

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2017</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
<b>A</b> This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)			
		<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
<b>B</b> This return/report is		<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report			
		<input checked="" type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)			
<b>C</b> Check box if filing under:		<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program			
		<input checked="" type="checkbox"/> special extension (enter description) CORRECTIONS MADE			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan STAT DELIVERY SERVICES, LLC 401K PROFIT SHARING PLAN AND TRUST		<b>1b</b> Three-digit plan number (PN) ▶		001	
		<b>1c</b> Effective date of plan		01/01/2014	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STAT DELIVERY SERVICES, LLC  17431 AMBAUM BLVD S UNIT D51 BURIEN, WA 98148-2753		<b>2b</b> Employer Identification Number (EIN)		26-0292055	
		<b>2c</b> Sponsor's telephone number		206-743-6746	
		<b>2d</b> Business code (see instructions)		492110	
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. CLAY KEMPER  17431 AMBAUM BLVD S UNIT D51 BURIEN, WA 98148-2753		<b>3b</b> Administrator's EIN		26-0292055	
		<b>3c</b> Administrator's telephone number		206-743-6746	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN			
		<b>4d</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b>		1	
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b>		0	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>5c</b>		0	
<b>d(1)</b> Total number of active participants at the beginning of the plan year		<b>5d(1)</b>		1	
<b>d(2)</b> Total number of active participants at the end of the plan year		<b>5d(2)</b>		0	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<b>5e</b>		0	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
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.					
<b>SIGN HERE</b>		Filed with authorized/valid electronic signature.		03/15/2019	
		Signature of plan administrator		Date	
				Enter name of individual signing as plan administrator	
<b>SIGN HERE</b>		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.170207					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	20371	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	20371	0
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	20371	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	0	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		20371
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	20371	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .....	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		20371
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		0
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	20371	

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>		X	

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☒ No

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ 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 enter the date of the letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If 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**

**c** 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**

**e** 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 ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
MERRILL EDGE IRRA 8K1-17009		

Dear Plan Sponsor,

Regretfully, it has come to our attention that your company will be terminating your employer-sponsored retirement plan and recordkeeping service provided by Paychex Retirement Services.

Prior to terminating your 401(k) Qualified Retirement Plan, please note the following:

- ✓ All participants will become 100% vested in employer contributions immediately upon termination;
- ✓ A Qualified Retirement Plan may not be established until all assets have been distributed from the current plan and 12 months have passed;
- ✓ Paychex will continue to prepare 5500's for each plan year that assets remain in the plan;
- ✓ Monthly fees will continue to be charged until all assets have been removed from the plan;
- ✓ Termination of your plan may present tax consequences for participants with outstanding loans and those affected by compliance testing results.

Enclosed in this package, you will find a plan termination checklist that will guide you through the necessary steps involved to properly terminate your Plan. Additionally, we've outlined the responsibilities assigned to you and Paychex on page 3 of this package. Carefully review the Plan Termination acknowledgements to fully understand what is expected and required to terminate a 401(k) Plan.

Please review the remainder of this document. For assistance in properly completing the termination package or any questions, please contact our Customer Service Center at 800-472-0072.

Sincerely,

Paychex Retirement Services

**PAYCHEX**<sup>®</sup>  
Retirement Services

# Plan Termination – Paychex & Employer Responsibilities

As the Adopting Employer, it is your responsibility to properly execute the termination process. The below list outlines the tasks assigned to the Employer and to Paychex as the recordkeeper during and after the termination process.

## Employer

- ✓ **Complete Paperwork.** Sign and return pages 4 & 5 to Paychex to begin processing your Plan's termination.
- ✓ **Allocate Forfeiture Funds.** If these funds are not allocated prior to plan termination, they will be allocated automatically to all eligible participants.
- ✓ **Fund Required Contributions.** Take corrective action before distributing assets if any non-discrimination tests are out of compliance or if your plan provides a required employer contribution that is not deposited to the plan each pay period.
- ✓ **Inform Your Participants.** Participants will be taxed on any outstanding loan balances unless the balances are repaid in full prior to distributions being taken from the plan. Participants who are under age 59 ½ are also subject to a 10% early withdrawal penalty.
- ✓ **Provide Written Notification.** Alert all participants that the plan will be terminated as of the date provided to Paychex. We've included a sample notice on page 7 of this package.
- ✓ **Organization Resolution.** Create and file this document for your records. We've included a sample resolution that can be customized to suit your business needs on page 6 of this package.
- ✓ **Distribute Plan Assets.** Review procedures and guidelines below:
  - Upon termination, a letter will be sent to each employee notifying them that they are now eligible to take a distribution and instructing them how to do so.
  - Participants may also roll over their balances to a qualified Plan or an Individual Retirement Account (IRA). Should they wish to rollover their balance to an IRA through Paychex Securities Corporation, participants can contact Paychex Individual Services at 877-825-9984.
  - The Plan Administrator may contact Paychex to remove missing participants from the plan that cannot be located or have failed to response and hold a balance. Involuntary Distribution paperwork can be found on the web (<https://online.paychex.com>) on the Documents & Reports tab under Forms, or by contacting the Customer Service Center at 800-472-0072.
  - The Plan Sponsor may not distribute salary deferrals, safe harbor contributions, or qualified non-elective contributions to participants under the age 59 ½ who are currently employed by the company, if the company currently maintains, or will sponsor, another defined contribution plan (alternative defined contribution plan) within 12 months from the date the final distribution of assets is made from this terminated plan. The above-named contribution types must be transferred to the alternative defined contribution plan or remain in the current plan.
  - After 12 months, scheduled transfers of fund allocations for automatically enrolled participants will be void if the Plan's qualified default investment alternative (QDIA) is a GuidedSavings™ managed account. Guided Choice will continue to manage participant accounts for one year after the plan terminates.

## Paychex

- ✓ **ADP/ACP Compliance Testing.** Paychex will prepare a final plan year ADP/ACP test. If the test(s) fail, highly compensated employees (HCEs) will receive a return of excess contribution, unless, you've notified us of your intention to fund a Qualified Non-Elective Contribution (QNEC). You can view your plan results by visiting the web at <https://online.paychex.com>.
- ✓ **Quarterly Packages.** You will receive one final paper copy of your quarterly package. For all other quarterly reports following your last paper copy, please visit the web at <https://online.paychex.com>.
- ✓ **Monthly Administrative Fees.** Paychex will continue to deduct your monthly fees from the Plan's assets upon termination until all assets have been dispersed. Note: If your plan includes the SDBA feature, Paychex will continue to collect the monthly fees from the employers' bank account and not from the Plan's Assets.

# Plan Termination Acknowledgements

This page is required to complete your Plan's termination. Please fill in all required areas and return with your completed termination package.

As the Adopting Employer of Stat Delivery Services LLC, (select one below)  
(Company Name)\*

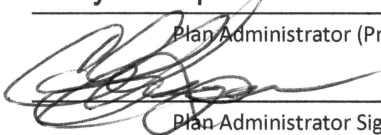
☒ 401(k) Profit Sharing Plan and Trust ☐ Simple IRA ☐ Money Purchase Plan, or ☐ Profit Sharing Plan,\*

I acknowledge the following:

- ✓ I have reviewed the Plan Termination Checklist and Employer Responsibilities.
- ✓ I have executed an Organization Resolution to terminate the plan.
- ✓ I have adopted all necessary plan amendments to conform to required law changes.
- ✓ I have notified all plan participants and beneficiaries regarding the termination of the plan.
- ✓ I understand that as a result of the terminating plan, all participants' account balances automatically become 100% vested.
- ✓ In the event a participant has not returned the Distribution Election Form, before making a distribution, I must attempt to locate that individual in accordance with the U.S. Department of Labor's missing participant guidance.
- ✓ I understand that Paychex monthly administrative fees will be deducted pro-rata from the Plan's assets (participant accounts and forfeitures) upon plan termination in accordance with the terms of the Paychex Retirement Services Agreement.
- ✓ I understand that if the Plan fails the final plan year ADP/ACP test, a return of excess contributions will be processed for applicable highly compensated employees to correct the test results, unless Paychex has been notified that the Adopting Employer will fund a Qualified Non-Elective Contribution (QNEC), (excludes Simple IRAs).
- ✓ I understand that any forfeiture funds in the plan will be allocated to all eligible employees prior to the Plan's termination.
- ✓ I understand that the company's affiliates, as well as your company, must be taken into account when determining whether an alternative defined contribution plan exists that would bar the distribution of assets.
- ✓ Final completion of the Plan's termination is dependent upon the distribution of all assets in the plan.
- ✓ A Form 5500 Annual Return/Report must be filed each plan year in which assets remain in the plan (excludes Simple IRAs).
- ✓ Paychex will provide a draft of the Form 5500 on the web at <http://online.paychex.com> for each plan year for your review and submission.
- ✓ When the Plan has distributed all assets, the plan year ends when liquidation is complete; accordingly, the deadline for filing the Form 5500 is the last day of the seventh month from the end of the plan year.
- ✓ If the Plan's qualified default investment alternative (QDIA) is a GuidedSavings™ managed account, any future scheduled transfer of fund allocations will be void.
- ✓ Paychex assumes no responsibility for the Plan's compliance with the qualified plan regulations and requirements under the Internal Revenue Code, the U.S. Department of Labor or ERISA.

Clay Kemper

Plan Administrator (Print Name)\*



Plan Administrator Signature\*

95-19035844

Branch/Client Number\*

4-28-17

Date Signed\*

\*required field

✓ Email completed pages 4 & 5 to 401k\_S125CancellationSupport@paychex.com or Fax to 585-218-8141.

# Plan Termination Form

Company Name Stat Delivery Services LLC Plan Number \_\_\_\_\_

Branch/Client Number 95-19035844 Email \_\_\_\_\_

**1. Will you continue to use Paychex Payroll Services?**

☐ Yes – Proceed to Question 3. ☐ No – See Question 2. \*

**2. Would you like to keep your 401(k) Plan as a TrueChoice 401(k) client?** Paychex can continue your recordkeeping services even if you have cancelled your Paychex Payroll Service.

☐ Yes – Return this form to receive TrueChoice 401(k) paperwork. ☐ No – Proceed to Question 3. \*

**3. When is the last check date Paychex should collect 401(k) contributions?** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \*

*\*Date must be in the future.*

(Month) (Day) (Year)

**4. Indicate your reason(s) for terminating the Paychex Retirement Services Plan, with "1" as the primary reason.**

**Change in Business Structure**

Business is closing  
Company buyout  
Merging with a company that has an established plan

**Price**

Monthly administration fees are too high  
Competitor offered a better price  
Business downsizing/experiencing financial issues

**Dissatisfaction with Service**

Setup/conversion experience  
Billing errors  
Issues with plan compliance  
Lack of fund advice  
Need more assistance with plan administration  
Unhappy with service interaction (800 number)

**Dissatisfaction with Product**

Desired plan option(s) not available  
Information/Reports are inadequate  
Website is unsatisfactory  
Narrow fund selection  
Dissatisfaction with TrueChoice 401(k) product

**Dissatisfaction with Sales**

Plan sold was not needed/expected  
Misrepresentation of product or service by Sales

**Lack of Participation**

Employees are not interested/not participating  
Company no longer has employees  
Owner is unable to contribute

**Comments:**

**Discontinued Paychex Payroll Services**

No longer using Paychex Payroll Services

Clay Kemper

Plan Administrator (Print Name)\*

  
Plan Administrator Signature\*

Plan Administrator  
Title\*

4-28-17

Date Signed\*

\*required field