## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	<u>1</u>								
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018					
A This re	turn/report is for:	X a single-employer plan			in (not multiemployer) ( ployer information in ac		-				
	a one-participant plan a foreign plan										
<b>B</b> This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	ended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558									
		special extension (enter desc	' '								
Part II	Basic Plan Info	ormation—enter all requested in	nformation	า							
1a Name	of plan	ECTIONS 401(K) PLAN				1b Three plan (PN)	number	002			
						1c Effec	tive date of	f plan 1/2017			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O Box)			-	-	fication Number			
		ce, country, and ZIP or foreign post		if foreign, see instru	uctions)	(EIN)		672779			
INDEPENDE	ENT WEALTH CONNE	ECTIONS				2C Spon	sor's telep 509-931	hone number I-1088			
						2d Busin	ess code (	(see instructions)			
2610 N. PINI SPOKANE V	ES ROAD /ALLEY, WA 99206						5239	00			
	,										
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.			<b>3b</b> Admi	nistrator's l	EIN			
						3c Admi	nistrator's t	telephone number			
						JC Admi	ilistrator s t	elephone number			
4 If the	name and/or FIN of th	o plan enoncer or the plan name h	anc chang	and since the last re	turn/roport filed for	4b EIN					
this p	lan, enter the plan spo	e plan sponsor or the plan name har onsor's name, EIN, the plan name a									
	or's name					<b>4d</b> PN					
C Plan N	vame										
<b>5a</b> Total	number of participants	s at the beginning of the plan year.				5a		7			
<b>b</b> Total	number of participants	at the end of the plan year				5b		4			
		account balances as of the end of	•		•	5c		3			
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	olan year.			5d(1)		5			
		articipants at the end of the plan ye				5d(2)		4			
than	100% vested	terminated employment during the				5e		0			
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report	will be assessed u	unless reasonable car	use is estak	olished.				
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	C	06/11/2019	DONALD F. MORGAN	N					
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual signing a	as plan adr	ninistrator			
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of indiv					Enter name of individ	vidual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannot be a set of the plan cannot be under the plan ca	an indeper and condit	ndent qualified public a	account	ant (IC	QPA)		_	Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes 1		ot determined instructions.)
Pa	rt III Financial Information	1	T						
_7_	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Ye	ar
a	Total plan assets	7a		9805					9096
<u>b</u>	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c		9805					9096
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt	_		(	b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		1200					
	(2) Participants	8a(2)		1200					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b		-689					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1711
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1806					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	s, commissions) 8f 614							
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)							2420
<u></u>	Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)							-709
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2J $$ 2K $$ 2F $$ 2G $$ 2R $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the i	nstructions	s:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es 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 ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d 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	× 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

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Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

_	Annual Repor	rt Identification Information				
For cale	ndar plan year 2018 or		01/01/2018	and ending	12/31/	2018
A This	return/report is for:	a single-employer plan	a multiple-employe list of participating	r plan (not multiemployer) employer information in a	) (Filers checking	this hay must attach a
R This r	return/report is	a one-participant plan	a foreign plan		mar,	and form instructions.)
D IIIIS II	eturn/report is	the first return/report	the final return/repo	rt		
		an amended return/report		turn/report (less than 12 i	months)	
C Chec	k box if filing under:	Form 5558			_	
		special extension (enter descri	automatic extensio	n	DFVC progr	am
Part II	Basic Plan Info	ormation—enter all requested info	ermetion			
1a Nam	ne of plan	onto: an requested file	Jillation		41	
Ind	dependent Weal	th Connections 401(k)	Plan		1b Three-dig	
					(PN)	002
2a Plan	Spanoer's name ( I				1c Effective 01/01	
iviaiiii	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		2b Employer	Identification Number
Ind	lependent Wealt	ce, country, and ZIP or foreign postal th Connections	I code (if foreign, see in	structions)	2c Sponsor's	s telephone number
261	.0 N. Pines Roa	ad				code (see instructions)
Spo	kane Valley	WA 99206	5			
3a Plan	administrator's name a	nd address X Same as Plan Spons			523900	
					3b Administra	THE SECTION OF SECTION
					(	ator's telephone number
4 If the	name and/or EIN of the	e plan sponsor or the plan name has	changed since the leave	return/report filed for	(	**************************************
a Spon	sor's name	e plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the leave	return/report filed for the last return/report.	3c Administra	***************************************
tino p	sor's name	e plan sponsor or the plan name has insor's name, EIN, the plan name and	changed since the leave	return/report filed for the last return/report.	3c Administra	THE SECTION OF SECTION
a Spons c Plan I	sor's name Name number of participants	at the beginning of the plan year	changed since the last d the plan number from	the last return/report.	3c Administra 4b EIN 4d PN	ator's telephone number
a Spons c Plan I  5a Total b Total	sor's name Name number of participants	at the beginning of the plan year at the end of the plan year	changed since the last d the plan number from	the last return/report.	3c Administra 4b EIN 4d PN	ator's telephone number
a Spons C Plan I  5a Total b Total C Numb	number of participants number of participants ber of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of the	changed since the last d the plan number from	the last return/report.	3c Administra 4b EIN 4d PN 5a	ator's telephone number
a Spons c Plan I  5a Total b Total c Numb comp d(1) Total	number of participants number of participants number of participants ber of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	changed since the last d the plan number from e plan year (only define	the last return/report.	3c Administra 4b EIN 4d PN 5a 5b 5c	ator's telephone number  7 4
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot	number of participants number of participants number of participants ber of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	changed since the last d the plan number from e plan year (only define	the last return/report.	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1)	ator's telephone number  7 4 3
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than	number of participants number of participants number of participants ber of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the plan year acticipants at the beginning of the plan year terminated employment during the p	changed since the last d the plan number from e plan year (only define	d contribution plans	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	ator's telephone number  7 4 3 5
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	number of participants number of participants per of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the ricipants at the beginning of the plan year terminated employment during the p	changed since the last d the plan number from e plan year (only define	d contribution plans	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	ator's telephone number  7 4 3 5 4
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	number of participants number of participants number of participants ber of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the plan year	changed since the last d the plan number from e plan year (only define year lyear	d contribution plans enefits that were less	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	ator's telephone number  7 4 3 5 4 0
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	number of participants number of participants number of participants ber of participants with a blete this item) tal number of active par tal number of active par tal number of active par tal number of participants who 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year rticipants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the plan year bet incomplete filing of this return/reproper incomplete filing of this return/reproper penalties set forth in the instruction and signed by an enrolled actuary, as well the plan year	changed since the last d the plan number from e plan year (only define year lyear	d contribution plans enefits that were less	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	ator's telephone number  7 4 3 5 4 0
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A  Under pen SB or Sche belief, it is	number of participants number of participants number of participants ber of participants with a blete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year rticipants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the plan year bet incomplete filing of this return/reproper incomplete filing of this return/reproper penalties set forth in the instruction and signed by an enrolled actuary, as well the plan year	changed since the last d the plan number from e plan year (only define year lyear	d contribution plans  denefits that were less denefits that were less denefits reasonable cause examined this return/reportersion of this return/reportersion of this return/reportersion.	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	ator's telephone number  7 4 3 5 4 0 od. applicable, a Schedule of my knowledge and
a Spons c Plan I  5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	number of participants number of participants number of participants ber of participants with a blete this item) tal number of active par tal number of active par tal number of active par tal number of participants who 100% vested	at the beginning of the plan year	changed since the last d the plan number from the plan number from the plan year (only define a year with accrued because it declare that I have well as the electronic versions.	d contribution plans  denefits that were less  d unless reasonable cause examined this return/reportersion of this return/reportersion of this return/reportersion.	3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best gan ual signing as pla	ator's telephone number  7 4 3 5 4 0 od. applicable, a Schedule of my knowledge and

b	Were all of the plan's assets during the plan year invested in eligil	ble assets? (	See instructions.)					x \	res No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 63 or line 65 or li	and condition	nne )					- -	/aa 🗆 N
	you allowed the to either line oa or line ob, the plan can	not use Fori	m 5500-SF and mu	et ineta	and ue	o Form F	EOO		res No
C	if the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	ogram (see ERISA s	section	402113	О П	Voc DNo	□ Not o	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC pre	emium filing for this	plan ye	ar				structions.)
Pa	rt III Financial Information			10 125				- (	
7	Plan Assets and Liabilities		(a) Beginning	of Von	_				
a	Total plan assets	7a	(a) Deginning		805		(b) End	of Year	0 00
b					0				9,09
С	Net plan assets (subtract line 7b from line 7a)	7c		9.	805				0.004
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		003				9,096
a	Contributions received or receivable from:		(a) Amou	III			(b) 1	Total	Total Con-
	(1) Employers	8a(1)		1,	200				
	(2) Participants	8a(2)		1,	200				
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b		()-	689				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1,711
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,	806			TAIL	
	Certain deemed and/or corrective distributions (see instructions)	8e			0		HORES !		
f	Administrative service providers (salaries, fees, commissions)	8f			614				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,420
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			1				-709
j	Transfers to (from) the plan (see instructions)	8j			0		THE STATE OF		, 03
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2R 3D	feature code	s from the List of PI	an Cha	racteri	stic Code	s in the insti	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	tic Codes	in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:			_	Yes	No			
а		tions within the	he time period		103	140		mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary Fidi	iciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	2 (Do not inc	lude transactions	10a		х			
С	Was the plan covered by a fidelity bond?			10b		х		The state of the s	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was saveed	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance	10a		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
	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? (\$2520.101-3.)	See instruction	ons and 29 CFR	10h		х			
	If 10h was answered "Yes," check the box if you either provided the	n na nadan d	otion or one of the						