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

		dentification information								
For calendar p	an year 2018 or fisc	cal plan year beginning 01/01/2	2018		and ending 12	2/31/201	3			
A This return/	report is for:	X a single-employer plan			an (not multiemployer) (ployer information in ac		-			
		a one-participant plan		oreign plan	, ,,			,		
B This return/r	eport is	the first return/report	the	final return/report						
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)				
C Check box	if filing under:	X Form 5558	au	tomatic extension		DFV	program			
		special extension (enter desc	. ,							
Part II B	asic Plan Infor	mation—enter all requested in	nformatio	on						
1a Name of p						1b ⊤	ree-digit			
		LLC DEFINED BENEFIT PENSION	ON PLA	N		pl	an number N)	001		
						1c E	fective date o	of plan 1/2009		
2a Plan spons	cor's name (employ	rer, if for a single-employer plan)				2h ⊏		ification Number		
Mailing ad	dress (include room	n, apt., suite no. and street, or P.C c, country, and ZIP or foreign post		/if foreign agg instri	uotiona)			972945		
•	ARCHITECTS, P		iai code	(ii foreign, see instr	uctions)	2c S	oonsor's telep	phone number		
				2d Bu		(see instructions)				
33017 134TH AV							5413	310		
AUBURN, WA 98	3092						0			
3a Plan admii	nistrator's name and	d address 🛛 Same as Plan Spo	onsor.			3b Ad	lministrator's	EIN		
						3c Administrator's telephone number				
		plan sponsor or the plan name h				4b E	N			
a Sponsor's		sor's name, EIN, the plan name a	and the	pian number nom u	le last return/report.	4d PI	N			
C Plan Name										
						5a		4		
_		at the beginning of the plan year. at the end of the plan year				5b		4		
		at the end of the plan year				5c		-		
complete	this item)									
	·	ticipants at the beginning of the p				5d(1) 5d(2)	_	4		
		ticipants at the end of the plan ye terminated employment during the					'	2		
than 100°	% vested					5e		1		
		r incomplete filing of this retur								
SB or Schedule	s of perjury and othe MB completed and correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary, a lete.	as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, incl t, and to	uding, if appli the best of m	cable, a Schedule y knowledge and		
SIGN File		valid electronic signature.		09/16/2019	SUSAN CLARK					
HERE Si	gnature of plan ad	lministrator		Date	Enter name of individ	ual signii	ng as plan ad	ministrator		
SIGN										
HERE Si	gnature of employ	er/plan sponsor		Date	Enter name of individ	ual signii	ng as employ	er or plan sponsor		

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	e you claiming a waiver of the annual examination and report of a der 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepei		account	ant (IC	QPA)			Yes No
C If the	you answered "No" to either line 6a or line 6b, the plan cann he plan is a defined benefit plan, is it covered under the PBGC in "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X		t determined instructions.)
Part I	II Financial Information	1							
7 Pla	an Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Yea	r
a To	tal plan assets	7a	9:	20312				959	807
b To	tal plan liabilities	7b							
C Ne	et plan assets (subtract line 7b from line 7a)	7c	9:	20312				959	807
8 Inc	come, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total	
	ontributions received or receivable from: Employers	8a(1)	1:	20279					
(2)	Participants	8a(2)							
(3)	Others (including rollovers)	8a(3)							
b Oth	her income (loss)	8b		71950					
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48	3329
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d							
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e							
f Ad	ministrative service providers (salaries, fees, commissions)	8f		8834					
g Oth	her expenses	8g							
h To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	8834
	et income (loss) (subtract line 8h from line 8c)	8i						39	1495
J Tra	ansfers to (from) the plan (see instructions)	8j							
Part I	V Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension B $$ 1I $$ 3B $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	instruction	s:
b If	the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	nstructions	:
Part V	Compliance Questions								
10 D	During the plan year:				Yes	No		Amour	ıt
(Vas 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 v	Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)	t? (Do not	include transactions	10b		Х			
C \	Was the plan covered by a fidelity bond?			10c	X				100000
d 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			
e v	Vere any fees or commissions paid to any brokers, agents, or oth arrier, insurance service, or other organization that provides some plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
fн	las the plan failed to provide any benefit when due under the pla	n?		10f		X			
	oid the plan have any participant loans? (If "Yes," enter amount a			10g		X			
	this is an individual account plan, was there a blackout period? 520.101-3.)	•		10h		X			
	f 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)		B 	X Yes	s 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?			Ye	s 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			of the letter r _ Year	uling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018		
•	Round off amounts to nearest dollar.						
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cau	ise is establishe	d.			
	Name of plan		B Three-di	git			
	DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN		plan num	nber (PN) •	001	
С	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 ARCHITECTS, PLLC			91-19	72945		
E	Type of plan: Single Multiple-A Multiple-B F Prior year p	lan size:	100 or fewer	101-	500 More th	an 500	
F	Part I Basic Information						
_1	Enter the valuation date: Month 12 Day 31 Year 2	2018			1		
2	Assets:						
	a Market value			. 2a		839528	
	b Actuarial value			. 2b		839528	
3	Funding target/participant count breakdown	` '	Number of rticipants		sted Funding Target	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving payment		0		0	0	
	b For terminated vested participants		2		726238	726238	
	C For active participants		2		117205	125678	
	d Total		4		843443	851916	
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	[
	a Funding target disregarding prescribed at-risk assumptions			4a			
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plat-risk status for fewer than five consecutive years and disregarding loading factor			4b			
5	Effective interest rate			5	4.87 %		
6	Target normal cost			6		0	
Sta	tement by Enrolled Actuary						
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.						
	SIGN						
	HERE		_		10/08/201	9	
	Signature of actuary				Date		
J	IEFFREY P. MAHON, EA		_		17-08151		
	Type or print name of actuary			Most	recent enrollme	nt number	
	ATITUDE SERVICE COMPANY, INC.				844-604-31		
	Firm name 21021 VENTURA BL., SUITE 300 WOODLAND HILLS, CA 91364		Te	elephone	number (includ	ing area code)	
	Address of the firm		_				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute	n complet	ing this schedule	e, check	the box and see	<u> </u>	
inetr	ructions						

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Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding	Bala	ances							
	•			-				(a)	Carryover balar	nce	(b) F	Prefundir	ng balance	
7		-	•		able adjustments (line 13		-			0			0	
8			•	•	nding requirement (line 35									
9	Amount r	emaining	g (line 7 minus line	8)						0			0	
10	Interest c	າກ line 9 ເ	using prior year's	actual retui	rn of <u>10.45</u> %					0			0	
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:									
	a Presen	it value o	f excess contribut	ions (line 3	88a from prior year)								119501	
					over line 38b from prior your interest rate of 4.9								0	
				-	dule SB, using prior year									
	C Total av	vailable a	t beginning of curre	ent plan yea	r to add to prefunding bala	nce							119501	
	d Portion	of (c) to	be added to prefu	unding bala	ance									
12 Other reductions in balances due to elections or deemed elections												0		
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											0		
Р	Part III Funding Percentages													
14	14 Funding target attainment percentage										14	98.54%		
					1							15	112.27%	
16					of determining whether ca					d to reduc	e current	16	116.11%	
17					less than 70 percent of th							17	%	
	art IV		tributions an	•	_ •									
18				the plan year by employer(s) and employees:				\	(b) Amour	t a statilities	1		- Constable -	
(N	(a) Date MM-DD-Y	e (YY)	(b) Amount p employer		(c) Amount paid by employees		(a) D (MM-DD-		(c) Amount paid by employees					
0	8/05/2019)		120279		0								
						+	Γotals ▶	18(b)		1202	79 18(c)			
19	Discount	ed emplo	ver contributions	– see instri	uctions for small plan with			` ` `			15(5)			
			•		num required contribution					19a				
				•	usted to valuation date					19b				
				-	red contribution for current					19с			116914	
20	Quarterly	contribu	tions and liquidity	shortfalls:		-				•				
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?								Yes X No	
	b If line 2	20a is "Y	es," were required	l quarterly i	installments for the currer	nt yea	ar made in	a timely r	nanner?				Yes No	
	C If line 2	20a is "Y	es," see instructio	ns and con	nplete the following table	as ap	oplicable:					_		
					Liquidity shortfall as of			of this plar	ı year	I				
		(1) 1st	t		(2) 2nd			(3)	3rd			(4) 4th	<u> </u>	

	art V	Accumpti	ione Head (to Dotormino	Funding Targe	t and Tare	ot Norma	al Cost					
21	Discount		ions oseu i	to Determine	Fulluling range	t and rang	jet Norma	ai Cost					
21		ent rates:	1st s	egment:	2nd segm	ent:	3r	d segment:					
	a cogiii	ioni ratos.		3.92%		52%		6.29 %		N/A, full yield curve used			
	b Applic	able month (er	nter code)						21b	2			
22	Weighte	d average retir	ement age						22	62			
23	Mortality	table(s) (see	instructions)	Prior regulation	n: Pres	cribed - comb	ined	Prescribed	d - separa	te Substitute			
				Current regular	tion: X Pres	cribed - comb	ined	Prescribed	d - separa	te Substitute			
Pá	art VI	Miscellane	ous Items		<u> </u>								
				prescribed actua	rial assumptions for	the current pl	an vear? If	"Yes." see ii	nstruction	s regarding required			
		-			'		-						
25	Has a m	ethod change l	been made for	the current plan	year? If "Yes," see	instructions re	egarding req	uired attach	ment	Yes X No			
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment												
P	art VII				m Required Co	ntribution	s For Pri	or Years					
28	Unpaid r	ninimum requii	red contribution	ns for all prior ye	ars				28	0			
29				located toward u		•	29						
30		,			butions (line 28 min				30	0			
Pa	art VIII	Minimum	Required (Contribution	For Current Ye	ar			'				
31				ts (see instruction									
	a Target	normal cost (li	ne 6)		······				31a	0			
	b Exces	s assets, if app	olicable, but no	t greater than lin	e 31a				31b				
32	Amortiza	ation installmen	nts:				Outsta	anding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installmer	nt					12388	2022			
	b Waive	r amortization	installment						0	0			
33	If a waive (Month _				the date of the rulin) and the waive				33				
34	Total fun	ding requireme	ent before refle	ecting carryover/p	orefunding balances	(lines 31a - 3	1b + 32a + 3	32b - 33)	34	2022			
					Carryover ba	lance	Prefu	ınding balar	ice	Total balance			
35		s elected for us		-						0			
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36	2022			
37				•	tribution for current y	•		`	37	116914			
38	Present	value of exces	s contributions	for current year	(see instructions)				•				
	a Total (excess, if any,	of line 37 over	r line 36)					38a	114892			
	b Portion	n included in lir	ne 38a attribut	able to use of pre	efunding and funding	standard car	ryover balar	nces	38b	0			
39	Unpaid r	ninimum requii	red contributio	n for current year	r (excess, if any, of li	ine 36 over lin	e 37)		39	0			
40	Unpaid r	ninimum requii	red contribution	ns for all years					40	0			
Pa	rt IX	Pension	Funding R	elief Under P	ension Relief A	ct of 2010	(See Ins	tructions	5)				
41	If an elec	tion was made	e to use PRA 2	2010 funding relie	of for this plan:								
	a Sched	ule elected								2 plus 7 years 15 years			
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made					08			

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)

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		t Identification Information				
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	2018
A This re	eturn/report is for:	X a single-employer plan		an (not multiemployer) nployer information in a		
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	1
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name				The second secon	1b Three-digit	· ·
David	A. Clark Arch	nitects, PLLC			plan numbe	
Define	ed Benefit Per	nsion Plan			(PN)	001
					1c Effective da 01/01/2	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)		2b Employer Ic (EIN)91-1	lentification Number
City of	r town, state or provin	nce, country, and ZIP or foreign post nitects, PLLC	tal code (if foreign, see instr	ructions)		elephone number
Davia	n. Clark med	ricces, rille				351-8877
33017	134th Ave. SI	₹			2d Business co	ode (see instructions)
Auburn			1477	98092		
		and address X Same as Plan Spo			541310	
Sa Pian a	administrators name a	and address 🖾 Same as Plan Spo	nsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
		ĸ				
					9	
		he plan sponsor or the plan name h			4b EIN	***
	llan, enter the plan sp sor's name	onsor's name, EIN, the plan name a	and the plan number from th	ne last return/report.	4d PN	
C Plan N					40 FN	
5a Total	number of participant	s at the beginning of the plan year.			. 5a	4
b Total	number of participant	s at the end of the plan year			. 5b	4
		n account balances as of the end of	, , , ,	1	5c	
d(1) Tot	tal number of active p	articipants at the beginning of the p	lan year			4
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	2
		o terminated employment during the			5e	1
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established	1.
SB or Sche	alties of perjury and o edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	ctions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and
SIGN	Susan	P. Clark	9-16-19	Susan Clark		
HERE	Signature of plan		Date	Enter name of individ	dual signing as plar	administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	oloyer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible 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 6a or line 6b, the plan can report of 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	an indepen and conditi not use Fon nsurance pr	dent qualified public a ons.) rm 5500-SF and mus rogram (see ERISA se	t instead	tant (IC ad use 1021)?	QPA) • Form • []	5500. Yes ⊠ No	. [2] N		
Pa	rt III Financial Information						AND THE OR OTHER DESIGNATION OF THE PERSON O			
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		(b) En	d of Ye	ar	
а	Total plan assets	7a		920,	312			28 1.38 7	95	9,807
b	Total plan liabilities	7b					/		***	
С	Net plan assets (subtract line 7b from line 7a)	7c		920,	312				95	9,807
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	**************	
а	Contributions received or receivable from:				070					
	(1) Employers	8a(1)		120,	2/9					
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-71,	950					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	3,329
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		8,	834					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3,834
i	Net income (loss) (subtract line 8h from line 8c)	8i							3	9,495
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	9 1								
9a		feature co	des from the List of PI	an Cha	racteri	stic Co	des in the ins	structio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acteris	tic Code	es in the inst	truction	3:	
Pai		eature code	es from the List of Pla	n Char	acteris	tic Code	es in the inst	truction	S:	
		eature code	es from the List of Pla	n Chara	Yes	tic Code	es in the inst	truction:		
Pai	rt V Compliance Questions	itions withir	n the time period	n Chara	r	T T	es in the inst			
Pai 10	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's N	itions within oluntary Fi	the time period duciary Correction	2000	r	No	es in the inst			
Pai 10	Tt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	itions within /oluntary Fi t? (Do not i	n the time period iduciary Correction include transactions	10a	r	No X	es in the inst		nt	0,000
Pai 10 a	During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	itions withir /oluntary Fi t? (Do not in	n the time period iduciary Correction include transactions and, that was caused	10a	Yes	No X	es in the inst		nt	0,000
Pai 10	During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions withir /oluntary Fi	n the time period iduciary Correction include transactions and, that was caused by an insurance the benefits under	10a 10b 10c	Yes	No X	es in the inst		nt	0,000
Pai 10	During the plan year: Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	tions within foluntary Fi t? (Do not in fidelity borner persons ne or all of t	n the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	No X X	es in the inst		nt	0,000
k c c c f f g g	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	tions within /oluntary Fi t? (Do not in fidelity bor the persons the or all of the persons of year-expected with fidelity bor fidelity	n the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under ind.)	10a 10b 10c 10d	Yes	No X X X	es in the inst		nt	0,000
k c c c f f g g	During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	tions within /oluntary Fi t? (Do not in fidelity borner persons the or all of the fidelity see instructions with fidelity borner persons the orall of the fidelity borner persons the orall of the fidelity borner persons the orall of the fidelity borner persons the fidelity borner pe	n the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under ind.)	10a 10b 10c 10d 10e 10f	Yes	X X X X X	es in the inst		nt	0,000

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Form	22011	->-	17111	X

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-age	-3-	1

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)	edule S	В	X Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	1 302 of		Yes X	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	l enter t Day		of the letter ruling Year	9
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			
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 No	A É
Part	VII Plan Terminations and Transfers of Assets				r/# 5050000 (1980) 509
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s	3)
		NIT COMPANY AND A SECOND			

DAVID A. CLARK ARCHITECTS, PLLC DEFINED BENEFIT PENSION PLAN EMPLOYER ID#: 91-1972945: PLAN NO. 001 PLAN YEAR ENDING: 12/31/2018

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.

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

	For Funding <u>Min</u> <u>Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1: 3.92% 2.35%	Seg 1: 2.20%	Pre-Retirement: 5.00%
	Seg 2: 5.52% 3.85%	Seg 2: 3.57%	Post-Retirement: 5.00%
	Seg 3: 6.29% 4.47%	Seg 3: 4.24%	
Applicable Date	10/2018 10/2018	11/2017	
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-2018 Optional Static Table - Combined Male Female-2018 Optional Static Table - Combined Female	2018 Applicable Mortality Table from Notice 2017-60	2018 Applicable Mortality Table from Notice 2017-60
Assumed Benefit Form I	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 Into	erest Rate	4.87%	
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

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.

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Plan Effective Date January 1, 2009

Plan Year From January 1, 2018 to December 31, 2018

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.

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.

Credited years are plan years from the first day of the plan year

containing date of entry excluding the following:

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

Termination Benefit Upon 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:

<u>Credited Years</u> <u>Vested Percent</u>

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

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

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

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 the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>		
12/31/2018 Total	7-year	7	\$2,022 \$2,022	\$12,388 \$12,388		
Shortfall Amortization C	harge (sum of installments,	\$2,022				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

2018

OMB No. 1210-0110

the This Form Is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018			12/3	1/2018
Round off amounts to nearest dollar.	and endir	ig	12/3	1/2010
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nahle cause is establishe	d		
A Name of plan				
David A. Clark Architects, PLLC	B Three-di	•		001
Defined Benefit Pension Plan	plati isui	inei (Fid		101
		11.15.11		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (l	EIN)
David A. Clark Architects, PLLC	01 107	2045		
	91-197	2945		
E Type of plan: 🛛 Single 📗 Multiple-A 📗 Multiple-B 💮 F Prior year pla	an size: X 100 or fewer	101-	500 More th	nan 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year	2018			
2 Assets:				
a Market value	************************************	2a		839,528
b Actuarial value		2b		839,528
3 Funding target/participant count breakdown	(1) Number of participants		sted Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment			0	0
b For terminated vested participants	2		726,238	726,238
C For active participants				125,678
d Total	4		843,443	851,916
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		······································	040,440	031,910
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading factor.	ns that have been in	4b		
5 Effective interest rate		5	···	4.87%
6 Target normal cost		6		0
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations. In my opinion,	d attachments, if any, is complete	and accura	ate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.	ount the expenence of the plan a	na reasonar	die expectations) and	d such other assumptions, in
SIGN				
HERE Who Makon		10/8	12019	
Signature of actuary		1 7	Date	
Jeffrey P. Mahon, EA			17-0815	1
Type or print name of actuary		Most re	ecent enrollmer	nt number
Latitude Service Company, Inc.			844)604-3	
Firm name	Te		number (includi	
21021 Ventura Bl., Suite 300	7.0	0110110		ing area code;
Woodland Hills CA 91364				
Address of the firm				
f the actuary has not fully reflected any regulation or ruling promulgated under the statute in	completing this schedule	chack t	he hov and soc	
, and the statute it	completing the sometime	O O O O	THE DOX BLID SEE	·

P	art II	Begin	ning of Year	Carryov	er and Prefundi	ing Ba	lances							
7	Dalanas	at baginn	ing of prior year a	fter english	able adjustments (line	a 12 fra			(a) Ca	arryover balar	nce	(b) I	Prefundi	ng balance
7		Ū			able adjustments (line		•				C)		0
8			•	•	nding requirement (li									
9	Amount r	emaining	g (line 7 minus line	8)							C)		0
10	Interest of	n line 9 ເ	using prior year's	actual retui	rn of <u>10.45</u> %						C)		0
11 Prior year's excess contributions to be added to prefunding balance:														
a Present value of excess contributions (line 38a from prior year)										119501				
	Sch	nedule SE	3, using prior year	's effective	over line 38b from printerest rate of	4.97	6							0
				-	dule SB, using prior	-								
					r to add to prefunding									110001
			•		ance									119501
					or deemed elections									0
					ine 10 + line 11d – li	ne 12)					C)		0
	art III		ding Percenta											T
													14	98.54%
													15	112.27%
16					of determining whether								16	116.11%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent	of the f	unding targ	et, en	ter suc	h percentage.			17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) an		-							
(1)	(a) Date ΔΜ-DD-Υ		(b) Amount p employer		(c) Amount paid employees	by	(a) Date (b) Amount paid by employer(s)			y (c) Amount paid by employees				
C	8/05/2	2019	1	20,279		0	·			•				-
													1	
							Totals ►	1	8(b)		120,27	79 18(c)		0
19		•	•		uctions for small plar					0 0				
					num required contrib						19a			
b Contributions made to avoid restrictions adjusted to valuation date								116 014						
20					red contribution for cu	rrent yea	ar adjusted to	o valu	ation da	ate	19c			116,914
20	-		tions and liquidity		e prior year?									Yes X No
			_										□	🛱
					installments for the c	-		ıallı	ieiy ma	u II I C I ?			······ L	Yes No
	C If line 2	∠∪a is "Ye	es," see instructio	ns and con	nplete the following to Liquidity shortfall a			of this	nlan v	rear				
		(1) 1st	t		(2) 2nd		. J. quartor	J. 11110		Brd			(4) 4tl	า
	-											·		

Р	art V	Assumpti	ions Used t	o Determine	Funding	Target and Ta	rget Norı	mal Cost			
21	Discount	rate:									
	a Segm	ent rates:	1st se 3.92	egment: 2 %		d segment: 52 %		3rd segment: 6.29 %		N/A, full yi	eld curve used
	b Applic	able month (er	nter code)						21b		2
22	Weighted	d average retir	ement age						22		62
23	Mortality	table(s) (see	instructions)	Prior regulatio	n:	Prescribed - con	nbined	Prescribed	d - separa	te Subs	titute
				Current regula	tion: X	Prescribed - con	nbined	Prescribed	d - separa	te Subs	stitute
Pa	art VI	Miscellane	ous Items	- Canoni rogalo	е.						
				prescribed actua	arial assumption	ons for the current	plan year?	If "Yes," see i	nstruction	s regarding regui	red
25	Has a me	ethod change	been made for	the current plar	year? If "Ye:	s," see instructions	regarding r	equired attach	nment		Yes X No
26	Is the pla	n required to p	provide a Sche	dule of Active P	articipants? I	f "Yes," see instruc	ctions regard	ding required a	attachmen	ıt	Yes X No
27		•		ding rules, ente		ode and see instru	ctions regar	ding	27		
Pa	art VII					ed Contribution	ns For P	rior Years			
28	Unpaid n	ninimum requi	red contributior	s for all prior ye	ears				28		0
29						m required contrib			29		
30	Remainir	ng amount of u	unpaid minimur	n required contr	ibutions (line	28 minus line 29) .			30		0
Pa	art VIII	Minimum	Required (Contribution	For Curre	nt Year			l .		
31			-	s (see instructio							
				•	,				31a		0
									31b		
32		tion installmen		<u> </u>				tstanding Bala	l .	Insta	allment
	a Net sh	ortfall amortiza	ation installmer	nt				-	12,388		2,022
	b Waive	amortization	installment						0		0
33						he ruling letter gra			33		
34	Total fun	ding requireme	ent before refle	ecting carryover/	prefunding ba	lances (lines 31a	- 31b + 32a	+ 32b - 33)	34		2,022
		<u> </u>				over balance	1	efunding balar	nce	Total	balance
35			se to offset fund								
	requirem	ent									0
			•						36		2,022
37						urrent year adjuste			37		116,914
38	Present	alue of exces	s contributions	for current year	r (see instructi	ons)					
	a Total (excess, if any,	of line 37 over	line 36)					38a		114,892
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								0		
39	Unpaid n	ninimum requii	red contributior	n for current yea	r (excess, if a	ny, of line 36 over	line 37)		39		0
40	Unpaid n	ninimum requii	red contributior	ns for all years					40		0
Pai	rt IX	Pension	Funding Re	elief Under F	Pension Re	elief Act of 20	10 (See Ir	structions	5)		
_41	If an elec	tion was made	e to use PRA 2	010 funding reli	ef for this plan	<u>: </u>					
	a Schedu	ule elected								2 plus 7 years	15 years
	b Eligible	e plan year(s) f	for which the e	lection in line 41	a was made				20	008 2009 2	2010 2011