## 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.

----

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I              | Annual Report   | Identification Information   |   |   |   |   |  |  |  |  |  |  |
|---------------------|---|--|---|---|---|---|--|--|--|--|--|--|
| For calend          | lar plan year 2015 or fis   | scal plan year beginning 01/01/2   | 015   | and ending 12   | 2/31/2015   |   |  |  |  |  |  |  |
| <b>A</b> This re    | turn/report is for:   | a single-employer plan a one-participant plan  |   | olan (not multiemployer)<br>nployer information in ac |   |   |  |  |  |  |  |  |
| <b>B</b> This ret   | urn/report is   | the first return/report an amended 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 descr   | automatic extension DFVC program  |   |   |   |  |  |  |  |  |  |
| Part II             | Basic Plan Info   | rmation—enter all requested inf  | ormation  |   |   |   |  |  |  |  |  |  |
| 1a Name<br>AUTO QUO |   | -  |   |   | 1b Three-dig<br>plan num<br>(PN) ▶                        | ' I   |  |  |  |  |  |  |
|                     |   |  |   |   | 1c Effective  | date of plan<br>01/01/1999  |  |  |  |  |  |  |
| Mailin              | g address (include roor   | yer, if for a single-employer plan)<br>m, apt., suite no. and street, or P.O           |   |   | <b>2b</b> Employer Identification Number (EIN) 84-0731031 |   |  |  |  |  |  |  |
|                     | r town, state or province<br>TES FLORIDA, INC.  | e, country, and ZIP or foreign posta   | al code (if foreign, see inst   | ructions)   | 2c Sponsor's telephone number 904-384-2279                |   |  |  |  |  |  |  |
| SUITE 500           | EADOWS WAY W  |  |   |   | 2d Business code (see instructions) 561490                |   |  |  |  |  |  |  |
| <b>3a</b> Plan a    | administrator's name ar   | nd address ⊠Same as Plan Spons   | or.   |   | 3b Administr  3c Administr                                | ator's EIN ator's telephone number                                      |  |  |  |  |  |  |
|                     |   | e plan sponsor has changed since to mber from the last return/report.                  | the last return/report filed f  | or this plan, enter the                               | 4b EIN  |   |  |  |  |  |  |  |
| <b>a</b> Spons      | or's name   |  |   |   | 4c PN   |   |  |  |  |  |  |  |
| <b>5a</b> Total     | number of participants  | at the beginning of the plan year  |   |   | 5a  |   |  |  |  |  |  |  |
| _                   |   | at the end of the plan year  |   |   | 5b  | 55  |  |  |  |  |  |  |
| C Numb              | per of participants with a  | account balances as of the end of t  | he plan year (defined ben   | efit plans do not                                     | 5c  |   |  |  |  |  |  |  |
|                     |   | rticipants at the beginning of the pla   |   |   | 5d(1)   | 47  |  |  |  |  |  |  |
|                     |   | rticipants at the end of the plan yea  |   | İ   | 5d(2)   |   |  |  |  |  |  |  |
| <b>e</b> Numl       | ber of participants that  | terminated employment during the   | plan year with accrued be   | enefits that were less                                | 5e  | 1   |  |  |  |  |  |  |
|                     |   | or incomplete filing of this return  |   |   | ise is establish  | ed.   |  |  |  |  |  |  |
| SB or Scho          |   | her penalties set forth in the instruc<br>nd signed by an enrolled actuary, a<br>plete |   |   |   |   |  |  |  |  |  |  |
| SIGN                |   | valid electronic signature.  | 07/29/2016  | TIFFANY SCOTT   |   |   |  |  |  |  |  |  |
| HERE                | Signature of plan a   |  | Date  | Enter name of individu                                | ual signing as pl   | an administrator  |  |  |  |  |  |  |
| SIGN<br>HERE        | Signature of omple  | wor/plan sponsor   | Date  | Enter name of individu                                | ual cigning on a  | mplayer or plan anance  |  |  |  |  |  |  |
| Preparer's          | Signature of employer/plan sponsor  Date Enter name of individures name (including firm name, if applicable) and address (include room or suite number) |  |   |   |   | vidual signing as employer or plan sponsor  Preparer's telephone number |  |  |  |  |  |  |
| i icpaici s         | name (moldaling milli li  | amo, ii appiioabio <i>j</i> and addi <del>o</del> ss (iii                              | orage room or suite number  | <i>⊶</i> ,  | i iopaici s iele  | phone number  |  |  |  |  |  |  |

| Form 5500-SF 2015  |                              | Page <b>2</b>              |         |          |          |           |            |          |            |       |
|--|------------------------------|----------------------------|---------|----------|----------|-----------|------------|----------|------------|-------|
| <ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul> | an independ<br>and condition | dent qualified public a    | ccount  | ant (IQ  | PA)      |           |            | X        | Yes Yes    | No No |
| <b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in  | nsurance pr                  | ogram (see ERISA se        | ction 4 | 021)? .  |          | Yes       | No         | Not      | determir   | ned   |
| Part III Financial Information   |                              |                            |         |          |          |           |            |          |            |       |
| 7 Plan Assets and Liabilities  |                              | (a) Beginning              | of Ye   | ar       |          |           | (b) En     | d of Ye  | ear        |       |
| a Total plan assets  | . 7a                         |                            | 2037    | 983      |          |           |            |          | 2072434    | ŀ     |
| <b>b</b> Total plan liabilities  | . 7b                         |                            | 0007    | 2000     | -        |           |            |          | 0070404    |       |
| C Net plan assets (subtract line 7b from line 7a)  | . 7c                         | <b></b>                    | 2037    | 983      |          |           |            |          | 2072434    |       |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:  |                              | (a) Amou                   | ınt     |          |          |           | (b)        | Total    |            |       |
| (1) Employers  | . 8a(1)                      |                            | 72      | 344      |          |           |            |          |            |       |
| (2) Participants   | . 8a(2)                      |                            | 361     | 755      |          |           |            |          |            |       |
| (3) Others (including rollovers)   | . 8a(3)                      |                            |         |          |          |           |            |          |            |       |
| <b>b</b> Other income (loss)   | . 8b                         |                            | -7      | 550      |          |           |            |          |            |       |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                           |                            |         |          |          |           |            |          | 426549     | •     |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | . 8d                         |                            | 391     | 158      |          |           |            |          |            |       |
| e Certain deemed and/or corrective distributions (see instructions)  | . 8e                         |                            |         |          |          |           |            |          |            |       |
| f Administrative service providers (salaries, fees, commissions)   | . 8f                         |                            |         | 940      |          |           |            |          |            |       |
| g Other expenses   | . 8g                         |                            |         |          |          |           |            |          |            |       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | . 8h                         |                            |         |          |          |           |            |          | 392098     | }     |
| i Net income (loss) (subtract line 8h from line 8c)  | . 8i                         |                            |         |          |          |           |            |          | 34451      | ı     |
| j Transfers to (from) the plan (see instructions)  | · 8j                         |                            |         |          |          |           |            |          |            |       |
| Part IV Plan Characteristics   |                              |                            |         |          |          |           |            |          |            |       |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  | feature coo                  | les from the List of Plant | an Cha  | racteris | stic Co  | des in t  | the instr  | uctions  | <b>3</b> : |       |
| B If the plan provides welfare benefits, enter the applicable welfare f  | eature code                  | es from the List of Pla    | n Chara | acterist | ic Coc   | les in th | ne instru  | ctions:  |            |       |
| — In the plant provides wonder bonomic, order the applicable wonder.   | oataro ooda                  | o nom the Election had     | - Onar  | 20101101 |          | .00       | io iniotra | 0110110. |            |       |
| Part V Compliance Questions  |                              |                            |         |          |          |           |            |          |            |       |
| 10 During the plan year:   |                              |                            |         | Yes      | No       | N/A       |            | Am       | ount       |       |
| Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)  | /oluntary Fig                | duciary Correction         | 10a     | X        |          |           |            |          | 2          | 24680 |
| <b>b</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     |          | X        |           |            |          |            |       |
| <b>d</b> 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<br>carrier, insurance service, or other organization that provides som<br>the plan? (See instructions.)   | ne or all of tl              | ne benefits under          | 10e     |          | X        |           |            |          |            |       |
| f Has the plan failed to provide any benefit when due under the plan   |                              |                            |         |          | Х        |           |            |          |            |       |
| g Did the plan have any participant loans? (If "Yes," enter amount a   |                              |                            | 10f     |          | X        |           |            |          |            |       |
| h If this is an individual account plan, was there a blackout period?  |                              | ,                          | 10g     |          | ^        |           |            |          |            |       |
| 2520.101-3.)   | •                            |                            | 10h     |          | X        |           |            |          |            |       |
| i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  |                              |                            | 10i     |          |          |           |            |          |            |       |
| j Did the plan trust incur unrelated business taxable income?  |                              |                            | 10j     |          |          | X         |            |          |            |       |
| Part VI Pension Funding Compliance   |                              |                            | ,       |          | <u> </u> | 1         | <u> </u>   |          |            |       |
| 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  |                              |                            |         |          |          | 11a       |            | <u> </u> | . <u>L</u> |       |
| 12 Is this a defined contribution plan subject to the minimum funding  |                              |                            |         |          |          |           | RISA?      | Г        | Yes        | X No  |

|                                  | F   | orm 5500-SF 2015 Page <b>3</b> - 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<br>ng the waiver   |                  | enter the<br>Day                              | date of t         | he letter rul<br>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)  |                   | <b>13c(3)</b> 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 custodian'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)-          | Yes No  |                   |                       |           |  |  |  |
| 16a                              | Check   | the box to indicate the method used by the plan to satisfy the coverage requirements under secti  | on 410(b):       | Ra pe   | rage<br>efit test |                       |           |  |  |  |
| 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                              |   | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).  | Enter the ap     | plicable                                      | code              | (See ins              | tructions |  |  |  |
| 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                               | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? |   |                  |   |                   |                       |           |  |  |  |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

|   | port Identification Information  |  |   |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|
| For calendar plan year 2015   | or fiscal plan year beginning  | 01/01/2015   | and ending  | 12/31/2  | 015                                      |  |  |  |  |
| A This return/report is for:  | lan (not multiemployer)<br>oployer information in a  |  |   |  |  |  |  |  |  |
|   | a one-participant plan   | a foreign plan   |   |  |  |  |  |  |  |
| B This return/report is   | the first return/report  | the final return/report                                      |   |  |  |  |  |  |  |
|   | an amended return/report   | a short plan year return                                     | n/report (less than 12 n                            | nonths)  |  |  |  |  |  |
| C Check box if filling under: Form 5558 automatic extension DFVC program                    |  |  |   |  |  |  |  |  |  |
|   | special extension (enter desc  |  |   |  |  |  |  |  |  |
| Part II Basic Plan  | Information—enter all requested in   | formation  |   |  |  |  |  |  |  |
| 1a Name of plan<br>AUTO QUOTES 401 (F   | K) SAVINGS PLAN  |  |   | 1b Three-digit plan number (PN) ▶                  | 001                                      |  |  |  |  |
|   |  | 9  |   | 1c Effective date 01/01/19                         |  |  |  |  |  |
|   | employer, if for a single-employer plan)<br>e room, apt., suite no. and street, or P.C         | O. Box)  |   | 2b Employer Ide<br>(EIN) 84-0                      | entification Number                      |  |  |  |  |
| City or town, state or pr<br>AutoQuotes Flor  | rovince, country, and ZIP or foreign position ida, Inc.  | tal code (if foreign, see instr                              | ructions)   | 2c Sponsor's te                                    |  |  |  |  |  |
| 8800 Baymeadows   | Way W  |  |   | 2d Business coo<br>561490                          | de (see instructions)                    |  |  |  |  |
| Suite 500   |  |  |   | =  |  |  |  |  |  |
| Jacksonville  | FL 32256   |  |   |  |  |  |  |  |  |
| 3a Plan administrator's na  | me and address X Same as Plan Spon   | sor.   |   | 3b Administrator's EIN                             |  |  |  |  |  |
| 4 If the name and/or EIN name, EIN, and the pla   | of the plan sponsor has changed since an number from the last return/report.                   | the last return/report filed for                             | or this plan, enter the                             | 4b EIN   |  |  |  |  |  |
| a Sponsor's name  |  |  |   | 4c PN  |  |  |  |  |  |
| 5a Total number of partici  | pants at the beginning of the plan year.   |  |   | 5a   | 55                                       |  |  |  |  |
|   | pants at the end of the plan year  |  |   | - Fh   | 55                                       |  |  |  |  |
| c Number of participants  | with account balances as of the end of   | the plan year (defined bene                                  | efit plans do not                                   | 5c   | 46                                       |  |  |  |  |
|   | ve participants at the beginning of the p  |  |   | 5d(1)  | 47                                       |  |  |  |  |
|   | ive participants at the end of the plan ye   |  |   | 5d(2)  | 49                                       |  |  |  |  |
| e Number of participant   | s that terminated employment during th   | e plan year with accrued be                                  | nefits that were less                               | 5e   | 1  |  |  |  |  |
| Caution: A penalty for the  | late or incomplete filing of this return   | n/report will be assessed                                    | unless reasonable ca                                | ause is established                                |  |  |  |  |  |
| Under penalties of perjury a<br>SB or Schedule MB comple<br>belief, it is true, chrect, and | and other penalties set forth in the instructed and signed by an enrolled actuary, to complete | actions, I declare that I have as well as the electronic ver | examined this return/r<br>rsion of this return/repo | eport, including, if ap<br>ort, and to the best of | plicable, a Schedule<br>my knowledge and |  |  |  |  |
| SIGN  | - Complete.  | 7129116  | Tiffany Scot  | t  |  |  |  |  |  |
| HERE Signature of p   | plan administrator   | Date   | Enter name of indivi                                | f individual signing as plan administrator         |  |  |  |  |  |
| UEDE  | employer/plan sponsor  | Date   | Enter name of indivi                                | idual signing as empl                              | oyer or plan sponsor                     |  |  |  |  |
| Preparer's name (including  | firm name, if applicable) and address (  |  |   | Preparer's telepho                                 |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|             | Form 5500-SF 2015  |                            | Page 2                                     |        | <del></del> |          |           |           |          |             |  |
|-------------|--|----------------------------|--|--------|-------------|----------|-----------|-----------|----------|-------------|--|
| <b>b</b> /  | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. |                            |  |        |             |          |           |           |          | Yes No      |  |
|             | f the plan is a defined benefit plan, is it covered under the PBGC in  |                            |  |        |             | _        | _         | No ∏      | Not d    | etermined   |  |
| Part        |  |                            |  |        |             |          |           |           |          |             |  |
|             | Plan Assets and Liabilities  |                            | (a) Beginning                              | of Yea | ar          |          |           | (b) End   | of Yea   | <u> </u>    |  |
|             | fotal plan assets  | 7a                         | 7  | 2,03   |             | 3        |           | •         |          | 072,434     |  |
| bт          | otal plan liabilities  | 7b                         |  |        | :           |          |           |           |          |             |  |
| C N         | Net plan assets (subtract line 7b from line 7a)  | 7c                         |  | 2,03   | 7,98        | 3        |           | 2,072,434 |          |             |  |
| <b>8</b> II | ncome, Expenses, and Transfers for this Plan Year  |                            | (a) Amou                                   | int    |             |          | (b) Total |           |          |             |  |
|             | Contributions received or receivable from:   | 82(1)                      |  | 7:     | 2,34        | 4        |           |           |          |             |  |
|             | 1) Employers   | 8a(1)<br>8a(2)             |  |        | 1,75        |          |           |           |          |             |  |
|             | 3) Others (including rollovers)  | 8a(3)                      | -  |        |             | 1        |           |           |          |             |  |
|             | Other income (loss)  | 8b                         |  |        | 7,55        | ٠        |           |           |          |             |  |
|             | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                         |  |        |             | 1        |           |           |          | 426,549     |  |
| dÈ          | Benefits paid (including direct rollovers and insurance premiums o provide benefits)   | 8d                         |  | 39     | 1,15        | 8        |           |           |          |             |  |
| _ e c       | Certain deemed and/or corrective distributions (see instructions)  | 8e                         |  |        |             |          |           |           |          |             |  |
| _ f A       | Administrative service providers (salaries, fees, commissions)   | 8f                         |  |        | 94          | <u> </u> |           |           | <u> </u> | ···         |  |
| g           | Other expenses   | 8g                         |  |        |             | -        |           |           |          |             |  |
|             | Total expenses (add lines 8d, 8e, 8f, and 8g)  |                            |  |        | _           | -        |           |           |          | 392,098     |  |
|             | Net income (loss) (subtract line 8h from line 8c)  |                            |  |        |             | +-       |           |           |          | 34,451      |  |
| Part        | Transfers to (from) the plan (see instructions)  | <b>8</b> j                 |  |        |             |          |           |           |          | <del></del> |  |
|             | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for  |                            |  |        |             |          |           |           |          |             |  |
| Part        | V Compliance Questions   |                            |  |        | <del></del> |          |           |           |          |             |  |
|             | During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  | oluntary i                 | Fiduciary Correction                       | 10a_   | Yes         | No       | N/A       |           | Amo      | 24,680      |  |
| b           | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  |                            |  | 10b    |             | Х        |           |           |          |             |  |
|             | Was the plan covered by a fidelity bond?   |                            |  | 10c    |             | Х        |           |           |          |             |  |
|             | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  | fidelity bo                | ond, that was caused                       | 10d    | :           | х        |           |           |          |             |  |
| е           | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)   | her persor<br>ne or all of | ns by an insurance<br>f the benefits under | 10e    |             | х        |           |           |          |             |  |
| f           | Has the plan failed to provide any benefit when due under the pla  |                            |  | 10f    |             | Х        |           |           |          |             |  |
| g           | Did the plan have any participant loans? (If "Yes," enter amount a   |                            |  | 10g    |             | Х        |           |           |          |             |  |
|             | If this is an individual account plan, was there a blackout period? 2520.101-3.)   | (See instr                 | ructions and 29 CFR                        | 10h    |             | х        |           |           |          |             |  |
| i           | If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10  | he require                 | ed notice or one of the                    | 10i    |             |          |           |           |          |             |  |
| j           | Did the plan trust incur unrelated business taxable income?  |                            |  | 10j    |             |          | Х         |           |          |             |  |
| Part        | VI Pension Funding Compliance  |                            |  |        |             |          |           |           |          |             |  |
| 11          | Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)   | nents? (If                 | "Yes," see instructions                    | and co | mplete      | Sche     | dule SB   | (Form     |          | Yes No      |  |
| 11a         | Enter the unpaid minimum required contribution for all years from  |                            |  |        |             |          | 11a       |           |          |             |  |
| 12          | Is this a defined contribution plan subject to the minimum funding   |                            |  |        |             |          | 302 of E  | RISA?     | $\prod$  | Yes X No    |  |

|                  | Form 5500-SF 2015 Page <b>3</b> -  |                       |   |               |                        |                   |  |  |  |  |
|------------------|--|-----------------------|---|---------------|------------------------|-------------------|--|--|--|--|
| (11              | "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 inst<br>anting the waiver  | ructions, and e       | nter the<br>Day_                              |               | e letter rulir<br>'ear | ng                |  |  |  |  |
| If you           | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                       |   |               |                        |                   |  |  |  |  |
| <b>b</b> En      | er the minimum required contribution for this plan year  |                       | 12b   |               |                        |                   |  |  |  |  |
| C Ent            | er the amount contributed by the employer to the plan for this plan year   |                       | 12c   |               |                        |                   |  |  |  |  |
|                  | btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le gative amount)   |                       | 12d   |               |                        |                   |  |  |  |  |
| e w              | Il 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  |                       |   |               |                        |                   |  |  |  |  |
| 13а н            | s a resolution to terminate the plan been adopted in any plan year?  |                       |   | Yes           | X No                   |                   |  |  |  |  |
| lf               | Yes," enter the amount of any plan assets that reverted to the employer this year  | •••••                 | 13a   |               |                        |                   |  |  |  |  |
|                  | ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough<br>the PBGC?  |                       |   |               | Yes 🛛 N                | lo                |  |  |  |  |
|                  | during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify<br>sich assets or liabilities were transferred. (See instructions.)  | the plan(s) to        |   |               |                        |                   |  |  |  |  |
| 13c              | 1) Name of plan(s):  | 13c(2) E              | EIN(s)  |               | 13c(3) PI              | V(s)              |  |  |  |  |
|                  |  |                       |   |               |                        |                   |  |  |  |  |
| Part VI          | I Trust Information  |                       |   |               |                        |                   |  |  |  |  |
|                  | ne of trust  |                       | 14b T   | rust's EIN    |                        |                   |  |  |  |  |
| ,                |  |                       |   |               |                        |                   |  |  |  |  |
| 14c Na           | me of trustee or custodian   |                       | 14d Trustee's or custodian's telephone number |               |                        |                   |  |  |  |  |
| Part I           | IRS Compliance Questions   |                       |   |               |                        |                   |  |  |  |  |
| <b>15a</b> Is    | the plan a 401(k) plan?  |                       | Ye  | s             | No                     |                   |  |  |  |  |
| 15 <b>b</b> If ' | Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and tching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  | employer              | ba<br>ba                                      |               |                        | ADP/ACP<br>lest   |  |  |  |  |
| tes              | ne ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu<br>ting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40<br>(2)(ii))? | )1(m)-                | Ye  | ⁄es           |                        |                   |  |  |  |  |
| <b>16a</b> Ch    | eck the box to indicate the method used by the plan to satisfy the coverage requirements under section   | n 410(b):             | ∣⊔ ре   |               |                        | rage<br>efit test |  |  |  |  |
| 16b Do           | es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb<br>s plan with any other plans under the permissive aggregation rules?   | oining                | Ye  | s             | No                     |                   |  |  |  |  |
| <b>17а</b> на    | s the plan been timely amended for all required tax law changes?   |                       | Ye  | <b>S</b>      | □No                    | □ N/A             |  |  |  |  |
| 17b Da           | te the last plan amendment/restatement for the required tax law changes was adopted tax law changes and codes).  | . Enter the           | applicat                                      | ole code      | (See in                | structions        |  |  |  |  |
| 17c If 1         | ne plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla<br>visory letter, enter the date of that favorable letter and the letter's serial nu                                  | umber                 |   | <u> </u>      |                        | or                |  |  |  |  |
| xde              | he plan is an individually-designed plan and received a favorable determination letter from the IRS, er<br>termination letter  |                       | the plai                                      | n's last favo | orable                 |                   |  |  |  |  |
| 18 Is<br>m       | the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin                | nas been<br>Islands)? | Ye  | <u> </u>      | No                     |                   |  |  |  |  |
| 19 W             | ere in-service distributions made during the plan year?  |                       | Ye  | ıs            | No                     |                   |  |  |  |  |
|                  | Yes," enter amount   |                       | 19  |               |                        |                   |  |  |  |  |
| <b>20</b> W      | ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whired), as required under section 401(a)(9)?   | ether or not          | Ye  | s             | No                     | N/A               |  |  |  |  |