#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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		t Identification Information				
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018	
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer 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	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m
		special extension (enter descri	' '			
Part II	Basic Plan Info	ormation—enter all requested in	formation		_	•
1a Name PARAMOUN	•	EFINED BENEFIT PLAN & TRUST			1b Three-digi plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2014
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	99-0316984
•	NT PAINTING, INC.	, , , , , , , , , , , , , , , , , , ,	3 ,	,		telephone number 08-325-1768
					2d Business	code (see instructions)
PO BOX 204 SANDPOIN						238300
3a Plan a	administrator's name a	ınd address 🛛 Same as Plan Spoi	nsor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
						•
4 If the	name and/or FIN of th	ne plan sponsor or the plan name ha	as changed since the last	return/report filed for	<b>4b</b> EIN	
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a				
•	sor's name				4d PN	
C Plan N	name					
<b>5a</b> Total	number of participants	s at the beginning of the plan year			. 5a	8
<b>b</b> Total	number of participants	s at the end of the plan year			. 5b	6
	· · ·	account balances as of the end of		•	. 5c	
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	1
` '		articipants at the end of the plan year			5d(2)	5
		o terminated employment during the			5e	0
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca		
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, a polete.				
SIGN		d/valid electronic signature.	10/09/2019	JOHN C STEFANEY		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as en	nplover 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	an indepe	ndent qualified public a	ccount	ant (IC	PA)			. –
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•					X	Yes No
C	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No D N	ot determined
U	If "Yes" is checked, enter the My PAA confirmation number from the								instructions.)
					•			. (000	
	rt III   Financial Information				1				
	Plan Assets and Liabilities		(a) Beginning o		'		(b)	End of Yea	
	Total plan assets	7a	55	54878				520	0875
	Total plan liabilities	7b		- 4070					0075
	Net plan assets (subtract line 7b from line 7a)	7c		54878					0875
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-4	31935					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-3	1935
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2068					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2068
i	Net income (loss) (subtract line 8h from line 8c)	8i						-34	4003
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the	instruction	าร:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	tic Coc	les in the	instructions	S:
_									
Par					l		ı		
10	During the plan year:		a e e l		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 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	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
h		(See instru	uctions and 29 CFR	10g		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	he require	d notice or one of the	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									
12	ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)				

## **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).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

•	P Round off amounts to nearest dollar.		and endin		31/2018		
Α	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless real Name of plan PARAMOUNT PAINTING, INC. DEFINED BENEFIT PLAN & TRUST	asonable cau	B Three-diq plan num	git	) •	001	
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARAMOUNT PAINTING, INC.	<b>D</b> Employer	Identifica	ation Number (E	EIN)		
E	Type of plan: X Single Multiple-A Multiple-B F Prior year	ar plan size:	100 or fewer	101-	500 More th	an 500	
F	Part I Basic Information						
1	Enter the valuation date: Month 12 Day 31 Yea	ar <u>2018</u>					
2	Assets:						
	a Market value			. 2a		520875	
	<b>b</b> Actuarial value			. 2b		520875	
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>b</b> For terminated vested participants		5		34497	34497	
	C For active participants		1		298859	298859	
	<b>d</b> Total		6		333356 333		
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>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule fo at-risk status for fewer than five consecutive years and disregarding loading fac	r plans that ha	ave been in	4b			
5	Effective interest rate			_		5.58 %	
6	Target normal cost			6		74716	
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statemer accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking intrombination, offer my best estimate of anticipated experience under the plan.						
	HERE				10/15/201	9	
	Signature of actuary				Date		
P	ALLEN L GREEN				17-03439	)	
	Type or print name of actuary			Most i	recent enrollmer	nt number	
N	NATIONAL ACTUARIAL SERVICES		_		530-692-32	79	
	PO BOX 240 OREGON HOUSE, CA 95962-0240		Те	elephone	number (includ	ing area code)	
	Address of the firm		_				
	e actuary has not fully reflected any regulation or ruling promulgated under the statu ructions	ite in completi	ng this schedule	e, check	the box and see	e []	

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Schedule SB (	(Form 5500)	2018

Part II Beginning of Year Carryover and Prefunding Balances													
	•			_			(a) C	arryover balance		<b>(b)</b> P	refundir	ng balance	
7		•	•		able adjustments (line 13 fro			0				0	
8	· ·				nding requirement (line 35 fr								
				-				0				0	
9	Amount	remaining	g (line 7 minus line	8)				0				0	
10	Interest	on line 9 ι	using prior year's	actual retui	rn of <u>9.13</u> %			0				0	
11	Prior yea	ır's exces	s contributions to	be added t	to prefunding balance:								
				,	38a from prior year)	-			_			102222	
					a over line 38b from prior yea interest rate of5.94°							0	
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	actual							
					ar to add to prefunding balanc							0	
						_						102222	
	<b>a</b> Portion	n of (c) to	be added to prefi	unding bala	ance							0	
12					or deemed elections			0				0	
13	Balance	at beginn	ning of current yea	r (line 9 + I	line 10 + line 11d – line 12).			0				0	
Р	art III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							14	156.25%	
					)						15	127.64%	
16					of determining whether carry						16	213.65%	
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contribu	tions mad			ar by employer(s) and emplo					_			
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		a) Date (b) Amount paid by DD-YYYY) employer(s)				(c) Amount paid by employees		
		,	3p.cy c	.5)	op.oy000	( 22	,	op.oy o. (e	<i>,</i>		0p.io	.,,	
						Totals ►	18(b)		(	18(c)		C	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	te after the	beginning of the year	ear:				
	<b>a</b> Contri	butions a	llocated toward ur	paid minin	num required contributions f	rom prior yea	ars	<u> </u>	9a			0	
	<b>b</b> Contril	butions m	nade to avoid restr	ictions adju	usted to valuation date				9b			0	
					red contribution for current ye	ar adjusted to	valuation d	ate 1	9с			0	
20			tions and liquidity										
		•	•		e prior year?						∐	Yes X No	
	<b>b</b> If line	20a is "Y	es," were required	quarterly i	installments for the current y	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as								
		(1) 1st	t		Liquidity shortfall as of end (2) 2nd	of quarter o		year 3rd			(4) 4th		
		(1) 13	•		(=) =::0		(0)	v. <u>u</u>			,		
									1				

P	Part V Assumptions Used to Determin	ne Funding Target and Targ	get Normal Cost								
21	Discount rate:		-								
	<b>a</b> Segment rates: 1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used						
	<b>b</b> Applicable month (enter code)			21b	0						
22	Weighted average retirement age			22	65						
23	Mortality table(s) (see instructions) Prior regulat	ion: Prescribed - comb	ined Prescribed	l - separat	e Substitute						
	Current regu	ulation: X Prescribed - comb	ined Prescribed	l - separat	e						
Pa	Part VI Miscellaneous Items										
	Has a change been made in the non-prescribed act	tuarial assumptions for the current pl	an year? If "Ves " see it	netructions	regarding required						
	attachment.		-								
25	Has a method change been made for the current pl	an year? If "Yes," see instructions re	egarding required attach	ment	Yes X No						
26	Is the plan required to provide a Schedule of Active	Participants? If "Yes," see instruction	ons regarding required a	ttachmen	Yes No						
27	If the plan is subject to alternative funding rules, ent attachment		ons regarding	27							
P	art VII Reconciliation of Unpaid Minin	num Required Contribution	s For Prior Years								
28	Unpaid minimum required contributions for all prior	years		28	0						
29	Discounted employer contributions allocated toward (line 19a)		' '	29	0						
30	Remaining amount of unpaid minimum required cor	ntributions (line 28 minus line 29)		30	0						
Pa	art VIII Minimum Required Contribution	on For Current Year									
31	Target normal cost and excess assets (see instruct	tions):									
	a Target normal cost (line 6)			31a	74716						
	${f b}$ Excess assets, if applicable, but not greater than	line 31a		31b	74716						
32	Amortization installments:		Outstanding Bala	nce	Installment						
	a Net shortfall amortization installment			0	0						
	<b>b</b> Waiver amortization installment			0	0						
33	If a waiver has been approved for this plan year, en (Month Day Year	ter the date of the ruling letter granti) and the waived amount		33							
34	Total funding requirement before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0						
		Carryover balance	Prefunding balan	ice	Total balance						
35	Balances elected for use to offset funding requirement				0						
36	Additional cash requirement (line 34 minus line 35).			36	0						
37		ontribution for current year adjusted	to valuation date (line	37	0						
38	·										
	a Total (excess, if any, of line 37 over line 36)	,		38a	0						
	<b>b</b> Portion included in line 38a attributable to use of			38b							
39				39	0						
40	Unpaid minimum required contributions for all years	3		40	0						
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions	)							
41	If an election was made to use PRA 2010 funding re	elief for this plan:									
	a Schedule elected			Г	2 plus 7 years 15 years						
	<b>b</b> Eligible plan year(s) for which the election in line	41a was made									

# Schedule SB, line 26 - Schedule of Active Participant Data

# Paramount Painting, Inc. Defined Benefit Plan & Trust 99-0316984/001

For the plan year 01/01/2018 through 12/31/2018

#### **Years of Credited Service**

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

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

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

Employee Benefits Security Administrati	tion		
Pension Benefit Guaranty Corporation		Revenue Code (the Code).	This Form is Open to
	Report Identification Information   a single-employer plan   a short plan year return/report   an amended return/report   a short plan year return/report   an amended return/report		
		01/01/2018 and ending	
A This return/report is for:		list of participating employer information in	r) (Filers checking this box must attach a accordance with the form instructions.)
B This return/report is			
	=	=	2 months)
C Check box if filing under:			DFVC program
Part II Basic Plan Info			
1a Name of plan			plan number
			1c Effective date of plan
Mailing address (include root	m, apt., suite no, and street, or	P.O. Box)	(EIN) 99-0316984
City or town, state or province Paramount Paintin	ce, country, and ZIP or foreign p	postal code (if foreign, see instructions)	808-325-1768
PO Box 2049			2d Business code (see instructions)
Sandpoint	ID 8	3864	238300
			3b Administrator's EIN
If the name and/or EIN of the I	plan sponsor or the plan nam	ne has changed since the last return/report f	filed for 4b EIN
this plan, enter the plan spons Sponsor's name	plan sponsor or the plan nam sor's name, EIN, the plan nam	ne has changed since the last return/report f me and the plan number from the last return	illou 101
this plan, enter the plan spons Sponsor's name Plan Name	sor's name, EIN, the plan ha	ille and the plan named was	Ad PN
this plan, enter the plan spons Sponsor's name Plan Name Total number of participants at	t the beginning of the plan ye	ear	Ad PN  5a
this plan, enter the plan spons Sponsor's name Plan Name Total number of participants at	t the beginning of the plan ye	ear	1/report. 4d PN 5a 5b
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Total number of participants at Number of participants with according to the plan spons	t the beginning of the plan year count balances as of the en	rear	4d PN  5a  5b  on plans  5c  6c  6c  6c  6c  6c  6c  6c  6c  6c
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Total number of participants at Number of participants with accordance.	t the beginning of the plan year count balances as of the en	rear	4d PN  5a  5b  on plans  5c  6c  6c  6c  6c  6c  6c  6c  6c  6c
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year count balances as of the en	rear  and of the plan year (only defined contribution the plan year	5a 5b 5d
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year the end of the plan year count balances as of the en	he plan year	4d PN  5a 5b on plans 5d 5d 5d 6d sat were less
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year the end of the plan year count balances as of the en	he plan year	4d PN  5a 5b on plans 5d 5d 5d 6d sat were less
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Number of participants with accomplete this item)  Total number of active particity Total number of participants who ter	t the beginning of the plan year the end of the plan year count balances as of the en cipants at the beginning of the cipants at the end of the plan rminated employment durin	he plan year	4d PN  5a 5b 5b 5d
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Number of participants with accomplete this item) Total number of active participants at the late of participants who terms at 100% vested	t the beginning of the plan year	rear	5a 5b 5n plans 5d
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Number of participants with accomplete this item)  Total number of active partici Total number of active partici Total number of active partici Into the participants who ter nan 100% vested	t the beginning of the plan year the end of the plan year count balances as of the endipole of the plan year at the beginning of the plan year at the end of the plan year.	rear	5a 5b 5n plans 5c 5d
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Number of participants with accomplete this item)  Total number of active partici Total number of active partici Total number of active partici Into the participants who ter nan 100% vested	t the beginning of the plan year the end of the plan year count balances as of the endipole of the plan year at the beginning of the plan year at the end of the plan year.	the plan year (only defined contribution of the plan year (only defined contribution of the plan year with accrued benefits the return/report will be assessed unless astructions, I declare that I have examinary, as well as the electronic version of the contribution of the plan year with accrued benefits the return/report will be assessed unless as the electronic version of the plan year (only defined contribution).	5a 5b 5n plans 5c 5d
Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year	the plan year (only defined contribution of the plan year (only defined contribution of the plan year with accrued benefits the return/report will be assessed unless astructions, I declare that I have examinary, as well as the electronic version of the contribution of the plan year with accrued benefits the return/report will be assessed unless as the electronic version of the plan year (only defined contribution).	5a 5b 5n plans 5c 5d
this plan, enter the plan spons Sponsor's name Plan Name  Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year	rear	5a 5b 5n plans 5c 5d
Total number of participants at Number of participants with accomplete this item)	t the beginning of the plan year	rear	5a 5b 5n plans 5c 5d

SIGN

HERE

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Ye	s No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann							ш.	о 🗀
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	X	Yes No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r			(See inst	ructions.)
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
а	Total plan assets	7a		554,			,		520,875
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		554,	878			Į.	520,875
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		-31,	935				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	-31,935
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,	068				
	Certain deemed and/or corrective distributions (see instructions)	8e		-					
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,068
	Net income (loss) (subtract line 8h from line 8c)	8i						-	-34,003
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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	40-		Х			
b	, 1,,	? (Do not	include transactions	10a		Х			
	reported on line 10a.)			10b 10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	100		Х			
	by fraud or dishonesty?			10d					
е	<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					Х			
	the plan? (See instructions.)	10e							
f	Has the plan failed to provide any benefit when due under the pla			10f		X			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?		•	10g		X			
	2520.101-3.)	` 		10h		Х			
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					
			·		_			·	

	F	Form 5500-SF (2018)	Page <b>3</b> -					
Part	VI F	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see s 5500) and line 11a below)		plete Sche	edule SI	3	X Ye	es 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (For	rm 5500) line 40		11a			
12	ERIS	s a defined contribution plan subject to the minimum funding requirements of se					Ye	es X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this ng the waiver.					ne letter Year	ruling
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	, and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year								
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a ive amount)	•	of a	12d			
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadlin	e?			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 "Ye	s," enter the amount of any plan assets that reverted to the employer this year .			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?	other plan, or brought	under the			res X	No
С	,	ring this plan year, any assets or liabilities were transferred from this plan to and assets or liabilities were transferred.	other plan(s), identify t	he plan(s)	to			

13c(1) Name of plan(s):

13c(2) EIN(s)

**13c(3)** PN(s)

# **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).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

	ment to Form 5500 or	55UU-SF.					
For calendar plan year 2018 or fiscal plan year beginning 01/0	01/2018	and ending	12/	31/20	18		
▶ Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be assessed for late filing of this rep	ort unless reasonable ca						
A Name of plan		B Three-digit				201	
Paramount Painting, Inc. Defined Benefit Plan & T	rust.	plan numb	er (PIN)			001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer Ide	entificati	on Num	ber (EIN)		
Paramount Painting, Inc.		99	-0316	984			
			7				
	F Prior year plan size:	X 100 or fewer L	<u></u>	00	More than	500	
Part I Basic Information							
1 Enter the valuation date: Month 12 Day 3	<u>31 Year 2018</u>						
2 Assets:		Г					
a Market value			2a			520,875	
<b>b</b> Actuarial value			2b			520,875	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		g	(3) T	otal Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment	0			0		0	
<b>b</b> For terminated vested participants	5		34	,497	,	34,497	
C For active participants	1		298	298,859 298,85			
d Total	6		333	, 356		333,356	
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)						
a Funding target disregarding prescribed at-risk assumptions			4a				
b Funding target reflecting at-risk assumptions, but disregarding tran at-risk status for fewer than five consecutive years and disregar		have been in	4b				
5 Effective interest rate			5			5.58 %	
6 Target normal cost			6			74,716	
Statement by Enrolled Actuary							
To the best of my knowledge, the information supplied in this schedule and accompanying scheduccordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.							
SIGN UM UM				10/02	/2019		
Signature of actuary				D	ate		
Allen L Green				17-03	439		
Type or print name of actuary			Most re	cent en	rollment nu	ımber	
National Actuarial Services			(53	0) 69	2-3279		
Firm name PO Box 240		Tel	ephone	number	(including	area code)	
IIC Orogon House Ch 05060 0040							
US Oregon House CA 95962-0240  Address of the firm		-					
If the actuary has not fully reflected any regulation or ruling promulgated u	nder the statute in comp	leting this schedu	le, chec	k the bo	x and see		
instructions							

Page	2	

Pa	rt II Beg	ginning of Year (	Carryov	er and Prefunding Bala	ances							
						(a) (	Carryover balance		(b) P	refundi	ng balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0				
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					0			0			
9	Amount rema	aining (line 7 minus lir	ne 8)					0			0	
10	Interest on lir	ne 9 using prior year's	actual re	turn of <u>9.13</u> %				0			0	
11				d to prefunding balance:				ê.				
	a Present v	alue of excess contrib	utions (lir	ne 38a from prior year)					102,22			
	· ·			88a over line 38b from prior ye ive interest rate of 5.94								
	• ,	•	-	chedule SB, using prior year's	actual				0			
	C Total avai	lable at beginning of	current pla	an year to add to prefunding b	alance .						102,222	
				palance				ise			0	
12		·		ns or deemed elections				0			0	
				+ line 10 + line 11d - line 12)		<u> </u>		0			0	
14		unding Percenta								14	156.25 %	
15				nge						15	127.64 %	
											127.04 70	
-10	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	213.65 %	
17	If the current	value of the assets o	f the plan	is less than 70 percent of the	funding t	arget, enter	such percentage .			17	%	
Pa	rt IV C	ontributions and	d Liquid	lity Shortfalls								
18				year by employer(s) and empl	oyees:							
(M	(a) Date M-DD-YYYY)	(b) Amount pa		(c) Amount paid by employees		a) Date DD-YYYY)	(b) Amount pai employer(s		oy (c) Amount paid by employees			
							·					
	,											
7 F F 18			, saka ya s		Totals	► 18(b)			18(c)			
19	Discounted e	employer contribution	s see in	structions for small plan with a	a valuatio	n date after	the beginning of the y	ear:				
	a Contributi	ons allocated toward	unpaid mi	nimum required contributions	from prio	r years	19	9a			0	
b Contributions made to avoid restrictions adjusted to valuation date									0			
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c												
20 Quarterly contributions and liquidity shortfalls:												
a Did the plan have a "funding shortfall" for the prior year?												
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
		•	•	complete the following table a	-			F				
	J II III C ZUA	100, acc mande	4114	Liquidity shortfall as of end			an year					
	(1	) 1st		(2) 2nd		(3)	3rd			(4) 4	th	

Pa	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	)	N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)			21b	0			
22	Weighted average re	etirement age			22	65			
23	Mortality table(s) (se	e instructions) Prior regu Current re	<b>=</b>		ped - sepai ped - sepai	=			
Pa	rt VI Miscellane	eous items							
24	Has a change been	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required			
	attachment					Yes 🕱 No			
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment .	Yes X No			
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachme	ntX Yes No			
27	If the plan is subject	to alternative funding rules, er	ter applicable code and see instru	ctions regarding	27				
	attachment				21				
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
_28	Unpaid minimum rec	quired contributions for all prior	years		28	0			
29	• •		d unpaid minimum required contrib		29	0			
30			ntributions (line 28 minus line 29)		30	0			
Pa	1 4 7 7 1	Required Contribution							
		and excess assets (see instruc							
					31a	74,716			
			line 31a		31b	74,716			
32	Amortization installm			Outstanding Bala		Installment			
UL.				Outstanding Built	0	0			
					0	0			
22	*****		····		0	0			
	(Month		nter the date of the ruling letter gra) and the waived amount .		33				
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding Bala	ince	Total balance			
35	Balances elected for requirement	use to offset funding	0		0	0			
36					36	0			
	36 Additional cash requirement (line 34 minus line 35)								
	(fine 19c)								
38 Present value of excess contributions for current year (see instructions)									
	a Total (excess, if any, of line 37 over line 36)								
	<b>b</b> Portion included in	38b	0						
		quired contribution for current y	39	0					
40 Unpaid minimum required contributions for all years									
Part IX Pension Funding Relief Under 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								
	b Eligible plan year(s) for which the election in line 41a was made								