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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	n								
For calendar plan year 2015 or			2/31/2015							
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan										
B This return/report is	the first return/report	the final return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension DFVC program Dription)								
Part II Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name of plan	·	PROFIT SHARING PLAN AND TRUST	1b Three-digit plan numb (PN) ▶							
			1c Effective d	ate of plan 01/01/1995						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NSURANCE AND RISK MANAGEMENT SERVICES, INC.				dentification Number 65-0087746						
				telephone number 39-649-1444						
				ode (see instructions)						
3950 FONTANA DEL SOL WAY, NAPLES, FL 34109	524210									
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN						
			3c Administrat	or's telephone number						
	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN							
a Sponsor's name			4c PN 5a							
5a Total number of participants at the beginning of the plan year				54						
b Total number of participants at the end of the plan year				54						
		f the plan year (defined benefit plans do not	5c	53						
d(1) Total number of active p	articipants at the beginning of the p	olan year	5d(1)	52						
d(2) Total number of active p	participants at the end of the plan ye	əar	5d(2)	51						
than 100% vested	. , ,		5e	0						
		rn/report will be assessed unless reasonable ca								

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it in true, correct, and complete

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 05/10/2016 GEORGE C. SCHMELZLE **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

Form 5500-SF 2015		Page 2							
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independ and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		3831					3	767436
b Total plan liabilities	7b		2021	0				2	767426
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A	3831	090			4.1		767436
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		162	058					
(3) Others (including rollovers)	8a(3)		11	250					
b Other income (loss)	8b		-61	508					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								111800
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		166	979					
e Certain deemed and/or corrective distributions (see instructions)	8e		9	279					
f Administrative service providers (salaries, fees, commissions)	8f			2					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								176260
i Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)								-64460
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instru	ctions:	
— In the plant provides worker sollients, other the appropriate workers.	odiaio oodo	oo nom aro ziot or rial	T Onarc	20101101			o motra) (10110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					1000000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
									00001
	 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X					80631
,	2520.101-3.)			X					
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	X					
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?.	[]	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," 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 plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
140 Name of trustee of custodian				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio percentage Denefit Average benefit				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	Copporation	Complete all entries in	accordance with the	nstructions to the Forr	n 5500-SF.	Public Inspection					
Part		T Identification Information	1								
FOI Cale	silvai pian year 2015 or	fiscal plan year beginning	01/01/2015	and ending		/31/2015					
A This	return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemploy	er) (Filers che	cking this box must attach a					
This return aport is for:		a one-participant plan	list of participating	employer information in	n accordance v	vith the form instructions)					
		LJ & one participant plan	a foreign plan								
B This	return/report is	the first return/report	the final return/rep	~ wi							
	•	an amended return/report	family the state of the state o								
C Ob	to be a second	C an amended returnshort	a short plan year re	eturn/report (less than 12	? months)						
C Chec	ck box if filing under:	Form 5558	automatic extension	on	П	OFVC program					
P		special extension (enter desc	ription)		Lul "	······································					
Part II	Basic Plan Info	ormation—enter all requested in	formation	***************************************	***************************************						
	ne of plan			······································	1b Three	a diait					
Insura	ance and Risk N	Management Services,	Inc.		i i	number					
401 (K)	Profit Sharir	ng Plan and Trust			(PN)	. 1					
					1c Effective date of plan						
2a Plan	SDODSOI'S name (ample	yer, if for a single-employer plan)				01/1995					
iviaiii	ing address (include root	m, ant stiffs no and street or D.C.	Royl		2b Emplo	oyer Identification Number					
City	or town, state or provinc	e, country, and ZIP or foreign post	al code (if foreign, see in	structions)		65-0087746					
rusura	nce and Risk Mes, Inc.	anagement		•	2c Sponsor's telephone number						
001010	es, mc.					9) 649-1444					
8950 F	ontana bet all					ess code (see instructions)					
		Way, Suite 200			5242	110					
Naples			E	L 34109							
Ja Plan	administrator's name an	d address Same as Plan Spons	or.	***************************************	3b Admin	istrator's EIN					
						strator's telephone number					
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN						
	o, chiv, and the plan num sor's name	ber from the last return/report.		, , , , , ,							
***************************************	······································				4c PN						
h T-4-1	number of participants a	at the beginning of the plan year	******************************	***************************************	5a	54					
b Total	number of participants a	it the end of the plan year	<	*******************************	5b	54					
· (40)//	or or participants with a	CCOURT balances as of the end of th	a nian ware idafinad haw	m Charles and a service	5c	***************************************					
d(1) Tot	al number of nation	The state of the s	******************	······································		53					
d(2) Tot	of number of active parti	cipants at the beginning of the plan	ı year		5d(1)	52					
A Mumbh	ar number of active parti	cipants at the end of the plan year.		************************	5d(2)	51					
than	100% vested	rminated employment during the p	lan year with accrued be	nefits that were less	5e						
Caution: A	penalty for the late or	Incomplete filing of this returning	eport will be assessed	unioce rezoneble car		bod 0					
Under pena SB or Scho	fies of perjury and othe	r penalties set forth in the instruction	ns, I declare that I have	examined this return/ret	ont including.	if applicable a Schodulo					
belief, it is t	wel correct, and comple	signed by an enrolled actuary, as the	well as the electronic ver	sion of this return/report	, and to the be	st of my knowledge and					
SIGN	TO JOHN	1									
HERE	118		5/5/16	George C. Sch	melzle						
	Signature of pian adr	Moistrator	Date	Enter name of individu	ıal signing as p	lan administrator					
SIGN HERE	1202C	<u> </u>	S/5//C	George C. Schr	melzle						
	Signature of employe	r/plan sponsor	Date	Enter name of individu	al signing as e	mployer or plan sponsor					
reparer's n	name (including firm nam	ne, if applicable) and address (inclu	de room or suite numbe			phone number					
					•						
				<u></u>	11,						
***************************************	***************************************			I							

Form 5500-SF 2015		Page 2									
 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 If you answered "No" to either line 6a or line 6b, the plan cannot be a continuous continuo	an independ and condition ot use Forr	lent qualified public ns.) n 5500-SF and mus	accour	tant (IC	QPA) • Forn	n 5500.		X	Yes Yes	No No	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA s	ection ·	4021)?		Yes	No [Not	determ	ined	
Part III Financial Information	T					····					
7 Plan Assets and Liabilities		(a) Beginnin					(b) End of Year 3,767,4				
a Total plan assets	7a		3,83	1,89	16				3,76	7,436	
b Total plan liabilities	7b				0					C	
C Net plan assets (subtract line 7b from line 7a)	7c			1,89	6		3,767,4				
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt				(b)	Total			
(1) Employers	8a(1)				0						
(2) Participants	8a(2)		16	2,05	8				***************************************		
(3) Others (including rollovers)	8a(3)		1	1,25	0						
b Other income (loss)	8b		-6	1,50	8		***************************************				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						***************************************		111	1,800	
d Benefits paid (including direct rollovers and insurance premiums										***************************************	
to provide benefits)	8d			6 , 97							
e Certain deemed and/or corrective distributions (see instructions)	8e			9,27					***************************************		
f Administrative service providers (salaries, fees, commissions)	8f		2								
g Other expenses	8g			Nacon in	0		177.				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		176,26				
i Net income (loss) (subtract line 8h from line 8c)	8i								-64	1,460	
Part IV Plan Characteristics	8j				0		1 - 2 -				
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Pla	n Char	acteris	tic Cod	des in th	ne instruc	tions:			
10 During the plan year:				Yes	No	N/A		Amo	unt		
Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	uciary Correction	10a		Х			Airio	unt		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		Х						
C Was the plan covered by a fidelity bond?		***************************************	10c	Х					000	,000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond.	that was caused	10d	Λ	Х				,000	,000	
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	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			***************************************			
f Has the plan failed to provide any benefit when due under the plan		······································	10e 10f		Х						
	Did the plan have any additional language.			.,	Λ						
h If this is an individual account plan, was there a blackout period? (10g	Х					80	,631	
2520.101-3.)			10h	Х							
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101											
j Did the plan trust incur unrelated business taxable income?			10j								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	s," see instructions a	and con	nplete	Sched	lule SB	(Form		Yes [No	
11a Enter the unpaid minimum required contribution for all years from S	Schedule SB	(Form 5500) line 40) <u>.</u>			11a					
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of th	ne Cod	e or se	ction 3	302 of E	RISA?	ΙП	Yes 🛭	No	

	Form 5500-SF 2015 Page 3 -								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
	granting the waiver. f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	Day		Year				
	D Enter the minimum required contribution for this plan year		12b						
			12c		**				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	loft of a	120						
	negative amount)	ieit oi a	12d						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		\Box	Yes	No [N/A			
Par									
13	A Has a resolution to terminate the plan been adopted in any plan year?			Yes	No 🛚				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b	of the PBGC?				Yes X	No			
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) l	PN(s)			
				ĺ					
Par	t VIII Trust Information								
14a	Name of trust		14b T	rust's EIN	I				
14c Name of trustee or custodian					14d Trustee's or custodian's				
	Traine of dustee of easterial			rrustee s telephone		an's			
(minutes)									
Pai	t IX IRS Compliance Questions								
15a	I is the plan a 401(k) plan?		Yes	3	No				
			De	sign-					
15t	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba	sed safe rbor		P/ACP			
				thod	test				
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	urrent year	Yes		No				
	2(a)(2)(ii))?	· · · · · · · · · · · · · · · · · · ·							
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ra	tio centage	Ave	rage			
			tes		ben	efit test			
101	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes	;	No				
17a	Has the plan been timely amended for all required tax law changes?		☐ Yes	3	∏ No	∏ N/A			
	b Data Hall	Enter the app	olicable	code	(See inst				
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu		t to a fav	orable IR	S opinion	or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No				
19	Were in-service distributions made during the plan year?		Yes		No				
	If "Yes," enter amount	.,,	19		<u></u>				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whomas are required minimum distributions).	nether or not	☐ Yes		∏No	∏N/A			
	retired), as required under section 401(a)(9)?		<u> </u>		⊔,,,	П.,,,			