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10   |                          |                          | 10i      |          |         |              |             |                              |

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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<br>(Form 5500) and line 11a below)  |                  | В   | X                     | es No   |
| 11a    | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   | . 11a            |     |                       | 0       |
| 12     | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?   |                  |     | Y                     | es X No |
|        | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                  |     |                       |         |
| а      | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver  | d enter t<br>Day |     | of the letter<br>Year | ruling  |
| lf y   | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |                  |     |                       |         |
| b      | Enter the minimum required contribution for this plan year   | 12b              |     |                       |         |
| С      | Enter the amount contributed by the employer to the plan for this plan year  | 12c              |     |                       |         |
| d      | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  | 12d              |     |                       |         |
| е      | Will the minimum funding amount reported on line 12d be met by the funding deadline?   | $\Box$           | 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 No                | )       |
|        | 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 X                 | No      |
| С      | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) | ) to             |     |                       |         |
| 1      | <b>3c(1)</b> Name of plan(s): 13c(2  | <b>)</b> EIN(s)  | •   | 13c(3)                | PN(s)   |
|        |  |                  |     |                       |         |

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

This schedule is required to be filed under section 104 of the Employee

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

|      |                  |   | File as an   | attachment to Form              | 5500 or      | 5500-SF.              |            |                     |                              |
|------|------------------|---|--|---------------------------------|--------------|-----------------------|------------|---------------------|------------------------------|
| Fo   | r calendar p     | olan year 2017 or fiscal plar                   | n year beginning 01/01   | 1/2017                          |              | and endin             | g 12/3     | 31/2017             |                              |
| •    | Round off        | amounts to nearest dolla                        | ar.  |                                 |              |                       |            |                     |                              |
| •    | Caution: A       | A penalty of \$1,000 will be a                  | assessed for late filing of this   | s report unless reasor          | nable cau    | se is establishe      | d.         |                     |                              |
|      | Name of pla      |   |  |                                 |              | B Three-dig           | git        |                     |                              |
|      | PARAMOU          | NT PAINTING, INC. DEFIN                         | NED BENEFIT PLAN   |                                 |              | plan num              | ber (PN    | ) <b>•</b>          | 001                          |
|      |                  |   |  |                                 |              |                       |            |                     |                              |
| _    |                  |   |  |                                 |              | <b>D</b>              |            |                     |                              |
|      |                  | or's name as shown on line<br>NT PAINTING, INC. | e 2a of Form 5500 or 5500-S  | SF                              |              | <b>D</b> Employer     |            | ation Number (E     | EIN)                         |
|      | PARAMOU          | NI PAINTING, INC.                               |  |                                 |              |                       | 99-031     | 16984               |                              |
| _    |                  |   |  | F                               |              | 1                     | П          |                     |                              |
| _    | Type of plan     | : X Single Multiple-A                           | A Multiple-B   | F Prior year pla                | an sıze: X   | 100 or fewer          | 101-       | 500 More th         | an 500                       |
| F    | Part I           | Basic Information                               |  |                                 |              |                       |            |                     |                              |
| 1    | Enter the        | valuation date:                                 | Month 12 Day   | 31 Year 20                      | )17          |                       |            |                     |                              |
| 2    | Assets:          |   |  |                                 |              |                       |            |                     |                              |
|      | <b>a</b> Market  | value   |  |                                 |              |                       | . 2a       |                     | 452656                       |
|      | <b>b</b> Actuari | ial value                                       |  |                                 |              |                       | . 2b       |                     | 452656                       |
| 3    | Funding          | target/participant count bre                    | akdown   |                                 | (1) N        | Number of             | (2) Ve     | sted Funding        | (3) Total Funding            |
|      | _                |   |  |                                 |              | ticipants             |            | Target              | Target                       |
|      | <b>a</b> For ret | ired participants and benefi                    | iciaries receiving payment   |                                 |              | 0                     |            |                     |                              |
|      | <b>b</b> For ter | minated vested participants                     | S  |                                 |              | 7                     |            | 28991               | 28991                        |
|      | <b>C</b> For act | ive participants                                |  |                                 |              | 1                     |            | 182873              | 182873                       |
|      | <b>d</b> Total   |   |  |                                 |              | 8                     |            | 211864              | 211864                       |
| 4    | If the pla       | n is in at-risk status, check                   | the box and complete lines   | (a) and (b)                     |              | 1                     |            |                     |                              |
|      | a Fundin         | na taraet disregardina presc                    | cribed at-risk assumptions   | ., .,                           | L            |                       | 4a         |                     |                              |
|      | _                | 0 0 0.  | ssumptions, but disregarding   |                                 |              |                       |            |                     |                              |
|      |                  |   | onsecutive years and disreg  |                                 |              |                       | 4b         |                     |                              |
| 5    | Effective        | interest rate                                   |  |                                 |              |                       | 5          |                     | 5.94 %                       |
| 6    | Target no        | ormal cost                                      |  |                                 |              |                       | 6          |                     | 97682                        |
| Sta  | tement by        | Enrolled Actuary                                |  |                                 |              |                       |            | •                   |                              |
|      |                  |   | olied in this schedule and accompany<br>or my opinion, each other assumption i |                                 |              |                       |            |                     |                              |
|      |                  | ffer my best estimate of anticipated            |  | io reaconable (talling into acc | ount are exp | onenee or the plant a | na rodoona | эте охросканопо, ат | a caon canor accumptione, in |
|      | SIGN             |   |  |                                 |              |                       |            |                     |                              |
|      | HERE             |   |  |                                 |              |                       |            |                     |                              |
|      |                  | Siç   | gnature of actuary   |                                 |              | <u> </u>              |            | Date                |                              |
| A    | ALLEN L. GI      | REEN  |  |                                 |              |                       |            | 17-03439            | )                            |
|      |                  | Type or   | r print name of actuary  |                                 |              | <u> </u>              | Most i     | ecent enrollme      | nt number                    |
| ١    | NATIONAL /       | ACTUARIAL SERVICES                              | ,  |                                 |              |                       |            | 530-692-32          | 79                           |
|      |                  |   | Firm name  |                                 |              | - <u></u> -           | lephone    | number (includ      | ing area code)               |
|      | P.O. BOX 24      | 40<br>OUSE, CA 95962-0240                       |  |                                 |              |                       |            |                     | 3                            |
|      | JREGUN H         | 003E, CA 90902-0240                             |  |                                 |              |                       |            |                     |                              |
|      |                  | Α.  | Advance of the firms   |                                 |              | _                     |            |                     |                              |
|      |                  |   | Address of the firm  |                                 |              |                       |            |                     |                              |
| f th | e actuary ha     | as not fully reflected any reg                  | gulation or ruling promulgate  | ed under the statute ir         | n completi   | ng this schedule      | e, check   | the box and see     | e [                          |

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|--------|-------|
|--------|-------|

| Pa  | art II              | Begir       | ning of Year             | Carryov      | er and Prefunding E   | alances      |             |           |                              |            |              |                |                     |
|-----|---------------------|-------------|--------------------------|--------------|---|--------------|-------------|-----------|------------------------------|------------|--------------|----------------|---------------------|
| _   |                     |             |                          | _            |   |              |             | (a) C     | arryover balance             |            | <b>(b)</b> P | refundir       | ng balance          |
| 7   |                     | -           | •                        |              | able adjustments (line 13 fr                                |              |             |           | 0                            |            |              |                | 0                   |
| 8   |                     |             | •                        | •            | nding requirement (line 35                                  | •            |             |           | 0                            |            |              |                | 0                   |
| 9   | Amount r            | emainin     | g (line 7 minus line     | e 8)         |   |              |             |           |                              |            |              |                |                     |
| 10  | Interest c          | n line 9    | using prior year's       | actual retu  | rn of <u>7.61</u> %   |              |             |           |                              |            |              |                |                     |
| 11  | Prior yea           | r's exces   | s contributions to       | be added     | to prefunding balance:                                      |              |             |           |                              |            |              |                |                     |
|     | <b>a</b> Presen     | nt value o  | f excess contribut       | ions (line 3 | 38a from prior year)  |              |             |           |                              |            |              |                | 212787              |
|     | Sch                 | nedule SI   | B, using prior year      | 's effective | a over line 38b from prior you<br>e interest rate of6.05    | <u>%</u>     |             |           |                              |            |              |                | 0                   |
|     | ` ,                 |             | •                        | •            | edule SB, using prior year's                                |              |             |           |                              |            |              |                | 0                   |
|     |                     |             |                          |              | ar to add to prefunding balan                               |              |             |           |                              |            |              |                | 212787              |
|     | <b>d</b> Portion    | of (c) to   | be added to pref         | unding bala  | ance  |              |             |           |                              |            |              |                | 0                   |
| 12  | Other red           | ductions i  | n balances due to        | elections    | or deemed elections   |              |             |           | 0                            |            |              |                | 0                   |
|     |                     |             |                          |              | line 10 + line 11d – line 12)                               |              |             |           | 0                            |            |              |                | 0                   |
|     | art III             |             | ding Percent             |              | ,   |              |             |           |                              |            |              |                |                     |
|     |                     |             |                          |              |   |              |             |           |                              |            |              | 14             | 213.65%             |
|     |                     |             |                          |              | )   |              |             |           |                              |            |              | 15             | 179.25%             |
| 16  |                     |             |                          |              | of determining whether car                                  |              |             |           |                              |            | rrent        | 16             | 141.95%             |
| 17  | If the cur          | rent valu   | e of the assets of       | the plan is  | less than 70 percent of the                                 | funding tar  | get,        | enter suc | h percentage                 |            |              | 17             | %                   |
| Р   | art IV              | Con         | tributions an            | d Liquid     | lity Shortfalls   |              |             |           |                              |            |              |                |                     |
| 18  |                     |             |                          |              | ar by employer(s) and emp                                   |              |             |           |                              | 1          |              |                |                     |
| (1) | (a) Date<br>√M-DD-Y |             | (b) Amount p<br>employer |              | (c) Amount paid by<br>employees                             | (a)<br>(MM-D | Date<br>D-Y |           | (b) Amount pai<br>employer(s |            | (c)          | Amoui<br>emplo | nt paid by<br>byees |
| 0   | 8/14/2017           | ,           | . ,                      | 100000       | . ,   | ,            |             | ,         | . , ,                        |            |              |                |                     |
|     |                     |             |                          |              |   |              |             |           |                              |            |              |                |                     |
|     |                     |             |                          |              |   |              |             |           |                              |            |              |                |                     |
|     |                     |             |                          |              |   |              |             |           |                              |            |              |                |                     |
|     |                     |             |                          |              |   |              |             |           |                              |            |              |                |                     |
|     |                     |             |                          |              |   |              |             | 4000      |                              |            |              |                |                     |
| 40  |                     | <del></del> |                          |              |   | Totals I     |             | 18(b)     |                              |            | 18(c)        |                |                     |
| 19  |                     |             |                          |              | uctions for small plan with a<br>mum required contributions |              |             |           |                              | ear:<br>9a |              |                |                     |
|     |                     |             |                          | •            | usted to valuation date                                     |              |             |           | -                            | 9b         |              |                | 0                   |
|     |                     |             |                          |              | ired contribution for current y                             |              |             |           | <b></b>                      | 9c         |              |                | 102222              |
| 20  |                     |             | itions and liquidity     | <u> </u>     | nod commission for currently                                | our adjuotoe | 10 10       | aradion d |                              |            |              |                | TOZZZZ              |
| -   | •                   |             |                          |              | e prior year?   |              |             |           |                              |            |              |                | Yes X No            |
|     |                     |             |                          |              | installments for the current                                |              |             |           |                              |            |              |                | Yes No              |
|     | C If line 2         | 20a is "Y   | es," see instructio      | ns and cor   | mplete the following table a                                | s applicable | :           |           |                              |            |              |                |                     |
|     |                     |             |                          | T            | Liquidity shortfall as of en                                |              |             |           |                              |            |              | .,             |                     |
|     |                     | (1) 1s      | t                        |              | (2) 2nd   |              |             | (3)       | 3rd                          |            | (            | 4) 4th         | l                   |
|     |                     |             |                          |              |   |              |             |           |                              |            |              |                |                     |

| Р  | art V                  | Assumpti         | ons Used to Determine                      | Funding Target and Targ   | get Normal Cost          |           |                            |
|----|------------------------|------------------|--|---|--------------------------|-----------|----------------------------|
| 21 | Discount               | rate:            |  | _   |                          |           |                            |
|    | <b>a</b> Segme         | ent rates:       | 1st segment:<br>4.16%                      | 2nd segment: 5.72 %   | 3rd segment:<br>6.48 %   |           | N/A, full yield curve used |
|    | <b>b</b> Applica       | able month (er   | nter code)                                 |   |                          | 21b       | 0                          |
| 22 | Weighted               | average retire   | ement age                                  |   |                          | 22        | 65                         |
| 23 | Mortality              | table(s) (see i  | instructions) X Pres                       | cribed - combined Pres  | cribed - separate        | Substitu  | ite                        |
| Pa | art VI                 | Miscellane       | ous Items                                  |   |                          |           |                            |
| 24 |                        | -                | •  | arial assumptions for the current p                               | •                        |           | · · · ·                    |
| 25 | Has a me               | thod change b    | been made for the current plar             | n year? If "Yes," see instructions r                              | egarding required attach | ment      | Yes X No                   |
| 26 | Is the pla             | n required to p  | provide a Schedule of Active P             | articipants? If "Yes," see instructi                              | ons regarding required a | attachmen | tX Yes No                  |
| 27 |                        |                  |  | r applicable code and see instruct                                |                          | 27        |                            |
| Pi | art VII                | Reconcilia       | ation of Unpaid Minim                      | um Required Contribution  | s For Prior Years        |           |                            |
|    |                        |                  | •  | ears  |                          | 28        |                            |
| 29 | Discounte              | ed employer co   | ontributions allocated toward u            | unpaid minimum required contribu                                  | ions from prior years    | 29        |                            |
| 30 | Remainin               | g amount of u    | inpaid minimum required conti              | ributions (line 28 minus line 29)                                 |                          | 30        | 0                          |
| Pa | art VIII               | Minimum          | Required Contribution                      | For Current Year  |                          |           |                            |
| 31 |                        |                  | d excess assets (see instruction           |   |                          |           |                            |
|    | <b>a</b> Target r      | normal cost (li  | ne 6)                                      |   |                          | 31a       | 97682                      |
|    | <b>b</b> Excess        | assets, if app   | licable, but not greater than lir          | ne 31a  |                          | 31b       | 97682                      |
| 32 | Amortizat              | ion installmen   | its:                                       |   | Outstanding Bala         | nce       | Installment                |
|    | a Net sho              | ortfall amortiza | tion installment                           |   |                          | 0         | 0                          |
|    |                        |                  |  |   | 1                        | 0         | 0                          |
| 33 | If a waive<br>(Month _ | r has been ap    | proved for this plan year, ente<br>ay Year | er the date of the ruling letter grant<br>) and the waived amount | ng the approval          | 33        |                            |
| 34 | Total fund             | ding requireme   | ent before reflecting carryover            | /prefunding balances (lines 31a - 3                               | 1b + 32a + 32b - 33)     | 34        |                            |
|    |                        |                  |  | Carryover balance   | Prefunding balar         | nce       | Total balance              |
| 35 |                        |                  | se to offset funding                       | 0   |                          | 0         | 0                          |
| 36 | -                      |                  |  |   |                          | 36        |                            |
| 37 | Contribut              | ions allocated   | toward minimum required cor                | ntribution for current year adjusted                              | to valuation date (line  | 37        | 102222                     |
| 38 |                        |                  | s contributions for current year           |   |                          |           |                            |
|    |                        |                  | •  |   |                          | 38a       | 102222                     |
|    | <b>b</b> Portion       | included in lin  | ne 38a attributable to use of pr           | efunding and funding standard ca                                  | ryover balances          | 38b       | 0                          |
| 39 | Unpaid m               | inimum requir    | ed contribution for current yea            | ar (excess, if any, of line 36 over line                          | ne 37)                   | 39        | 0                          |
| 40 | Unpaid m               | inimum requir    | ed contributions for all years             |   |                          | 40        | 0                          |
| Pa | rt IX                  | Pension          | Funding Relief Under I                     | Pension Relief Act of 2010  | (See Instructions        | s)        |                            |
| 41 | If an elect            | ion was made     | to use PRA 2010 funding reli               | ef for this plan:   |                          |           |                            |
|    | <b>a</b> Schedu        | le elected       |  |   |                          |           | 2 plus 7 years 15 years    |
|    | <b>b</b> Eligible      | plan year(s) f   | or which the election in line 41           | la was made   |                          | 20        | 08 2009 2010 2011          |
| 42 | Amount o               | f acceleration   | adjustment                                 |   |                          | 42        | <u> </u>                   |
| 43 | Excess in              | stallment acce   | eleration amount to be carried             | over to future plan years   |                          | 43        |                            |

## Schedule SB, Part V **Summary of Plan Provisions**

### Paramount Painting, Inc. Defined Benefit Plan & Trust 99-0316984 / 001

For the plan year 01/01/2017 through 12/31/2017

Paramount Painting, Inc. Employer:

Type of Entity - C Corporation

EIN: 99-0316984

Plan #: 001

Plan Type: Defined Benefit

Dates:

Valuation - 12/31/2017

Effective - 01/01/2014 Year end - 12/31/2017

Top Heavy Years - 2014, 2015, 2016, 2017

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for -

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Early - Not provided

**Average Compensation:** 

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the unit credit benefit formula below:

3% of average monthly compensation per year of participation beginning year 1 limited to 5 year(s)

Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

**IRS Limitations:** 

415 Limits -

Percent: 100

Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years Percent 0% 0 - 12 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

## Schedule SB, Part V Summary of Plan Provisions

## Paramount Painting, Inc. Defined Benefit Plan & Trust 99-0316984 / 001

For the plan year 01/01/2017 through 12/31/2017

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

| Segment # | Years  | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5  | 2.04   |
| Segment 2 | 6 - 20 | 4.03   |
| Segment 3 | > 20   | 4.82   |

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

### Actuarial Equivalence:

Pre-Retirement - Interest -

5%

Mortality Table -

None

Post-Retirement - Interest -

5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

# Schedule SB, line 26 - Schedule of Active Participant Data

Paramount Painting, Inc. Defined Benefit Plan & Trust 99-0316984/001

For the plan year 01/01/2017 through 12/31/2017

### **Years of Credited Service**

| Attained<br>Age | Under 1<br>No. | 1 to 4<br>No. | 5 to 9<br>No. | 10 to 14<br>No. | 15 to 19<br>No. | 20 to 24<br>No. | 25 to 29<br>No. 、 | 30 to 34<br>No. | 35 to 39<br>No. | 40 & up<br>No. |
|-----------------|----------------|---------------|---------------|-----------------|-----------------|-----------------|-------------------|-----------------|-----------------|----------------|
| Under<br>25     |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 25 to 29        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 30 to 34        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 35 to 39        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 40 to 44        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 45 to 49        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 50 to 54        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 55 to 59        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 60 to 64        |                | 1             |               |                 | :               |                 |                   |                 |                 |                |
| 65 to 69        |                |               |               |                 |                 |                 |                   |                 |                 |                |
| 70 & up         |                |               |               |                 |                 |                 |                   |                 |                 |                |

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

## Paramount Painting, Inc. Defined Benefit Plan & Trust

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:

12/31/2017

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

| Segment # | Year   | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5  | 1.79   |
| Segment 2 | 6 - 20 | 3.70   |
| Segment 3 | > 20   | 4.56   |

| Segment rates as opermitted under IRO<br>HATFA | of September 30<br>C 430(h)(2)(C)(i | , 2016 As<br>v)(II) - |
|--|-------------------------------------|-----------------------|
| Segment #                                      | Year                                | Rate %                |
| Segment 1                                      | 0 - 5                               | 4.16                  |
| Segment 2                                      | 6 - 20                              | 5.72                  |
| Segment 3                                      | > 20                                | 6.48                  |

Pre-Retirement - Mortality Table -

None

Early Retirement Table - None Turnover Table -

None

Disability Table -

None

Salary Scale -Expense Load - None

Ancillary Ben Load -

None None

Post-Retirement - Mortality Table -

17C - 2017 Combined

Cost of Living -

None

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

17E - 2017 Applicable Mortality Table for 417(e) (unisex)

**Asset Valuation Method:** 

Fair market value of assets adjusted for contributions under IRC 430(q)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Paramount Painting, Inc. Defined Benefit Plan & Trust 99-0316984 / 001 For the plan year 01/01/2017 through 12/31/2017

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

| Ovportment of the Treamy Internal Revenue Service  Department of Labor  Department of Labor  | ort Form Annual Return/<br>Benefi<br>m is required to be filed under se   | ections 104 and 405   | of the French  | OMB Nos. 1210-0110<br>1210-0089   |
|--|---|---|--|---|
| Employee Senatics Security Administration Pension Benefit Guesses Co.  | m is required to be filed under set income Security Act of 1974 (E of the Internal Reven  | ERISA), and sections 6  | 057(b) and 6058(a)   | 2017  |
| Part I Annual Report Identificati  | e all entries in accordance wit   | th the instructions to  | the Form 5500-SE   | This Form is Open to Public Inspection  |
| For calendar plan year 2017 or fined plan up   | - miorination   |   |  |   |
| A This return/report is for: X a single  | beginning 01/01/20<br>e-employer plan a multi   | ple-employer shall  | and ending 13  | 2/31/2017<br>scking this box must attach a list   |
| C Check box if filing under: X Form 55   | articipant plan a forei the firm a shore the terum/report anded return/report a shore 558 actension (enter description) atter all requested information   | nign plan<br>nign plan<br>nal return/report<br>et plan year return/rep<br>natic extension               | oort (less than 12 mont  | (hs)  DPVC program  |
| 28 Plan enoness's  |   |   | 1c Effective date 01/0   | o of plan<br>01/2014  |
| Mailing address (include room, apt., suite no City or town, state or province, country, and PARAMOUNT PAINTING, INC. P.O. BOX 2049   | and street, or P.O. Box) ZIP or foreign postal code (if   | foreign, see instr.)  | 2b Employer Ide<br>99 - 0<br>2c Sponsor's tel  | ontification Number (EIN)<br>0316984<br>elephone number   |
|  |   |   | 808-325-17   | 768   |
| SAND POINT II  | D 83864-0906  |   | 2d Business coo  | de (see instructions)   |
| 3a Plan administrator's name and address X   | Same as Plan Sponsor.   |   | 3b Administrato  |   |
|  |   |   | - miniminstrate  |   |
|  |   |   | 3c Administrato  | or's telephone number   |
| If the name and/or EIN of the plan sponsor or tretum/report filed for this plan, enter the plan splan number from the last return/report.  Sponsor's name Plan Name  | ponsor's name, EIN, the plan  | name and the  | 4d PN  |   |
|  |   |   |  |   |
| Total number of participants at the beginning  | of the plan was   |   | F.   |   |
| or individer of participants at the end of the   | nlan was  |   | 5a   | 1   |
| Number of participants with account halances   | n no of the end of the  | ar (only defeat   | 5b   |   |
| CUMITABILITION place complete to   |   | Delined ()  | 5c   |   |
|  |   |   |  |   |
| (1) Total number of active participants at the   | haginaing of the -t   |   | The state of the s |   |
| Total number of active participants at the l     Total number of active participants at the l  | beginning of the plan year  |   | 5d(1)  |   |
| Total number of active participants at the learning of the participants at the learning of the participants at the learning of participants who terminated employers.  | beginning of the plan year  | with accrued  | The state of the s |   |
| Total number of active participants at the I Total number of active participants at the I Total number of active participants at the example of participants who terminated employenefits that were less than 100% vested  | beginning of the plan year<br>end of the plan year<br>yment during the plan year v  |   | 5d(1)<br>5d(2)   |   |
| Total number of active participants at the I Total number of active participants at the I Total number of active participants at the example of participants who terminated employenefits that were less than 100% vested  | beginning of the plan year<br>end of the plan year<br>yment during the plan year v  |   | 5d(1)<br>5d(2)   | USB is netablish  |
| 1) Total number of active participants at the I 2) Total number of active participants at the I 3) Total number of active participants at the I 3) Number of participants who terminated employeenefits that were less than 100% vested  (1) Total number of active participants at the I 3) Total number of active participants at the I 4) Total number of active participa  | beginning of the plan year<br>end of the plan year<br>yment during the plan year v  |   | 5d(1)<br>5d(2)   | ise is established.   |
| 1) Total number of active participants at the (2) Total number of active participants at the (2) Total number of active participants at the (2) Active participants who terminated employeeneffits that were less than 100% vested from A penalty for the late or incomplete filir penalties of perjury and other penalties set for less Bot Schedule ME completed and signed wiledge and belief, it is true, correct, and some  | beginning of the plan year<br>end of the plan year<br>yment during the plan year v<br>ng of this return/report will<br>of by an enrolled actuary, as<br>piete.  | Il be assessed unle<br>clare that I have exa<br>s well as the electron                                  | 5d(1) 5d(2) 5e ess reasonable cau amined this return/re  | use is established.<br>sport, including, if applicable<br>eturn/report, and to the bes                  |
| 1) Total number of active participants at the (2) Total number of active participants at the (2) Total number of active participants at the (2) Active participants who terminated employeeneffits that were less than 100% vested from A penalty for the late or incomplete filir penalties of perjury and other penalties set for less Bot Schedule ME completed and signed wiledge and belief, it is true, correct, and some  | beginning of the plan year end of the plan year yment during the plan year yment during the plan year was of this return/report will write in the instructions, I dec of by an enrolled actuary, as plete.  10/01/2018  | Il be assessed unle<br>clare that I have exa<br>s well as the electron                                  | 5d(1) 5d(2) 5e ess reasonable cau amined this return/re nic version of this re   | eport, including, if applicable<br>eturn/report, and to the best  |
| 1) Total number of active participants at the I 2) Total number of active participants at the I 2) Total number of active participants at the I 2) Window of participants who terminated employ enefits that were less than 100% vested on: A penalty for the late or incomplete filipenalties of perjury and other penalties of well- self-self-self-self-self-self-self-self-   | beginning of the plan year<br>end of the plan year<br>yment during the plan year v<br>ng of this return/report will<br>of by an enrolled actuary, as<br>piete.  | Il be assessed unle<br>clare that I have exa<br>s well as the electron                                  | 5d(1) 5d(2) 5e ess reasonable cau amined this return/re  | eport, including, if applicable<br>eturn/report, and to the bes   |
| 1) Total number of active participants at the I 2) Total number of active participants at the I 2) Total number of active participants at the I 2) Window of participants who terminated employ enefits that were less than 100% vested on: A penalty for the late or incomplete filipenalties of perjury and other penalties of well- self-self-self-self-self-self-self-self-   | beginning of the plan year end of the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with | ill be assessed unle<br>clare that I have exa<br>well as the electron<br>JOHN C. S<br>Enter name of ind | 5d(1) 5d(2) 5e pas reasonable cau amined this returning nic version of this reserved in the reserved and the second secon | eport, including, if applicable<br>etum/report, and to the bes  |
| 1) Total number of active participants at the 12 Total number of active participants at the 12 Total number of active participants at the 14 Number of participants who terminated employeneffs that were less than 100% vested ion: A penalty for the late or incomplete filipenalties of penjury and other penalties of well-dependent of the penjury and other penalties of well-dependent of penjury and other penalties of well-dependent of penjury and other penjury and penjur | beginning of the plan year end of the plan year end of the plan year yment during the plan year ving of this return/report will within the instructions, I dec d by an enrolled actuary, as uplete.  10/01/2018 Date Date   | JOHN C. S Enter name of ind   | 5d(1) 5d(2) 5e pas reasonable cau amined this returning nic version of this reserved in the reserved and the second secon | eport, including, if applicable turn/report, and to the best to the best to the best turn administrator |
| 1) Total number of active participants at the oral number of active participants at the oral number of active participants at the oral number of participants who terminated employ enefits that were less than 100% vested ion: A penalty for the late or incomplete filippanalties of perpury and other penalties set for like SB or Schedule MB completed and signed widedge and belief, it is true, correct, and complete the state of the state of plan administrator.  Sign here   | beginning of the plan year end of the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year with the plan year with the plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year. It was a plan year with the plan year with | JOHN C. S Enter name of ind   | 5d(1) 5d(2) 5e pas reasonable cau amined this returning nic version of this reserved in the reserved and the second secon | eport, including, if applicable<br>eturn/report, and to the best  |

| 6a       | Were all of the plan's assets during the plan year invested in eligible assets? (S   |               | X Yes             | No            |                 |           |               |            |  |  |
|----------|--|---------------|-------------------|---------------|-----------------|-----------|---------------|------------|--|--|
| b        | 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        | c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🔀 Yes  |               |                   |               |                 |           |               |            |  |  |
|          | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4052574  |               |                   |               |                 |           |               |            |  |  |
|          |  |               |                   |               |                 |           |               |            |  |  |
| Pa       | rt III Financial Information   |               |                   |               |                 |           |               |            |  |  |
| <u>7</u> | Plan Assets and Liabilities  | (a) Beginnir  |                   | (b            | (b) End of Year |           |               |            |  |  |
| <u>a</u> | Total plan assets  | 7a            | 4                 | 24,0          | )71             |           | 55            | 4,878      |  |  |
| b        | Total plan liabilities   | 7b            |                   |               |                 |           |               |            |  |  |
| <u></u>  | Net plan assets (subtract line 7b from line 7a)  | from line 7a) |                   |               |                 |           |               | 554,878    |  |  |
| <u>8</u> | Income, Expenses, and Transfers for this Plan Year   |               | (a) Am            | ount          |                 |           | (b) Total     |            |  |  |
| а        | Contributions received or receivable from:   |               | 4                 |               |                 |           |               |            |  |  |
|          | (1) Employers  | 8a(1)         | 1                 | 00,0          | 000             |           |               |            |  |  |
|          | (2) Participants   | 8a(2)         |                   |               |                 |           |               |            |  |  |
|          | (3) Others (including rollovers)   | 8a(3)         |                   | 4.4.          | 1               |           |               |            |  |  |
| <u>b</u> | Other income (loss) STATEMENT 1  | 8b            |                   | 44,6          | 06I             |           | - 1 /         | 1 661      |  |  |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c            |                   |               |                 |           | 14            | 4,661      |  |  |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide  |               |                   | 0 0           |                 |           |               |            |  |  |
|          | benefits) STATEMENT 2  | 8d            |                   | 9,0           | )67             |           |               |            |  |  |
|          | Certain deemed and/or corrective distributions (see instructions)  | 8e            |                   | 4 -           | 707             |           |               |            |  |  |
| <u> </u> | Administrative service providers (salaries, fees, commissions) STMT 3  | 8f            |                   | 4,7           | / 8 /           |           |               |            |  |  |
|          | Other expenses   | 8g            |                   |               |                 |           | 1             | 2 054      |  |  |
|          | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h            |                   |               |                 |           |               | 3,854      |  |  |
| ÷        | Net income (loss) (subtract line 8h from line 8c)  | 8i            |                   |               |                 |           | 13            | 0,807      |  |  |
| J        | Transfers to (from) the plan (see instructions)  | 8j            |                   |               |                 |           |               |            |  |  |
| _        | rt IV Plan Characteristics   |               |                   |               |                 |           |               |            |  |  |
| 9a       | If the plan provides pension benefits, enter the applicable pension feature color 1A 3D  | des fror      | m the List of Pla | ın Char       | acteris         | tic Codes | s in the inst | tructions: |  |  |
|          |  |               |                   |               |                 |           |               |            |  |  |
| b        | If the plan provides welfare benefits, enter the applicable welfare feature coo  | es from       | the List of Plan  | Chara         | cteristic       | c Codes i | n the instri  | uctions:   |  |  |
| Da       | rt V Compliance Questions  |               |                   |               |                 |           |               |            |  |  |
| 10       |  |               |                   | Tvaa          | l Na            |           | A a           |            |  |  |
|          | During the plan year:  Was there a failure to transmit to the plan any participant contributions within  | the time      |                   | Yes           | No              |           | Amount        |            |  |  |
| а        | period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta   |               | •                 |               |                 |           |               |            |  |  |
|          | ·  | ,             | 140               |               | x               |           |               |            |  |  |
|          | Fiduciary Correction Program.)  Were there any nonexempt transactions with any party-in-interest? (Do not income the content of the content o |               | 10:               | +             | 1               |           |               |            |  |  |
| D        |  |               | 10                |               | l x             |           |               |            |  |  |
|          | transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  |               |                   | _             | X               |           |               |            |  |  |
|          | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond  |               |                   | +-            | 1               |           |               |            |  |  |
| <u> </u> | was caused by fraud or dishonesty?   |               | 100               | ,             | l x             |           |               |            |  |  |
| _        | Were any fees or commissions paid to any brokers, agents, or other persons   |               |                   | <del>'\</del> | +               |           |               |            |  |  |
| Ü        | insurance carrier, insurance service, or other organization that provides some   | •             |                   |               |                 |           |               |            |  |  |
|          | the benefits under the plan? (See instructions.)   |               |                   |               | l x             |           |               |            |  |  |
| f        | Has the plan failed to provide any benefit when due under the plan?  |               |                   | _             | X               |           |               |            |  |  |
|          | Did the plan have any participant loans? (If "Yes," enter amount as of year-en   |               |                   |               | X               |           |               |            |  |  |
|          | If this is an individual account plan, was there a blackout period? (See instruc   |               | 10                | 1             |                 |           |               |            |  |  |
|          | and 29 CFR 2520.101-3.)  |               | 10                | ,             | l x             |           |               |            |  |  |
|          | If 10h was answered "Yes," check the box if you either provided the required   |               |                   |               |                 |           |               |            |  |  |
| -        | one of the exceptions to providing the notice applied under 29 CFR 2520.101  |               |                   | i             |                 |           |               |            |  |  |
|          |  | *             |                   |               |                 |           |               |            |  |  |

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Internal Revenue Code (the Code).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

| ▶ File as an attachment t   | to Form 5500 or 5   | 500-SF.  |   |   |  |  |  |
|---|---|--|---|---|--|--|--|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/20  | 17  | and ending   | 12/31/2017                                    |   |  |  |  |
| ▶ Round off amounts to nearest dollar.  |   |  |   |   |  |  |  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unle  | ess reasonable ca   | use is established.  |   |   |  |  |  |
| A Name of plan  | <b>B</b> Three-digit  |  |   |   |  |  |  |
| Paramount Painting, Inc. Defined Benefit Plan & Trust   | plan number (   | PN) •  | 001   |   |  |  |  |
|   |   |  |   |   |  |  |  |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF   |   | D Employer Identification Number (EIN)                       |   |   |  |  |  |
| Paramount Painting, Inc.  |   | 99-0   | 316984  |   |  |  |  |
| E Type of plan: Single Multiple-A Multiple-B F Prio   | r year plan size:X  | 100 or fewer 10  | 01-500 Mo                                     | re than 500   |  |  |  |
| Part I Basic Information  |   |  |   |   |  |  |  |
| 1 Enter the valuation date: Month 12 Day 31   | Year <u>2017</u>  | _  |   |   |  |  |  |
| 2 Assets:   |   |  |   |   |  |  |  |
| a Market value  | •   |  | 2a  | 452,656   |  |  |  |
| <b>b</b> Actuarial value  | •   |  | 2b  | 452,656   |  |  |  |
| 3 Funding target/participant count breakdown: (   | Funding target/participant count breakdown:  (1) Number of participants  (2) Vested Funding  Target |  |   |   |  |  |  |
| a For retired participants and beneficiaries receiving payment  | 0   |  | 0   | 0   |  |  |  |
| <b>b</b> For terminated vested participants   | 7   |  | 28,991  | 28,991  |  |  |  |
| C For active participants   | 1   |  | 182,873                                       | 182,873   |  |  |  |
| <b>d</b> Total  | 8   |  | 211,864                                       | 211,864   |  |  |  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)  | •••••   |  |   |   |  |  |  |
| a Funding target disregarding prescribed at-risk assumptions  | •   | 4  | а   |   |  |  |  |
| b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding lo   | rule for plans that i   | have been in 4   | b   |   |  |  |  |
| 5 Effective interest rate   |   |  | 5   | 5.94 %  |  |  |  |
| 6 Target normal cost  |   |  | 6   | 97,682  |  |  |  |
| Statement by Enrolled Actuary   |   |  |   |   |  |  |  |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, sta<br>accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taki<br>combination, offer my best estimate of anticipated experience under the plan. | tements and attachment<br>ing into account the expe   | s, if any, is complete and a<br>erience of the plan and reas | ccurate. Each presrit<br>sonable expectations | ped assumption was applied in<br>and such other assumptions, in |  |  |  |
| SIGN  |   |  |   |   |  |  |  |
| HERE Clumbur  |   |  | 02/21/20                                      | 018   |  |  |  |
| Signature of actuary  |   |  | Date  |   |  |  |  |
| Allen L Green   |   |  | 17-0343                                       | e   |  |  |  |
| Type or print name of actuary   | Most recent enrollment number   |  |   |   |  |  |  |
| National Actuarial Services   | (530) 692-3279  |  |   |   |  |  |  |
| Firm name PO Box 240  |   | Teleph   | one number (in                                | cluding area code)  |  |  |  |
| US Oregon House CA 95962-0240   |   |  |   |   |  |  |  |
| Address of the firm   |   |  |   |   |  |  |  |
| If the actuary has not fully reflected any regulation or ruling promulgated under the instructions  | e statute in comple   | eting this schedule, c                                       | theck the box a                               | nd see  |  |  |  |

| Page | 2 |
|------|---|
|      |   |

Schedule SB (Form 5500) 2017

| Pai  | fII Ben  | inning of Year (            | arryove      | er and Prefunding Bala                                 | nces       |  |                            |           |          |          |                       |  |
|--|--|-----------------------------|--------------|--|------------|--|----------------------------|-----------|----------|----------|-----------------------|--|
| ı aı   | rn   Deg   | inning or rour c            | Juliyov      | , una : rotaniag                                       |            | (a) C                                    | Carryover balance          |           | (b) P    | refundir | ng balance            |  |
| 7  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)    |                             |              |  |            |  |                            | 0         |          |          | 0                     |  |
| 8  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) |                             |              |  |            | 0  |                            |           | 0        |          |                       |  |
| 9  | Amount rema  | nining (line 7 minus lir    | ne 8)        |  |            |  |                            | 0         |          |          | 0                     |  |
| 10   | Interest on lin  | ne 9 using prior year's     | actual ref   | urn of <u>-7.61</u> %                                  |            |  |                            | 0         |          |          | 0                     |  |
| 11   |  |                             |              | d to prefunding balance:                               |            |  |                            |           |          | 145      |                       |  |
|  | a Present va   | alue of excess contrib      | outions (lin | e 38a from prior year)                                 |            | 15711                                    |                            |           |          |          | 212,787               |  |
|  |  |                             |              | 8a over line 38b from prior yeve interest rate of 6.05 | ar<br>: %  |  |                            |           |          |          | 0                     |  |
|  |  |                             |              | hedule SB, using prior year's                          | actual     | 7 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                            |           |          |          |                       |  |
|  | C Total avai   | lable at beginning of       | current pla  | n year to add to prefunding ba                         | alance .   |  |                            |           |          | 212,787  |                       |  |
|  |  |                             |              | alance   |            |  |                            |           |          | 0        |                       |  |
| 12   |  |                             |              | s or deemed elections                                  |            |  |                            | 0         |          |          | 0                     |  |
| 13   |  |                             |              | + line 10 + line 11d - line 12) .                      |            |  |                            | 0         |          |          | 0                     |  |
|  | 10 million (90 g)  |                             | ******       |  |            | <u></u>                                  |                            | I_        |          |          | <del></del>           |  |
| 200 50 00 70000  |  | unding Percenta             | <del></del>  |  |            |  |                            |           | - T      | 14       | 213.65 %              |  |
|  |  |                             |              |  |            |  |                            |           |          | 15       | 179.25 %              |  |
|  | 15 Adjusted funding target attainment percentage   |                             |              |  |            |  |                            |           |          | 16       | 173.23 70             |  |
|  | current year's   | s funding requiremen        | t            | •••••  |            |  |                            |           |          |          | 141.95 %              |  |
| 17   | If the current   | value of the assets of      | of the plan  | is less than 70 percent of the                         | funding t  | arget, enter                             | such percentage            | • • • • • |          | 17       | %                     |  |
| Pa   | rt IV C  | ontributions and            | d Liquid     | lity Shortfalls  |            |  |                            |           |          |          |                       |  |
| 18   | Contributions  | made to the plan for        | the plan     | ear by employer(s) and empl                            | oyees:     |  |                            |           |          |          |                       |  |
| (M   | (a) Date<br>M-DD-YYYY)   | (b) Amount pa<br>employer(s |              | (c) Amount paid by employees                           |            | a) Date<br>DD-YYYY)                      | (b) Amount pa<br>employer( |           |          |          | unt paid by<br>loyees |  |
| 08,  | /14/2017   | 10                          | 00,000       | 0  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  |  |                             |              |  | Totals     | ► 18(b)                                  | 1                          | 00,0      | 00 18(c) |          | 0                     |  |
| 19   | Discounted e   | employer contribution       | s see in     | structions for small plan with a                       | a valuatio | n date after                             | the beginning of the       | year:     |          |          |                       |  |
| a Contributions allocated toward unpaid minimum required contributions from prior years                        |  |                             |              |  |            |  |                            |           | 0        |          |                       |  |
| b Contributions made to avoid restrictions adjusted to valuation date  |  |                             |              |  |            |  |                            |           | 0        |          |                       |  |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c |  |                             |              |  |            |  |                            |           | 102,222  |          |                       |  |
| 20 Quarterly contributions and liquidity shortfalls:   |  |                             |              |  |            |  |                            |           |          |          |                       |  |
| a Did the plan have a "funding shortfall" for the prior year?  |  |                             |              |  |            |  |                            |           |          |          |                       |  |
|  | <b>b</b> If line 20a   | is "Yes," were requir       | ed quarter   | ly installments for the current                        | year ma    | de in a timel                            | ly manner?                 |           |          | [        | Yes No                |  |
|  |  |                             |              | complete the following table a                         |            |  |                            |           |          |          |                       |  |
|  |  |                             |              | Liquidity shortfall as of end                          |            |  | an year                    |           |          |          |                       |  |
|  | (1)  | ) 1st                       |              | (2) 2nd  | ļ          | (3)_                                     | 3rd                        |           |          | (4) 4    | th                    |  |
|  |  |                             |              |  |            |  |                            |           |          |          | Nar-                  |  |

| Pa  | art V Assumption                                       | ons Used To Determine              | <b>Funding Target and Targ</b>       | et Normal Cost           |             |                            |  |
|-----|--|------------------------------------|--------------------------------------|--------------------------|-------------|----------------------------|--|
| 21  | Discount rate:   |                                    |                                      |                          |             |                            |  |
|     | a Segment rates:                                       | 1st segment:<br>4.16 %             | 2nd segment:<br>5.72 %               | 3rd segment:<br>6.48 %   |             | N/A, full yield curve used |  |
|     | <b>b</b> Applicable month                              | Applicable month (enter code)      |                                      |                          | 21b         | 0                          |  |
| 22  | Weighted average re                                    | etirement age                      |                                      |                          | 22          | 65                         |  |
| 23  | Mortality table(s) (se                                 | ee instructions) X Pr              | escribed - combined Pres             | cribed - separate        | Substitu    | te                         |  |
| Pa  | rt VI Miscellan  | eous items                         |                                      |                          |             |                            |  |
| 24  | Has a change been attachment                           | made in the non-prescribed ac      | tuarial assumptions for the current  | plan year? If "Yes," see | instruction | ns regarding required      |  |
| 25  | Has a method chang                                     | ge been made for the current p     | lan year? If "Yes," see instructions | regarding required attac | chment .    | , Yes 🗶 No                 |  |
| 26  | Is the plan required                                   | to provide a Schedule of Active    | Participants? If "Yes," see instruc  | tions regarding required | attachmer   | ntX Yes No                 |  |
| 27  |  |                                    | nter applicable code and see instru  |                          | 27          |                            |  |
| Pa  | rt VII Reconcil  | iation of Unpaid Minimu            | um Required Contribution             | s For Prior Years        |             |                            |  |
| 28  | Unpaid minimum red                                     | quired contributions for all prior | years                                |                          | 28          | 0                          |  |
| 29  |  |                                    | d unpaid minimum required contrib    |                          | 29          | 0                          |  |
| _30 | Remaining amount                                       | of unpaid minimum required co      | intributions (line 28 minus line 29) |                          | 30          | 0                          |  |
| Pa  | rt VIII   Minimum                                      | Required Contribution              | For Current Year                     |                          |             |                            |  |
| 31  | Target normal cost a                                   | and excess assets (see instruc     | tions):                              |                          |             |                            |  |
|     | a Target normal cos                                    | st (line 6)                        |                                      |                          | 31a         | 97,682                     |  |
|     | <b>b</b> Excess assets, if                             | applicable, but not greater than   | line 31a                             |                          | 31b         | 97,682                     |  |
| 32  | Amortization installn                                  | ments:                             |                                      | Outstanding Bala         | ance        | Installment                |  |
|     | a Net shortfall amor                                   | tization installment               |                                      |                          | 0           | 0                          |  |
|     | <b>b</b> Waiver amortization                           | on installment                     |                                      |                          | 0           | 0                          |  |
| 33  | If a waiver has been (Month                            | 33                                 |                                      |                          |             |                            |  |
| 34  | Total funding require                                  | ement before reflecting carryove   | r/prefunding balances (lines 31a - 3 | 1b + 32a + 32b - 33)     | 34          | 0                          |  |
|     |  |                                    | Carryover balance                    | Prefunding Bala          | ance        | Total balance              |  |
| 35  |  | r use to offset funding            | 0                                    |                          | 0           | 0                          |  |
| 36  | Additional cash requ                                   | uirement (line 34 minus line 35)   | )                                    |                          | 36          | 0                          |  |
| 37  |  | ted toward minimum required o      | 37                                   | 102,222                  |             |                            |  |
| _38 | Present value of exc                                   | cess contributions for current ye  | ear (see instructions)               |                          |             |                            |  |
|     | a Total (excess, if a                                  | ny, of line 37 over line 36)       |                                      |                          | 38a         | 102,222                    |  |
|     | <b>b</b> Portion included in                           | 38b                                | 0                                    |                          |             |                            |  |
| _39 | Unpaid minimum re                                      | quired contribution for current y  | 39                                   | 0                        |             |                            |  |
| 40  | 40 Unpaid minimum required contributions for all years |                                    |                                      |                          |             |                            |  |
| Pa  | rt IX Pension  | Funding Relief Under               | Pension Relief Act of 2010           | (See Instructions        | )           |                            |  |
| 41  | If an election was ma                                  | ade to use PRA 2010 funding re     | elief for this plan:                 |                          |             |                            |  |
|     | a Schedule elected                                     |                                    |                                      |                          | [           | 2 plus 7 years 🔲 15 years  |  |
|     | <b>b</b> Eligible plan year                            | (s) for which the election in line | 41a was made                         |                          | . 20        | 08 2009 2010 2011          |  |
| 42  | Amount of accelerati                                   | ion adjustment                     |                                      |                          | 42          |                            |  |
| 43  | Excess installment a                                   | acceleration amount to be carrie   | ed over to future plan years         | <u></u>                  | 43          |                            |  |