	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089			
Inte	artment of the Treasury rnal Revenue Service	This form is required to be file Income Security Act of 1974	ed under sections 104 and	d 4065 of the Employee R		2017			
Employee B	Benefits Security Administration	_	Revenue Code (the Code). This Form is Ope Public Inspectio						
			Complete all entries in accordance with the instructions to the Form 5500-SF.						
For calend		Identification Information		and ending 1	2/31/2017				
		X a single-employer plan				king this box must attach a			
A This re	turn/report is for:	a one-participant plan	list of participating e	employer information in a	ccordance w	ith the form instructions.)			
B This ret	urn/report is	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)				
C Check	box if filing under:	× Form 5558	automatic extension	1	DFVC p	rogram			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name					1b Three	•			
THE CHECK	K DEPOT, INC. CASH	BALANCE PENSION PLAN AND	TRUST		plan (PN)	number			
					. ,	tive date of plan			
2a Plans	sponsor's name (emplo	yer, if for a single-employer plan)			2b Empl	01/01/2014 oyer Identification Number			
Mailin	g address (include roo	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign pos		structions)	(EIN)	90-0254771			
THE CHECK	K DEPOT, INC.				2C Spor	sor's telephone number 941-525-2217			
					2d Busir	ness code (see instructions)			
	NOLOGY DRIVE, SUIT NICE, FL 34275	Εð				453990			
3a Plan a	administrator's name ar	nd address X Same 🛛 as Plan Spo	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN				
a Spons C Plan N	sor's name Name				4d PN				
	and a star of the set of the set				5a	8			
-		at the beginning of the plan year.			5a 5b	9			
		at the end of the plan year account balances as of the end of			50 50	9			
•	,	rticipants at the beginning of the p			5d(1)	8			
• • •		rticipants at the end of the plan ye	•		5d(2)	9			
• • •		terminated employment during th				<u>9</u> 0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e									
Under pen	alties of perjury and ot	or incomplete filing of this retur her penalties set forth in the instru nd signed by an enrolled actuary, ;	ctions, I declare that I have	ve examined this return/re	port, includi	ng, if applicable, a Schedule			
belief, it is	true, correct, and com	plete. /valid electronic signature.	10/11/2018	JAMES WOOD		_			
HERE	Signature of plan a	0	Date	Enter name of individ	ual signing :	as plan administrator			
SIGN		/valid electronic signature.	10/11/2018	JAMES WOOD	2.2.3.119	1			
HERE	Signature of emplo	yer/plan sponsor	Date		lual signing a	as employer or plan sponsor			
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2017) v.170203			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes 🗌 No	о	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cann		,					5	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							I	
	If "Yes" is checked, enter the My PAA confirmation number from th)	
Pa	rt III Financial Information								
<u>га</u> 7	Plan Assets and Liabilities		(a) Baginging	of Voor			(b) End of Voor	-	
<u>′</u>		. 7a	(a) Beginning (97049			(b) End of Year 1696194		
<u> </u>	Total plan assets Total plan liabilities	7a 7b	12	57045			1000104		
	Net plan assets (subtract line 7b from line 7a)	70 70	12	97049			1696194		
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b) Total		
a	Contributions received or receivable from:								
	(1) Employers	8a(1)	3	76100					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	:	23045					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					399145		
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)								
f	Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f								
								-	
								-	
- <u>-</u> -	Net income (loss) (subtract line 8h from line 8c)								
, Do	rt IV Plan Characteristics	8j						_	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	ractorio	stic Co	in the instructions:		
Ja	1A 1C				laoton				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount	_	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction						
	Program)			10a		Х			
0	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	X		250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 								
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X								
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i									

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Page 3- 1

Part	VI	Pension Funding Compliance				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scl rm 5500) and line 11a below)	nedule	SB		Yes 🗌 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 (of		Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar nting the waiver.	d enter Da		of the lette Year	
lf y	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	r 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 left of a 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?		X Yes	, <u></u> р	lo
	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 brought under the trol of the PBGC?			Yes	K No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)	13c(3	3) PN(s)

	SCH	EDULE SB	Single-Er	nplov	yer Define	d Ber	nefit Plan			OMB N	No. 1210-0110
		orm 5500)			rial Inforn						0047
	Depar	ment of the Treasury									2017
		al Revenue Service	This schedule is re Retirement Income	equired to	b be filed under s	ection 10	4 of the Employ	ee			
	Employee Ber	nefits Security Administration			Revenue Code (th			uie	Th		is Open to Public spection
	Pension Be	nefit Guaranty Corporation	File as	s an atta	chment to Form	5500 or	5500-SF.				
Fo	r calendar p	olan year 2017 or fiscal p	lan year beginning 0	01/01/201	17		and endin	g 12/3	31/201	7	
		amounts to nearest do		(л			
-	Name of pla		e assessed for late filing o	of this rep	ort unless reaso	hable cal					
	•		ALANCE PENSION PLAN	N AND T	RUST		B Three-diplan num	0	n -	•	002
							plannan		·)	,	
		or's name as shown on li K DEPOT, INC,	ne 2a of Form 5500 or 55	00-SF			D Employer			Number (E	EIN)
								90-02	54771		
E	Type of plan	: 🗙 Single 🗌 Multiple	e-A Multiple-B		F Prior year pla	an size:	X 100 or fewer	101-	-500	More th	nan 500
		Basic Information				_			L		
1		valuation date:	Month 12	Day <u>31</u>	Year 20)17					
2	Assets:						•				
	a Market	value						. 2a			1320094
	b Actuar	al value						2b			1320094
3	Funding	target/participant count b	reakdown			· · ·	Number of articipants	. ,	sted F Targe	unding	(3) Total Funding Target
	a For ret	ired participants and ben	eficiaries receiving payme	ent					Tarye	0	
			nts				1			2358	2358
							9			1347280	1347280
	d Total						10			1349638	1349638
4			k the box and complete li								
	a Fundin	g target disregarding pre	scribed at-risk assumption	ns				4a			
	b Fundin	g target reflecting at-risk	assumptions, but disrega	rding trar	nsition rule for pla	ans that h	ave been in	4h			
5			consecutive years and di	0	<u> </u>						F F 4 9/
5 6	_							5 6	_		5.54 % 431609
	0	Enrolled Actuary									401000
	To the best of accordance wi	my knowledge, the information s	upplied in this schedule and accom . In my opinion, each other assump								
	SIGN HERE									09/29/201	8
			Signature of actuary							Date	0
C	LINT A. BL	ANKENSHIP, EA, MSP	o ,							17-06679	Э
		Туре	or print name of actuary					Most	recent	enrollme	nt number
Ν	ICCLOUD	AND ASSOCIATES, INC							8	16-792-38	338
	00 WEST N		Firm name				Τe	elephone	e numt	er (includ	ling area code)
L	IBERTY, M	O 64068									
			Address of the firm				_				
		as not fully reflected any	regulation or ruling promu	lgated ur	nder the statute ir	n complet	ting this schedul	e, check	the bo	ox and se	e
	uctions r Paperwor	k Reduction Act Notice	, see the Instructions fo	or Form §	5500 or 5500-SF				Sc	hedule S	B (Form 5500) 2017

v. 170203

P	art II	Begin	ning of Year	Carryov	ver and Prefunding B	alances									
								(a) C	arryover baland	æ	(b)	Prefundi	ng balance		
7		•	0 1 2		able adjustments (line 13 fro	•				0			107653		
8				,	nding requirement (line 35 f					0			0		
9	Amount r	emaining	g (line 7 minus line	8)						0			107653		
10	Interest c	n line 9 u	using prior year's a	actual retu	rn of <u>2.03</u> %					0			2185		
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:										
	a Preser	it value o	f excess contribut	ions (line 3	38a from prior year)							309			
	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>5.58</u> %									0					
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return									0					
	C Total available at beginning of current plan year to add to prefunding balance										309				
	d Portior	n of (c) to	be added to prefu	unding bala	ance								309		
12	Other rec	luctions i	n balances due to	elections	or deemed elections					0			0		
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)					0			110147		
P	Part III	Fun	ding Percenta	ages											
14									89.19%						
15	15 Adjusted funding target attainment percentage							. 15	94.43%						
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	86.25%						
17	If the cur	rent value	e of the assets of t	the plan is	less than 70 percent of the	funding ta	rget,	enter suc	ch percentage			. 17	%		
Ρ	Part IV	Con	tributions and	d Liquid	lity Shortfalls										
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:									
()	(a) Date אין MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	a) -MM)) Dat DD-Y		(b) Amount employe		ʻ ((c) Amount paid by employees			
· · · ·)9/14/2018	,		376100	0			,		()					
	Totals ► 18(b) 376100 18(c)							C							
19	9 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:														
	a Contributions allocated toward unpaid minimum required contributions from prior years														
	b Contributions made to avoid restrictions adjusted to valuation date														
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date														
20	20 Quarterly contributions and liquidity shortfalls:														
	a Did the plan have a "funding shortfall" for the prior year? No														
	b If line 2	20a is "Y	es," were required	l quarterly	installments for the current	year made	in a	timely m	anner?				Yes X No		
	c If line 2	20a is "Ye	es," see instruction	ns and cor	mplete the following table as	applicabl	e:								
		(4) 4			Liquidity shortfall as of en	d of quart	er of					(4) 4:			
		(1) 1s	t 0		(2) 2nd			(3)	3rd 0			(4) 4th	<u>ו</u> 0		
			<u> </u>		v				<u> </u>				<u> </u>		

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P	Part V	Assumpti	ons Used to Determine	e Funding Target and Ta	rget Normal Cost						
21	Discount	rate:									
	a Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %			N/A, ful	l yield c	urve	used
	b Applica	able month (er	nter code)			21	b		0		
22	Weighted	d average retire	ement age			. 22	2		64		
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined	escribed - separate	Sub	ostitute				
Pa	art VI	Miscellane	ous Items								
24		-		arial assumptions for the current					· _	res	X No
25	Has a me	ethod change b	been made for the current pla	n year? If "Yes," see instruction	s regarding required attac	hment			Y	res	X No
26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see instru-	ctions regarding required	attach	ment		X Y	res	No
27	7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding 27										
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributio	ons For Prior Years						
28	Unpaid m	ninimum requir	ed contributions for all prior y	ears		. 28	3				0
29				unpaid minimum required contrib	1 1	29	•				0
30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line 29)		. 30)				0
Pa	art VIII	Minimum	Required Contribution	n For Current Year							
31	Target n	ormal cost and	d excess assets (see instruction	ons):							
	a Target	normal cost (lii	ne 6)			. 31	a			4316	609
	b Excess	s assets, if app	licable, but not greater than li	ne 31a		. 31	b				0
32	Amortiza	tion installmen	its:		Outstanding Bala	ance		In	stallmer	nt	
	a Net she	ortfall amortiza	tion installment			14579	3			278	382
	b Waiver	r amortization i	installment				0				0
33				er the date of the ruling letter gra) and the waived amount		33	3				
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34	1			4594	491
				Carryover balance	Prefunding bala	nce		To	al balan	ice	
35			se to offset funding	0	1	14999)			1149	999
36	Additiona	al cash require	ment (line 34 minus line 35)			. 36	5			3444	492
37				ntribution for current year adjuste	,	37	7			3444	492
38	Present	value of excess	s contributions for current yea	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)			. 38	а				0
	b Portion	n included in lin	ne 38a attributable to use of p	refunding and funding standard of	carryover balances	. 38	b				0
39	Unpaid m	ninimum requir	ed contribution for current year	ar (excess, if any, of line 36 over	line 37)	. 39	•				0
40	Unpaid m	ninimum requir	ed contributions for all years.			. 40)				0
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of 20	10 (See Instructions	s)					
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	s	15 ye	ears
	b Eligible	e plan year(s) f	or which the election in line 4	1a was made			2008	2009	2010	2	011
42	Amount c	of acceleration	adjustment			. 42	2				
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	3				

Form 5500-SF		turn/Report of Small Employ enefit Plan	/ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		under sections 104 and 4065 of the Employe	e		2017
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	the Internal	1974 (ERISA), and section 6057(b) and 6058 Revenue Code (the Code)			is Open to Public
	Complete all entries in accordation information	nce with the instructions to the Form 550	0-SF.		
For calendar plan year 2017 or fisc		01/01/2017 and ending	1	2/31/2017	
For calendar plan year 2017 of lisc	5	and the second			
A This return/report is for: B This return/report is:	a one-participant plan a the first return/report the	multiple-employer plan (not multiemployer) (list of participating employer information in a foreign plan he final return/report short plan year return/report (less than 12 m	iccorda	ance with the for	
C Check box if filing under:	Form 5558	utomatic extension		DFVC progra	am
Part II Basic Plan Infor 1a Name of plan	mation enter all requested information	ation	1b	Three-digit	
	. Cash Balance Pension Pla	an and Trust		plan number (PN) ►	002
			1c	Effective date of 01/01/2014	
Mailing Address (include room	r, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code		2b	Employer Ident (EIN) 90-02	ification Number 54771
The Check Depot, Inc		a (interlegit) also instructions/	2c	Sponsor's telep (941) 525-	
3439 Technology Driv	e, Suite 8		2d	Business code 453990	(see instructions)
US North Venice FL 34275			01		See 22. 1
3a Plan administrator's name and	address X Same as Plan Sponsor		30	Administrator's	EIN
			3c	Administrator's	telephone number
		nged since the last return/report filed for	4b	EIN	
a Sponsor's name C Plan Name	or's name. EIN, the plan name and the	pan number irom menast returnireport.	4d	PN	
5a Total number of participants a	the beginning of the plan year		52	a	8
			51		9
c Number of participants with ac	count balances as of the end of the plan		50	2	
	pants at the beginning of the plan year		5d((1)	8
d(2) Total number of active partie	pants at the end of the plan year		5d(9
6	minated employment during the plan ye	ear with accrued benefits that were	5	e	0
Caution: A penalty for the late o	Incomplete filing of this return/repo	rt will be assessed unless reasonable cau	use is	established.	
	signed by an enrolled actuary, as well	I declare that I have examined this return/report as the electronic version of this return/report			
SIGN ACU	000	10/11 12018 James Wood			

HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	a wood	10/11/2018	James Wood
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 assets? (See instructions.)

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.)

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••••••••••••••••••••••••

X Yes No

XYes No

	If you answered "No" to either line 6a or line 6b, the plan canno										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins		•			_	x Yes	No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year	4073	3600			(See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Year			
а	Total plan assets	7a	1,29					1,696,194			
b	Total plan liabilities	7b	, -		-			, , -			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,29	97,0	49	1,696,194					
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-			(b) Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	37	76,1							
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2	23,0	45	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						399,145			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0					
i	Net income (loss) (subtract line 8h from line 8c)						399,145				
j	Transfers to (from) the plan (see instructions)										
Pa	rt IV Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	: Code	s in the	e instructions:			
	1A 1C										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Cha	racto	ristic (Codes	in the	instructions:			
~	in the plan provides wenare benefits, enter the applicable wenare lea			acie	nsuc	Coues	in uic				
Da	art V Compliance Questions										
10					Vaa	No	N/A	Amount			
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within	the time period		Yes	NO	IN/A	Amount			
u	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		-								
	Program)	,	5	10a		x					
b	Were there any nonexempt transactions with any party-in-interest?			10b		x					
C	reported on line 10a.)			10D	x			250,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused	10d		x					
e	by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under Image: Comparison of the service of										
	the plan? (See instructions.) 10e X										
f	f Has the plan failed to provide any benefit when due under the plan?										
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)										
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i											

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Par	t VI	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)				x	Yes		No
11a		he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					0
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No	
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver M	structions, an onth	id enter Da		of the Ye		ruling	_
If y	ou com	ppleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line '	13.						
b	Enter t	he minimum required contribution for this plan year.	••••••	12b					
с	Enter t	he amount contributed by the employer to the plan for the plan year	••••••	12c					
d									
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes 🗌	No		N/A	
Par	t VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?		X	Yes		No		
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year	••••••	13a					0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?								
С	-	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	tify the plan(s	s) to					
1	3c(1) Na	ame of plan(s):	13c(2) El	IN(s)		13	c(3) P	'N(s)	

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

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

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

Employer:	The Check Depot, Inc.
Type of Entity -	•
	EIN: 90-0254771 TIN: 47-2690945 Plan #: 002 Plan Type: Cash Balance
Dates:	Effective - 01/01/2014 Year end - 12/31/2017 Valuation - 12/31/2017
	Top Heavy Years - 2014, 2015, 2016, 2017
Eligibility:	All employees excluding non-resident aliens, members of an excluded class, union, and excluding members of Cls - "LEASED"
	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: Normal -	First of month coincident with or next following attainment of age 62 and completion of 5 years of participation
Early -	Not provided
Average Compensation:	Current compensation
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Frozen benefit formula
Pay Credits -	txtPayCredits
Interest Credit Rate -	Current Yr - 5% Projected Yrs - 5%
Accrued Benefit -	Frozen accrued benefit as of 12/31/2017
	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) plan actuarial equivalence interest and mortality
Early Retirement -	None
Death Benefit -	Present Value of Accrued Benefit
Disability Benefit -	None
Top Heavy Minimum:	Provided in another plan
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$215,000
	Maximum 401(a)(17) compensation - \$270,000
PBGC:	Plan is covered by Pension Benefit Guaranty Corporation
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Annuity Guaranteed for 0 Years Joint with 50%, 66.67%, 75% or 100% Survivor Benefit
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service, except years prior to age 18
Present Value of Accrued Bene	fit: Based on the Hypothetical Account Balance.

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

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

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

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

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

Valuation Date:	12/31/2017									
Funding Method:	As prescribed in IR	As prescribed in IRC Section 430								
Age	Eligibility age at last birthday and other ages at last birthday									
	n - Current compensation t - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding									
Form of Payment	for lump sum is the Interest Credit Rate will not exceed 415	e current Hype e discounted 5 maximum al	othetical Acc using approp llowable dist	ount Balance project	cted to the as Lump sum o e lesser amou	sumed retirem n plan actuaria unt computed u	ent date using the al equivalence rates using a) 5.5%			
Interest Rates	- Segment rates for permitted under IR			Segment rates as of permitted under IR HATFA						
	Segment #	Year	Rate %	Segment #	Year	Rate %				
	Segment 1	0 - 5	1.79	Segment 1	0 - 5	4.16				
	Segment 2	6 - 20	3.70	Segment 2	6 - 20	5.72				
	Segment 3	> 20	4.56	Segment 3	> 20	6.48				
Pre-Retirement - Post-Retirement -	Mortality Table - Early Retirement T Turnover Table - Disability Table - Salary Scale - Interest Credit Rate Expense Load - Ancillary Ben Load Mortality Table -	None None e - Currer None - None	nt Yr - 5% 2017 Combin	Projected Yrs - 5%						
	Cost of Living -	None								
Asset Valuation Method:	Fair market value o	of assets adju	sted for cont	tributions under IRC	; 430(g)(4)					
Discrimination Test Assumption	ns:									
HCE Determination -	Based on all emplo	oyees								
Otherwise Excludable -	Otherwise Excluda	ble HCEs are	e included wi	th the Not Otherwis	e Excludable	employees				
410(b)/401(a)(4) Testing:										
Pre-Retirement -	Interest -	8.5%	C	CB Projection Rate	- 5%					
Post-Retirement -	Interest - Mortality Table -	8.5% Applicable I	Mortality Tab	ole - IRC 417(e)(3)						
Permissively Aggregated Plans -	Tested as a Single	Plan								
Compensation -	Use current compe	ensation to ca	Iculate the b	enefit accrual rate (annual metho	od)				
	- Normal retirement age or attained age, if older									
	Separate benefiting	-	-		ate Method					
-		-								
Normal Form for WVAR -	Joint with 50% Survivor Benefits									

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

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

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 32 -Schedule of Amortization Bases

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

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

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	72,916	Shortfall	55,977	5	12,126
	12/31/2016	51,806	Shortfall	45,997	6	8,560
	12/31/2017	43,819	Shortfall	43,819	7	7,196
Totals:				\$145,793		\$27,882

Schedule SB, line 26 -Schedule of Active Participant Data

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771/002

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

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		2								
30 to 34		3								
35 to 39		1								
40 to 44										
45 to 49										
50 to 54										
55 to 59		2								
60 to 64										
65 to 69		1								
70 & up										

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

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

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.

Schedule SB, line 19 -Discounted Employer Contributions

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

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

Valuation Date: 12/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal	09/15/2018	\$120,603					
PFB Applied to MRC	12/31/2017	83,159	80,049	0	0	5.54	0
PFB Applied to Quarterly Contribution	01/15/2018	37,444	34,950	0	37,444	5.54	10.54
Totals for Applied Carryover or Prefunding Bala	ance	\$120,603	\$114,999	\$0	\$37,444		
Deposited Contribution	09/14/2018	\$376,100					
Applied to Quarterly Contribution	04/15/2017	103,386	93,218	0	103,386	5.54	10.54
Applied to Quarterly Contribution	07/15/2017	103,386	94,300	0	103,386	5.54	10.54
Applied to Quarterly Contribution	10/15/2017	103,386	95,407	0	103,386	5.54	10.54
Applied to Quarterly Contribution	01/15/2018	65,942	61,567	0	65,942	5.54	10.54
Totals for Deposited Contribution		\$376,100	\$344,492	\$0	\$376,100		

SCHEDULE	E SB	Single-Emplo	ver	Defined Ber	nefit Plan	OMB No. 1210-0110				
(Form 55	00)	Actuarial Information 2017								
Department of the Tr Internal Revenue S	•				-			20	17	
Department of La Employee Benefits Security	tof Labor eaurity Administration 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).								ıblic	
Pension Benefit Guaranty	Corporation			nt to Form 5500 or 5	500-SF.					
For calendar plan year	2017 or fiscal			2017	and endi	ng 12	/31/20	017		
Round off amounts		•								
	of \$1,000 will b	be assessed for late filing of this re	eport u	inless reasonable cau						
A Name of plan					B Three-dig	-				
The Check Depot,	Inc. Cas	h Balance Pension Plan	and	Trust	plan num	iber (PN) ►		002	
C Plan sponsor's name	as shown on	line 2a of Form 5500 or 5500-SF			D Employer I	dentifica	tion Num			
The Check Depot,						90-025				
The check Depot,	Inc.	1 ////////////////////////////////////				-025	141/1			
E Type of plan: X Sing	le 🗌 Multip	le-A 🗍 Multiple-B	F	Prior year plan size:	100 or fewer	101-	500 🔲	More that	ו 500	
Part I Basic Int	formation									
1 Enter the valuation	date:	Month <u>12</u> Day	31	<u> Year 2017 </u>						
2 Assets:							-			320,094
_						2a 2b				
			·····					(0)	·····	320,094
3 Funding target/par	ticipant count	breakdown:		(1) Number of participants	(2) Veste Ta	rget	ng	(3)	Total Fund Target	aing
a For retired partic	ipants and be	neficiaries receiving payment	[0			0			0
b For terminated v	ested particip	ants	[1			2,358			2,358
	•••	•••••		9		1,34	7,280		1,3	347,280
•				10		1,34	9,638		1,3	349,638
		eck the box and complete lines (a)		b)						
a Funding target d	isregarding pr	escribed at-risk assumptions		•••••		4a				
		k assumptions, but disregarding tr five consecutive years and disreg			nave been in	4b	4	L		
5 Effective interest r	ate				••••••	5			5	5.54 %
		•••••••••••••••••••••••••••••••••••••••			••••••	6			4	431,609
Statement by Enrolled To the best of my knowledge, accordance with applicable la combination, offer my best est	the information su w and regulations.	pplied in this schedule and accompanying so In my opinion, each other assumption is reas ed experience under the plan.	hedules sonable	, statements and attachment (taking into account the expe	ts, if any, is complete arlence of the plan ar	and accur d reasonal	ate. Each pr ble expectat	esibed assur ions) and sud	nption was ap h other assum	oplied in nptions, in
SIGN HERE	Clint	A. Blankenship	hB				09/29	/2018		
		Signature of actuary			+		C	ate		
Clint	A. Blanke	enship, EA, MSPA					17-06	679		
i.	Туре	or print name of actuary				Most	recent er	rollment n	umber	
Mcclou	id and Ass	sociates, Inc				(8	16) 79	92-3838		
200 We	est Mill 9	Firm name St			T	elephon	e numbei	(including) area code	e)
US Liber	-v	MO 64068								
		Address of the firm								
If the actuary has not full instructions	y reflected any	y regulation or ruling promulgated	under	the statute in comple	ting this schedu	lle, chec				
For Paperwork Reduction	on Act Notice	e, see the instructions for Form	5500	or 5500-SF.			Sc	hedule SI	B (Form 5	500) 2017 v. 170203

Page	2	

Pa	rt II	Beginning of Year	Carryov	er and Prefunding Bal	ances						
		<u> </u>				(a)	Carryover balance		(b) F	Prefundir	ng balance
7				icable adjustments (line 13 fro				0			107,653
8	. ,			funding requirement (line 35 fr							1077055
		•	•					0			0
9	Amount	remaining (line 7 minus li	ine 8)		•••••			0			107,653
10	Interest	on line 9 using prior year'	s actual re	turn of2.03%	•••••			0			2,185
11	Prior yea	ar's excess contributions	to be adde	d to prefunding balance:							
	a Prese	ent value of excess contri	butions (lin	e 38a from prior year)	•••••						309
	• •			8a over line 38b from prior ye							
	So	chedule SB, using prior ye	ear's effect	ive interest rate of 5.58	<u> </u>						0
	b(2) In	terest on line 38b from pr	ior year Sc	hedule SB, using prior year's	actual						
	re	turn	•••••	• • • • • • • • • • • • • • • • • • • •	•••••						0
	C Total	available at beginning of	current pla	an year to add to prefunding ba	alance .						309
	d Portio	on of (c) to be added to p	refunding b	alance	•••••						309
				s or deemed elections				0			0
	Balance	at beginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .	•••••			0			110,147
Pa	art III	Funding Percent	ages								
14	Funding	target attainment percen	tage		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	14	89.19 %
-				ge						15	94.43 %
16				s of determining whether carry						16	86.25 %
17				is less than 70 percent of the						17	%
Pa	art IV	Contributions an	d Liquid	litv Shortfalls							
18	Contribu			vear by employer(s) and employer	oyees:						
	(a) Date M-DD-YY	(b) Amount p	aid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employe		/		unt paid by byees
09,	/14/201	.8 3	376,100								
					Tetala	N 40/h)			19(0)		
	<u> </u>				Totals	()			18(c)		0
19				structions for small plan with a			· · ·	e year: 19a			0
				nimum required contributions f			F				0
				djusted to valuation date				19b			344,492
20		v contributions and liquid		equired contribution for currer	n year ad	usied to va		19c			511,192
-0		, ,		the prior year?						v	Yes No
				y installments for the current					•••••		Yes X No
				omplete the following table as		-					
		20010 100, 300 1131100		Liquidity shortfall as of end			n year				
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	1
			1		1			1			

Page 3

Pa	rt V	Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost							
21	Disco	ount rate:										
	a Se	egment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used					
	ь ,		4.16 %	5.72 %	6.48 %							
	b Applicable month (enter code) 21b 0 22 Weighted average retirement age 22 22 22 22 22 22 23 24											
						22	64					
23	Morta	ality table(s) (see	e instructions)	escribed - combined Pres	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	eous items									
24	Has a	a change been r	made in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required					
	attac	hment	• • • • • • • • • • • • • • • • • • • •	•••••		• • • • •	Yes 🗶 No					
25	Has a	a method chang	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment	Yes 🗶 No					
26	Is the	e plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachment	• • • • • • • • • • • • • • • • • • •					
27	If the	plan is subject t	to alternative funding rules, ent	er applicable code and see instruc	tions regarding	27						
	attac	hment	••••••••••••••	• • • • • • • • • • • • • • • • •		21						
Pa	rt VII	Reconcili	ation of Unpaid Minimu	Im Required Contribution	s For Prior Years							
28	Unpa	aid minimum req	uired contributions for all prior	years		28	0					
29				unpaid minimum required contribution		29						
				•••••••		_	0					
				tributions (line 28 minus line 29)	• • • • • • • • • • • • •	30	0					
Pa	rt VII	Minimum	Required Contribution	For Current Year								
31	Targe	et normal cost a	nd excess assets (see instructi	ons):								
	a Ta	rget normal cost	: (line 6)	•••••		31a	431,609					
	b Exe	cess assets, if a	pplicable, but not greater than	line 31a		31b	0					
32	Amo	rtization installm	ents:		Outstanding Bala	ance	Installment					
	a Ne	t shortfall amorti	ization installment		1	L45,793	27,882					
	b Wa	iver amortization	n installment	• • • • • • • • • • • • • • • • •		0	0					
33				ter the date of the ruling letter gran		33						
) and the waived amount .								
34	Total	funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	459,491					
				Carryover balance	Prefunding Bala	ance	Total balance					
35	Balar	nces elected for	use to offset funding									
			•••••	0		L14,999	114,999					
				•••••		36	344,492					
37	Cont (line			ontribution for current year adjusted		37	344,492					
20					•••••		511,172					
			ess contributions for current ye			38a						
				• • • • • • • • • • • • • • • • • • •		38b	0					
				prefunding and funding standard ca		39	0					
39		•	,	ear (excess, if any, of line 36 over l	,	40	0					
40 Der			uired contributions for all years				0					
	rt IX		0	Pension Relief Act of 2010	(See instructions)						
	41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedule elected											
			•	11a was made			08 2009 2010 2011					
				•••••		42						
43	Exces	s installment ac	celeration amount to be carried	l over to future plan years ••••		43						