	rm 5500-SF	Short Form Annua	Short Form Annual Return/Report of Small Empl Benefit Plan					/B Nos. 1210-0110 1210-0089			
	ernal Revenue Service	This form is required to be filed					2	2017			
	Department of Labor Benefits Security Administration	Income Security Act of 1974 ((ERISA), and section Revenue Code (the			Internal	m is Open to				
Pension B	Senefit Guaranty Corporation	Complete all entries in a	ccordance with the	instru	ctions to the Form 55	00-SF.	Public	Inspection			
Part I		dentification Information									
For calence	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017										
A This return/report is for:											
B This rot	turn/report is	a one-participant plan	a foreign plan								
		the first return/report	the final return/re	•							
		an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	× Form 5558	automatic extens	sion	[DFVC p	orogram				
	special extension (enter description)										
Part II	Basic Plan Info	mation—enter all requested info	ormation								
1a Name	e of plan					1b Thre	0				
DAVID A. C	LARK ARCHITECTS, P	PLLC DEFINED BENEFIT PENSIO	N PLAN			plan (PN)	number	001			
		-	· · · · · ·	ctive date of p							
.				01/01/2	2009						
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	. Box)			2b Employer Identification Number (EIN) 91-1972945					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DAVID A. CLARK ARCHITECTS, PLLC							Sponsor's telephone number 253-351-8877			
					-	2d Business code (see instructions)					
33017 134T							54131				
AUBURN, V	VA 98092										
3a Plan a	administrator's name an	d address 🗙 Same as Plan Spon	sor.			3b Administrator's EIN					
					-	3c Administrator's telephone number					
4 If the	name and/or FIN of the	plan sponsor or the plan name ha	s changed since the	last ret	urn/report filed for	4b EIN					
this p	lan, enter the plan spon	isor's name, EIN, the plan name ar									
a Spons C Plan I	sor's name					4d PN					
	Name										
5a Total	number of participants	at the beginning of the plan year				5a		3			
b Total	number of participants	at the end of the plan year				5b		4			
		account balances as of the end of t				5c					
d(1) To	tal number of active par	ticipants at the beginning of the pla	an year			5d(1)		3			
• •		ticipants at the end of the plan yea				5d(2)		4			
		terminated employment during the				5e		0			
Caution:	A penalty for the late of	or incomplete filing of this return	/report will be asse	ssed u	inless reasonable cau	ise is esta	blished.				
SB or Sch		er penalties set forth in the instruc d signed by an enrolled actuary, as									
SIGN		valid electronic signature.	10/03/2018		SUSAN CLARK						
HERE	Signature of plan ad		Date		Enter name of individu	ual signing	as plan admi	nistrator			
SIGN						5 5					
HERE	Signature of employ	ver/plan sponsor	Date		Enter name of individu	ual sianina	as emplover	or plan sponsor			
<u> </u>		and the Instructions for Form FEOD				5 3		EE00 SE (2017)			

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

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot c lf the plan is a defined benefit plan, is it covered under the PBGC in lf "Yes" is checked, enter the My PAA confirmation number from the plan term. 	an independ and conditio ot use Forn isurance pro	lent qualified public account ns.) n 5500-SF and must instea ogram (see ERISA section 4	ant (IQ ad use 021)?	PA) Form 5500. 	X Yes No
Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a Total plan assets	7a	712943			920312
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	712943			920312
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	127100			
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	85031			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				212131
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f	4762			
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4762
i Net income (loss) (subtract line 8h from line 8c)	8i				207369
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension1B3B3D b If the plan provides welfare benefits, enter the applicable welfare feature					
Part V Compliance Questions					
10 During the plan year:			Yes	No	Amount
 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Dragger) 				~	

	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Page 3- 1

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Ente	r the minimum required contribution for this plan year		12b					
С	Ente	the amount contributed by the employer to the plan for this plan year		12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the] [Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to					
1	3c(1) Name of plan(s):	EIN(s)	EIN(s)		3) PN	(s)		

	800		D	Single En		or Define	d Da				OMB N	No. 1210-0110
	-	EDULE SI orm 5500)	B	Single-Employer Defined Benefit Pla Actuarial Information								
	•	ment of the Treasury		~	Clua		ιατισι	1		2017		
	Intern	al Revenue Service		This schedule is rec								
		partment of Labor nefits Security Admini	istration	Retirement Income S		Act of 1974 (ERI evenue Code (th			D59 of the This Form is Open to Public Inspection			
	Pension Ber	nefit Guaranty Corpor	ration			chment to Form	,				iii.	spectron
Fo	or calendar p	lan year 2017 o	or fiscal plan		1/01/201			and endir	ng 12/	'31/20 ⁻	17	
		amounts to ne										
-			00 will be a	ssessed for late filing of	this repo	ort unless reasor	nable cau	_			T	
A	Name of pla		ECTS. PLLO	DEFINED BENEFIT P	ENSION				Three-digit plan number (PN) • 001			
								pian nur	nber (Pr	N)	-	001
								_				
С		or's name as she LARK ARCHITE		2a of Form 5500 or 550	0-SF			D Employe			Number (E	EIN)
	DAVID A. C		ECTS, FLLC	,					91-19	72945	;	
Е	Type of plan	: 🗙 Single	Multiple-A	Multiple-B		F Prior year pla	an size:	X 100 or fewer	101	-500	More th	nan 500
		Basic Inform	ation				L					
1		valuation date:	lation	Month 12 D	ay <u>31</u>	Year 20	017					
2								-				
	a Market	value							2a			793068
	b Actuari	al value							2b			793068
3	Funding t	arget/participan	nt count brea	akdown				Number of articipants	(2) Ve	ested F Targe	Funding	(3) Total Funding Target
	a For reti	red participants	and benefic	ciaries receiving paymer	nt			0		0		l alget 0
	_							0			0	0
			• •				-	4	4		669050	682984
	d Total							4			669050	682984
4				he box and complete lin					•			
	a Fundin	g target disrega	rding presci	ibed at-risk assumption	s				4a			
				sumptions, but disregard					4b)		
5				nsecutive years and dis	-				5			4.97%
6	_								5			113687
		Enrolled Actua							·····			
	accordance wit	h applicable law and	regulations. In	ied in this schedule and accomp my opinion, each other assumpt experience under the plan.								
	SIGN HERE										10/03/201	8
		I	Sig	nature of actuary							Date	
	JEFFREY P.	MAHON, EA									17-0815	1
			Type or	print name of actuary					Most	recen	t enrollme	nt number
	RETIREMEN	IT SYSTEMS O	F CALIFOR								844-604-31	
		URA BL., SUIT HILLS, CA 913		Firm name				т	elephon	e num	ber (includ	ling area code)
			A	ddress of the firm				_				
	ne actuary ha	not fully reflect	cted any reg	ulation or ruling promulo	gated un	der the statute ir	n complet	ting this schedu	le, checl	the b	ox and se	e 🗌
Fo	or Paperwor	k Reduction Ad	ct Notice, s	ee the Instructions for	Form 5	500 or 5500-SF				S	chedule S	B (Form 5500) 2017 v. 170203

P	Part II Beginning of Year Carryover and Prefunding Balances													
_								(a) C	arryover balanc	e	(b)	Prefundi	ng bala	nce
7		0	0 1 2		able adjustments (line 13 fro	•				0			34	364
8				•	nding requirement (line 35 fr	•							34	364
9	Amount	remaining	g (line 7 minus line	98)					0				0	
10	Interest of	on line 9 u	using prior year's	actual retu	rn of <u>9.04</u> %		0						0	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)								51	552
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %													0
	b(2) Inte	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's a	actual								
					ear to add to prefunding balance									
	C Total a	valiable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	э	•						51	552
	d Portio	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections							0		
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12) .		0				0			
F	Part III	Fun	ding Percenta	ages										
14 Funding target attainment percentage									14	11	<mark>6.11%</mark>			
	15 Adjusted funding target attainment percentage								15	11	5.00%			
16. Dries year's funding percentage for surpage of determining whether correctively refunding belonged much be used to reduce surrent								16	g	5.20%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	Part IV	Con	tributions an	d Liquid	lity Shortfalls									
18			•		ar by employer(s) and emplo									
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)			y (c) Amount paid by employees					
`	01/13/2017	,		3000	0			/		~ (-)			-,	
0	09/12/2018	3		124100	0									
						Totals 🕨	1	8(b)		127	18(c)		0
19	Discount	ed emplo	over contributions	 see instr 	uctions for small plan with a	valuation d	late afte	er the	beginning of the	e year:				
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions f	rom prior y	ears			19a				
	b Contril	outions m	ade to avoid restr	ictions adj	usted to valuation date					19b				
	C Contril	outions all	ocated toward min	imum requi	ired contribution for current ye	ar adjusted	to valua	ation d	ate	19c			123	3104
20	Quarterly	/ contribu	tions and liquidity	shortfalls:										
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?			•••••				X	Yes	No
	b If line	20a is "Y	es," were required	l quarterly	installments for the current y	vear made i	in a tim	ely m	anner?				Yes	X No
	C If line	20a is "Ye	es," see instructio	ns and cor	nplete the following table as	applicable:	:							
					Liquidity shortfall as of end	d of quarter	of this			1				
		(1) 1st	t		(2) 2nd			(3)	3rd			(4) 4tł	ו	

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P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used					
	b Applica	able month (er	nter code)			21b	2					
22	Weighted	d average retire	ement age			22	62					
23	Mortality	table(s) (see i	instructions) X Press	cribed - combined Pres	cribed - separate	Substitu	ute					
Pa	art VI	Miscellane	ous Items									
24		-		arial assumptions for the current p	•							
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment											
P	art VII	Reconcilia	ation of Unpaid Minimu	Im Required Contribution	ns For Prior Years							
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ars		28	0					
29			ontributions allocated toward u		29							
30	Remainir	ng amount of u	npaid minimum required contri		30	0						
Pa	art VIII	Minimum	Required Contribution	For Current Year								
31	31 Target normal cost and excess assets (see instructions):											
	a Target	normal cost (lii		31a	113687							
	b Excess	s assets, if app	licable, but not greater than lin	e 31a		31b	110084					
32	Amortiza	tion installmen	ts:		Outstanding Bala	nce	Installment					
	a Net she	ortfall amortiza	tion installment									
	b Waiver	r amortization i	nstallment									
33				r the date of the ruling letter gran) and the waived amount	a 11	33						
34	Total fun	ding requireme	ent before reflecting carryover/	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	3603					
				Carryover balance	Prefunding balar	nce	Total balance					
35			e to offset funding				0					
36	•					36	3603					
37				tribution for current year adjusted		37						
	,			· · ·	·····	31	123104					
38			s contributions for current year			290	110501					
						38a 38b	119501					
39				efunding and funding standard ca r (excess, if any, of line 36 over li		39	0					
40						40	0					
	rt IX			Pension Relief Act of 201		s)						
			to use PRA 2010 funding relie			,						
							2 plus 7 years 15 years					
	b Eligible	e plan year(s) f	or which the election in line 41	a was made		20	008 2009 2010 2011					
42	Amount c	of acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

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

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>			
Interest Rates	Seg 1: 4.16% 1.76%	Seg 1: 1.79%	Pre-Retirement: 5.00%			
	Seg 2: 5.72% 3.74%	Seg 2: 3.80%	Post-Retirement: 5.00%			
	Seg 3: 6.48% 4.63%	Seg 3: 4.71%				
Applicable Date	10/2017 10/2017	11/2016				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Assumed Ret Age Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation			
Future Salary Incr	4% salary increase per year	None	None			
Post-Retirement						
Mortality Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years		2017 Applicable Mortality Table from Notice 2016-50	2017 Applicable Mortality Table from Notice 2016-50			
Assumed Benefit Form	For Funding	Lump Sum				
Pct Assumed Married	0% assumed married		0% assumed married			
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant			
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Int	erest Rate	4.97%				
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

Attachment to 2017 Schedule SB, Part V - EIN: 91-1972945 PN: 001

David A. Clark Architects, PLLC Defined Benefit Pension Plan

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

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

	David A. Clark Architects, PLLC Defined Benefit Pension Plan Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017
Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2017 to December 31, 2017
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:
	1 year of service Minimum age 21
	Union employees & non-resident aliens are excluded
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 years of participation from beginning of entry year
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	The accrued benefit as of January 1, 2012, plus the benefit based on the following formula:
	Group 1: David Clark \$450 per month times Credit Service post 1.1.2012 up to a maximum 35 years.
	Group 2: Sheryl Brown 3% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.
	Group 3: All Others 0.5% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.
	0% of average compensation
	The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

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

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before January 1, 2012 Years with less than 1,000 hours

Termination BenefitUpon termination for any reason other than death or retirement
a participant shall be entitled to a portion of the actuarial
equivalent of his accrued benefit in accordance with the
following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

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

Years before the effective date Years before age 18 Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

A benefit payable for the life of the participant

the company. This plan is currently top-heavy.

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

Top-Heavy Status

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of

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

death

David A. Clark Architects, PLLC Defined Benefit Pension Plan Employer ID# 91-1972945: Plan No. 001

Quarterly Installment Payment: \$778.00

Schedule SB, line 19 - Discounted Employer Contributions

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

<u>Date</u> 01-13-2017	<u>Amount</u> 3,000.00	<u>Year</u> 2017	<u>Rate</u> 4.97%	Period 01-13-2017 to 12-31-2017	<u>Adj Ctb</u> 3,143.76
09-12-2018	112.00	2017	9.97% 4.97%	09-12-2018 to 01-15-2018 01-15-2018 to 12-31-2017	105.00
	123,988.00	2017	4.97%	09-12-2018 to 12-31-2017	119,855.14
Totals:	127,100.00				123,103.90

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	123,103.90

DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1972945: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2017

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Form	5500-SF	Short Form Annual F		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	of the Treasury venue Service	This form is required to be filed und	Benefit Plan er sections 104 and 4	065 of the Employee R	etirement	2017
Employee Benefits S	ent of Labor Security Administration	Income Security Act of 1974 (ERI		7(b) and 6058(a) of the		This Form is Open to Public Inspection
	Suaranty Corporation	 Complete all entries in accor 	dance with the instr	uctions to the Form 5	500-SF.	
		Identification Information				
For calendar pla	in year 2017 or fi		/01/2017	and ending		/31/2017
A This return/re	eport is for:		list of participating em			king this box must attach a with the form instructions.)
B This return/re	port is		a foreign plan			
			ne final return/report			
		an amended return/report	short plan year return	n/report (less than 12 m	ionths)	
C Check box if	filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter description				
Part II Ba	sic Plan Info	rmation—enter all requested informa	tion			
1a Name of pla					1b Three	
		itects, PLLC			(PN)	number 001
Defined Be	enefit Pen	sion Plan				tive date of plan
					ALL DE DESCRIPTION OF	01/2009
2a Plan sponso	or's name (emplo	over, if for a single-employer plan)				oyer Identification Number
Mailing add	ress (include roo	m, apt., suite no. and street, or P.O. Box				91-1972945
		e, country, and ZIP or foreign postal coo itects, PLLC	le (if foreign, see instr	uctions)		nsor's telephone number (3) 351-8877
						ness code (see instructions)
22017 124					and Doon	
33017 1341	th Ave. SE					
Auburn			WA	98092	541	310
3a Plan admini	istrator's name a	nd address X Same as Plan Sponsor.			3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and th			4b EIN	95.
a Sponsor's n	name				4d PN	
c Plan Name						
5a Total numb	er of participants	at the beginning of the plan year			5a	3
b Total numb	er of participants	at the end of the plan year			5b	4
c Number of	participants with	account balances as of the end of the pl	an year (only defined	contribution plans	5c	2 2
	÷	rticipants at the beginning of the plan ye			5d(1)	3
	An time and				5d(2)	4
		articipants at the end of the plan year terminated employment during the plan				4
		terminated employment during the plan			5e	0
		or incomplete filing of this return/rep				
SB or Schedule	MB completed a	her penalties set forth in the instructions nd signed by an enrolled actuary, as well ploto				
	correct, and com	0 0 0	10 2 10	Susan Clark		an teanna tean tean tean tean tean tean
SIGN X	Susan	P. Clask	10-3-18	2000 Mar 2000 Mar 2000		
Sig	nature of plan a	administrator	Date	Enter name of individ	ual signing a	as plan administrator
SIGN						
HERE Sig	nature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes 🛛 No						
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year						
Par	t III Financial Information					

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
а	Total plan assets	7a		712,			920,31	12
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		712,	943		920,31	12
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		127,	100			
	(2) Participants	8a(2)			_			
	(3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b		85,	031			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					212,13	31
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		4,	762			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4,76	62
i	Net income (loss) (subtract line 8h from line 8c)	8i					207,36	69
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics		•					_
b Pa	1B 3B 3D If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	eature coo	des from the List of Pla	n Chara	acteris	tic Coo	des in the instructions:	_
10	During the plan year:				Yes	No	Amount	
	 Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's N Program) 	oluntary F	Fiduciary Correction	10a		X	Anount	
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		Х		
c	Was the plan covered by a fidelity bond?			10c	Х		100,00	00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	,	
e		her persor he or all of	ns by an insurance the benefits under	10e		X		_
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i				

Page **3-**

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	X Y	′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?	302 of	f	🗌 Ү	∕es ⊠ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t _ Day		of the lette Year _	r ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 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?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)

SCHEDULE SB	Single-Em	ployer Define	d Ben	efit Plan		OMB N	lo. 1210-0110		
(Form 5500)		tuarial Inforn					2017		
Department of the Treasury Internal Revenue Service							2017		
Department of Labor Employee Benefits Security Administration	Retirement Income Se		ISA) and se	d section 6059 of the This Form is Open to P					
Pension Benefit Guaranty Corporation		ernal Revenue Code (th	,				spection		
For colonder plan year 2017 or fiscal pla		n attachment to Form				10/2	1/2017		
For calendar plan year 2017 or fiscal plan Round off amounts to nearest dollar		01/01/2017		and endin	g	12/3	1/201/		
Caution: A penalty of \$1,000 will be a		nis report unless reaso	nable caus	e is establishe	d.				
A Name of plan				B Three-dig		[
David A. Clark Architec	ts, PLLC Def Ben	ı Pen Plan		plan num	ber (PN)	001		
C Plan sponsor's name as shown on line	2a of Form 5500 or 5500-	SF		D Employer	Identific	ation Number (E	EIN)		
David A. Clark Architec	ts, PLLC			91-1972	2945				
-									
E Type of plan: X Single Multiple-A	A Multiple-B	F Prior year pla	an size: 🕅	100 or fewer	101-	500 More th	an 500		
Part I Basic Information	10								
1 Enter the valuation date:	Month <u>12</u> Day	<u>31</u> Year	2017			a galaga ng Tantan	a a state transformer a state ta		
2 Assets: a Market value					2a	<u>a king dina di</u>	702 069		
b Actuarial value					2a 2b		793,068		
3 Funding target/participant count brea			r	Imber of		sted Funding	793,068 (3) Total Funding		
				cipants		Target	Target		
a For retired participants and benefi	ciaries receiving payment.			0		0	0		
${f b}$ For terminated vested participants				.0		0	0		
c For active participants				4		669,050	682,984		
d Total				4		669,050	682,984		
4 If the plan is in at-risk status, check	he box and complete lines:	(a) and (b)							
a Funding target disregarding presc					4a				
b Funding target reflecting at-risk as at-risk status for fewer than five co	sumptions, but disregardin	g transition rule for pla	ins that hav	e been in	4b				
5 Effective interest rate							4.97 %		
6 Target normal cost					6		113,687		
Statement by Enrolled Actuary									
To the best of my knowledge, the information suppl accordance with applicable law and regulations. In combination, offer my best estimate of anticipated e	my opinion, each other assumption	ying schedules, statements an is reasonable (taking into acc	id attachments count the experi	, if any, is complete ience of the plan ar	and accur nd reasona	ate. Each prescribed ble expectations) and	assumption was applied in I such other assumptions, in		
SIGN									
HERE Oally	Muder				10	13/2012	>		
////Sig	nature of actuary					Date			
Jeffrey P. Mahon, EA						17-0815	1		
	print name of actuary				Most r	ecent enrollmer	nt number		
Retirement Systems of Cal	.ifornia					844)604-3	163		
21021 Ventura Bl., Suite	Firm name 300			Tel	ephone	number (includi	ng area code)		
Woodland Hills		CA 91364							
A.	ddress of the firm								
f the actuary has not fully reflected any reg nstructions	ulation or ruling promulgate	ed under the statute in	completing	g this schedule	, check	the box and see	, []		
For Paperwork Reduction Act Notice, s	ee the Instructions for Fo	orm 5500 or 5500-SF.				Schedule S	B (Form 5500) 2017 v. 170203		

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	alances									
								(a) C	arryover baland	ce	((b) Pref	undiı	ng bala	nce
7		0	0 1 2		able adjustments (line 13 fro	•					0			3	4,364
8				•	nding requirement (line 35 f	•								3	4,364
9	Amount	remaining	g (line 7 minus line	e 8)							0				0
10	Interest	on line 9 (using prior year's	actual retur	m of <u>9.04</u> %						0				0
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:										
	a Presei	nt value o	of excess contribut	ions (line 3	8a from prior year)										51552
					over line 38b from prior ye interest rate of 5.06										0
	b(2) Int	erest on l	ine 38b from prior	year Sche	dule SB, using prior year's	actual									0
							·								
		ivaliable a	t beginning of curre	ent plan yea	r to add to prefunding balanc	æ	-								51552
	d Portio	n of (c) to	be added to pref	unding bala	ance										
12	Other re	ductions i	in balances due to	elections of	or deemed elections										0
13	Balance	at beginr	ning of current yea	ır (line 9 + li	ine 10 + line 11d – line 12)						0				0
P	Part III	Fun	ding Percenta	ages											
14	Funding	target att	ainment percenta	ge								1	4	116	.11%
													5	115	.00%
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current								95	.20%					
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	ch percentage.			1	7		%
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls										
18				<u> </u>	ar by employer(s) and empl										
(1	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-D	Date D-Y		(b) Amount employ		ру	• •		nt paid byees	by
-)1/13/2		. ,	3,000	0	Ì		,						2	
	9/12/2		1	24,100	0										
						Totals	•	18(b)	1	27.	100 1	8(c)			0
19	Discount	ted emplo	over contributions	– see instru	uctions for small plan with a	valuation	date	after the	beginning of th	e yea	:				
	a Contri	butions a	llocated toward ur	npaid minim	num required contributions	from prior y	ears			19a	1				
	b Contri	butions m	nade to avoid restr	rictions adju	usted to valuation date					19k)				
	C Contril	butions all	ocated toward min	imum requir	red contribution for current ye	ear adjusted	to va	aluation d	ate	190	;			12	3,104
20	Quarterl	y contribu	itions and liquidity	shortfalls:											
	a Did th	e plan ha	ve a "funding sho	rtfall" for the	e prior year?								Х	Yes	No
	b If line	20a is "Y	es," were required	l quarterly i	installments for the current	year made	in a	timely m	anner?					Yes	X No
	C If line	20a is "Y	es," see instructio	ns and com	nplete the following table as	applicable	:								
					Liquidity shortfall as of en	d of quarte	r of t		-	ľ					
		(1) 1s	t		(2) 2nd			(3)	3rd			(4)	4th	1	
				1											

Page 3

F	Part V	Assumpti	ons Used to D	etermine	e Funding Target ar	nd Target	Normal Cost						
21	Discount	rate:											
	a Segm	ent rates:	1st segm 4 . 16	ent: %	2nd segment: 5.72 %		3rd segment: 6.48 %			N/A, fu	l yield c	urve	used
	b Applic:	able month (er			J.72 %		0.10	21	2				2
22			,					22					62
		table(s) (see i		_	cribed - combined	-	ed - separate	-	stitute				02
	-	Miscellane		A 1100					ontato				
											an dara d		
24		•	•		arial assumptions for the o						·	/es	X No
25	Has a me	ethod change I	been made for the	current plar	n year? If "Yes," see instr	ructions rega	rding required attach	nment.			[] `	/es	X No
26	Is the pla	in required to p	provide a Schedule	of Active F	Participants? If "Yes," see	instructions	regarding required a	attachr	ment		י []	/es	X No
27	•	•	alternative funding		r applicable code and see	e instructions	regarding	27					
P	art VII	Reconcilia	ation of Unpai	d Minim	um Required Contri	ibutions F	or Prior Years						
28	Unpaid m	ninimum requir	red contributions fo	or all prior ye	ears			28					0
29					unpaid minimum required			29					
30	Remainir	ng amount of u	inpaid minimum re	quired conti	ributions (line 28 minus lin	ne 29)		30					0
Pa	art VIII	Minimum	Required Con	tribution	For Current Year								
31	Target ne	ormal cost and	d excess assets (se	ee instructio	ns):								
	a Target	normal cost (lii	ne 6)					31;	a			11	L3,687
				ater than lir	ne 31a			311	C			11	LO,084
32	Amortiza	tion installmen	its:				Outstanding Bala	nce		lr	stallme	nt	
33					er the date of the ruling let) and the waived am			33					
34	Total fund	ding requireme	ent before reflecting	g carryover/	/prefunding balances (line	es 31a - 31b	+ 32a + 32b - 33)	34					3,603
					Carryover balance	е	Prefunding balar	nce		To	tal balar	nce	
35			se to offset funding										0
36	Additiona	al cash require	ment (line 34 minu	s line 35)				36	;				3,603
37				•	ntribution for current year a	,	``	37	,			12	23,104
38	Present v	alue of exces	s contributions for	current yea	r (see instructions)								
	a Total (e	excess, if any,	of line 37 over line	36)				38	a			11	L9,501
	b Portion	included in lir	ne 38a attributable	to use of pr	efunding and funding star	ndard carryo	ver balances	38	o 🛛				
39	Unpaid m	ninimum requir	red contribution for	current yea	ar (excess, if any, of line 3	6 over line 3	7)	39)				0
40	Unpaid m	ninimum requir	red contributions fo	or all years.				40					0
Ра	rt IX	Pension	Funding Relie	f Under I	Pension Relief Act of	of 2010 (S	ee Instructions	5)					
41	If an elec	tion was made	to use PRA 2010	funding reli	ef for this plan:								
	a Schedu	ule elected							2	plus 7 yea	rs	15 y	rears
	b Eligible	e plan year(s) f	or which the election	on in line 41	la was made				2008	2009	2010		2011
42	Amount o	of acceleration	adjustment					42					
43	Excess in	stallment acce	eleration amount to	be carried	over to future plan years.			43					

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

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>		
Interest Rates	Seg 1: 4.16% 1.76%	Seg 1: 1.79%	Pre-Retirement: 5.00%		
	Seg 2: 5.72% 3.74%	Seg 2: 3.80%	Post-Retirement: 5.00%		
	Seg 3: 6.48% 4.63%	Seg 3: 4.71%			
Applicable Date	10/2017 10/2017	11/2016			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation		
Future Salary Incr	4% salary increase per year	None	None		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years	2017 Applicable Mortality Table from Notice 2016-502017 Applicable Mortal Table from Notice 2016-50			
Assumed Benefit Form	For Funding	Lump Sum			
Pct Assumed Married	0% assumed married		0% assumed married		
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant		
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		
Calculated Effective Int	erest Rate	4.97%			
Actuarial Cost Method		The Unit Credit funding method prescribed by the Pension Protect method sets the funding target e value of accrued benefits, and se equal to the present value of the the current year.	ction Act. This qual to the present ets the normal cost		

Attachment to 2017 Schedule SB, Part V - EIN: 91-1972945 PN: 001

David A. Clark Architects, PLLC Defined Benefit Pension Plan

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

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

	David A. Clark Architects, PLLC Defined Benefit Pension Plan Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 12/31/2017
Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2017 to December 31, 2017
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:
	1 year of service Minimum age 21
	Union employees & non-resident aliens are excluded
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 years of participation from beginning of entry year
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	The accrued benefit as of January 1, 2012, plus the benefit based on the following formula:
	Group 1: David Clark \$450 per month times Credit Service post 1.1.2012 up to a maximum 35 years.
	Group 2: Sheryl Brown 3% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.
	Group 3: All Others 0.5% of Average Compensation times Credited Service post 1.1.2012 up to a maximum 35 years.
	0% of average compensation
	The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

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

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before January 1, 2012 Years with less than 1,000 hours

Termination BenefitUpon termination for any reason other than death or retirement
a participant shall be entitled to a portion of the actuarial
equivalent of his accrued benefit in accordance with the
following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

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

Years before the effective date Years before age 18 Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1,000 hours Years plan is not top-heavy

A benefit payable for the life of the participant

the company. This plan is currently top-heavy.

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

Top-Heavy Status

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of

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

death

David A. Clark Architects, PLLC Defined Benefit Pension Plan Employer ID# 91-1972945: Plan No. 001

Quarterly Installment Payment: \$778.00

Schedule SB, line 19 - Discounted Employer Contributions

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

<u>Date</u> 01-13-2017	<u>Amount</u> 3,000.00	<u>Year</u> 2017	<u>Rate</u> 4.97%	Period 01-13-2017 to 12-31-2017	<u>Adj Ctb</u> 3,143.76
09-12-2018	112.00	2017	9.97% 4.97%	09-12-2018 to 01-15-2018 01-15-2018 to 12-31-2017	105.00
	123,988.00	2017	4.97%	09-12-2018 to 12-31-2017	119,855.14
Totals:	127,100.00				123,103.90

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
а	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	123,103.90

DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1972945: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2017

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.