Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Benefit Plan Internal Revenue Service Department of Labor

Annual Report Identification Information

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Fui Caleriuai	r plan year 2016 or fis	scal plan year beginning 01/01/2		and ending 1	2/31/2016			
A This retu	rn/report is for:	a single-employer plan		r plan (not multiemployer) employer information in a				
	·	a one-participant plan	a foreign plan					
B This return	n/report is	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)			
C Check bo	ox if filing under:	Form 5558	automatic extension	on	DFVC program			
Don't II	Dania Blandufa	special extension (enter desc	' '					
		rmation—enter all requested in	formation		1b Three-digit			
1a Name of INSURANCE		MENT SERVICES, INC. 401(K) F	ROFIT SHARING PLAN	I AND TRUST	plan number (PN)	001		
					1c Effective date of plan			
Mailing a	onsor's name (employ address (include roor		2b Employer Iden (EIN) 65-	tification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INSURANCE AND RISK MANAGEMENT SERVICES, INC.					2c Sponsor's tele	phone number 19-1444		
					2d Business code	(see instructions)		
8950 FONTAN NAPLES, FL 3	IA DEL SOL WAY, S 34109		524	210				
3a Plan adı	ministrator's name an	d address X Same as Plan Spo	nsor.		3b Administrator's	EIN		
					30 Administrator's	talanhana numbar		
					3c Administrator's	telephone number		
4 If the na	ame and/or EIN of the	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN			
	EIN, and the plan nur	nber from the last return/report.	·	·	4c PN			
5a Total nu	umber of participants	at the beginning of the plan year.			5a	54		
b Total nu	umber of participants	at the end of the plan year			5b	53		
	' '	account balances as of the end of	. , , ,		5c	51		
d(1) Total	number of active par	ticipants at the beginning of the p	lan year		5d(1)	53		
d(2) Total	number of active par	rticipants at the end of the plan ye	ar		5d(2)	49		
e Numbe	er of participants that	terminated employment during the	e plan year with accrued	benefits that were less	5e	5		
	penalty for the late of	or incomplete filing of this retur	n/rapart will be access		use is established.			
Under penal SB or Sched	ties of perjury and oth lule MB completed ar	ner penalties set forth in the instrund signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	eport, including, if app			
Under penal SB or Sched belief, it is tru	ties of perjury and oth lule MB completed ar ue, correct, and comp	ner penalties set forth in the instrund signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	eport, including, if app rt, and to the best of n			
Under penals SB or Sched belief, it is tru SIGN HERE	ties of perjury and oth lule MB completed ar ue, correct, and comp	ner penalties set forth in the instru nd signed by an enrolled actuary, a plete. valid electronic signature.	ctions, I declare that I has well as the electronic	eve examined this return/reversion of this return/repo	eport, including, if app rt, and to the best of n	ny knowledge and		
Under penals SB or Sched belief, it is true SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/	ner penalties set forth in the instru nd signed by an enrolled actuary, a plete. valid electronic signature.	ctions, I declare that I has well as the electronic	eve examined this return/reversion of this return/repo	eport, including, if app rt, and to the best of n	ny knowledge and		
Under penals SB or Schedbelief, it is true SIGN HERE SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/ Signature of plan ar Signature of emplo	ner penalties set forth in the instruit of signed by an enrolled actuary, solete. valid electronic signature. dministrator yer/plan sponsor	ctions, I declare that I has well as the electronic 04/18/2017 Date Date	GEORGE C. SCHME Enter name of individent control of the control o	eport, including, if app rt, and to the best of n	ny knowledge and		
Under penals SB or Schedbelief, it is true SIGN HERE SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/ Signature of plan ar Signature of emplo	ner penalties set forth in the instru nd signed by an enrolled actuary, a plete. valid electronic signature. dministrator	ctions, I declare that I has well as the electronic 04/18/2017 Date Date	GEORGE C. SCHME Enter name of individent control of the control o	eport, including, if app rt, and to the best of n LZLE dual signing as plan ac	dministrator		
Under penals SB or Schedbelief, it is true SIGN HERE SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/ Signature of plan ar Signature of emplo	ner penalties set forth in the instruit of signed by an enrolled actuary, solete. valid electronic signature. dministrator yer/plan sponsor	ctions, I declare that I has well as the electronic 04/18/2017 Date Date	GEORGE C. SCHME Enter name of individent control of the control o	eport, including, if app rt, and to the best of n LZLE dual signing as plan ac dual signing as emplo	dministrator		
Under penals SB or Schedbelief, it is true SIGN HERE SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/ Signature of plan ar Signature of emplo	ner penalties set forth in the instruit of signed by an enrolled actuary, solete. valid electronic signature. dministrator yer/plan sponsor	ctions, I declare that I has well as the electronic 04/18/2017 Date Date	GEORGE C. SCHME Enter name of individent control of the control o	eport, including, if app rt, and to the best of n LZLE dual signing as plan ac dual signing as emplo	dministrator		
Under penals SB or Schedbelief, it is true SIGN HERE SIGN HERE	ties of perjury and oth fule MB completed ar ue, correct, and comp Filed with authorized/ Signature of plan ar Signature of emplo	ner penalties set forth in the instruit of signed by an enrolled actuary, solete. valid electronic signature. dministrator yer/plan sponsor	ctions, I declare that I has well as the electronic 04/18/2017 Date Date	GEORGE C. SCHME Enter name of individent control of the control o	eport, including, if app rt, and to the best of n LZLE dual signing as plan ac dual signing as emplo	dministrator		

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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	es No
b	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 cann	and condi	tions.)						X Ye	es 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	etermined
	rt III Financial Information				0=:/:	····· <u>L</u>		□		
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Vear	
<u>.</u>	Total plan assets	7a		767436				(b) Liiu	41426	55
_	Total plan liabilities	7b		0)				4	00
	Net plan assets (subtract line 7b from line 7a)	7c	3	767436	;				41422	55
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		(2,7 : 22.2 22.2					(, -		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		183085	_					
	(3) Others (including rollovers)	8a(3)		3836						
<u>b</u>	Other income (loss)	8b		204796						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3917	17
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16751						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		147						
<u>.</u>	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							168	98
	Net income (loss) (subtract line 8h from line 8c)	8i						3748	19	
÷	Transfers to (from) the plan (see instructions)	8j	0							
Par	rt IV Plan Characteristics	l ol	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ıctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	it
а	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 F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					1000000
d		fidelity bo	and, that was caused	10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e	Х					222
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-		10g	X					82720
h	2520.101-3.)	· ·····		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

2016

This Form is Open to Public Inspection

Pension beneat Guaranty Corporatio		accordance with the instructions to the	Form 5500-SF.	· sano mapeedon
Part I Annual Repo	rt Identification Information)		······································
For calendar plan year 2016 or	r fiscal plan year beginning	01/01/2016 and end	ing 12/31/	2016
.	a single-employer plan	a multiple-employer plan (not multiem	ployer) (Filers checking th	is box must attach a
A This return/report is for:	a one-participant plan	list of participating employer informat a foreign plan	ion in accordance with the	form instructions.)
B This return/report is	the first return/report	the final return/report		
•	an amended return/report	a short plan year return/report (less th		
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFVC progran	1
Part II Basic Plan Int	formation—enter all requested in	formation		
1a Name of plan			1b Three-digit	
Insurance and Risk 401(k) Profit Shari	Management Services, ng Plan and Trust	Inc.	plan numbe (PN) ▶	001
	1c Effective da 01/01/1	•		
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		lentification Number
City or town, state or proving Insurance and Risk 1	nce, country, and ZIP or foreign post	al code (if foreign, see instructions)	······································	elephone number
Services, Inc.				de (see instructions)
8950 Fontana Del Sol	l Way, Suite 200		524210	ou (see manacions)
Naples		FL 34109		
3a Plan administrator's name a	and address 🛭 Same as Plan Spor	nsor.	3b Administrate	or's EIN
			3c Administrate	or's telephone number
4 If the name and/or EIN of the name, EIN, and the plan nu	ne plan sponsor has changed since lumber from the last return/report.	the last return/report filed for this plan, ente	r the 4b EIN	
a Sponsor's name			4c PN	
5a Total number of participants	s at the beginning of the plan year	······	,,,,,, 5a	54
b Total number of participants	s at the end of the plan year	~~~~	5b	53
 C Number of participants with 	account balances as of the end of t	he plan year (only defined contribution plan	is _	51
		ın year		53
d(2) Total number of active pa	articipants at the end of the plan yea	Γ	5d(2)	49
Number of participants that than 100% vested	terminated employment during the	plan year with accrued benefits that were to	ess 5e	Ę
Caution: A penalty for the late	or incomplete filing of this return	report will be assessed unless reasona	ble cause is established	
SB or Schedule MB completed at belief, it is true, correct, and complete at the belief.	nd signed by an enrolled actuary, as	ilons, I declare that I have examined this research as the electronic version of this return	turn/report, including, if ap n/report, and to the best o	pplicable, a Schedule fmy knowledge and
SIGN HERE	JR.	4/18/17 George C.	Schmelzle	
Signature of plan a	<u>ámipistrator</u>	1.4)	individual signing as plan	administrator
SIGN HERE	ft.	~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Schmelzle	
Preparer's name (including firm n	'yer/plan sponsor ame, if applicable) and address (inc	Date Enter name of	individual signing as empl	
· · · · · · · · · · · · · · · · · · ·		aude foom of suite number)	Preparer's teleph	one number

Form		

Page	a 2

	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	f an indeper	ndent qualified public	accoun	tant (I0	QPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					
_	If you answered "No" to either line 6a or line 6b, the plan can							
L	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	4021)?	L	Yes	☐ No ☐ Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of Year
<u>a</u>	Total plan assets	. 7a	3,	767,	436			4,142,655
b	Total plan liabilities	. 7b			0			400
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	3,	767,	436			4,142,255
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Total
a 	Contributions received or receivable from: (1) Employers	. 8a(1)			0			
	(2) Participants	. 8a(2)		183,	085			
	(3) Others (including rollovers)	. 8a(3)		3,	836			
b	Other income (loss)	. 8b		204,	796			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						391,717
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		16,	751			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			
f	Administrative service providers (salaries, fees, commissions)	. 8f			147			
g	Other expenses	. 8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						16,898
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i						374,819
j	Transfers to (from) the plan (see instructions)	- 8i			0			
Par	t IV Plan Characteristics	J	·					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of P	lan Cha	racter	istic C	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Char	acteris	tic Co	des in t	he instructions:
Par	t V Compliance Questions			· · · · · · · · · · · · · · · · · · ·				
10	During the plan year:				Yes	No	N/A	Amount
а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	iduciary Correction			.,		
b	Program)			10a	+	Х		
	reported on line 10a.)			10b		Х	1,11	
С	Was the plan covered by a fidelity bond?			10c	Х			1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som the plan? (See instructions.).	her persons	s by an insurance the benefits under	10e	Х			222
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	1 1 1	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g	Х	T	1, 4.4	82,720
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g	<u> </u>	Х		02,720
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 required	notice or one of the	10ii				

	, ago C
Form 5500-SF 2016	Page 3-

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)	nplete Sch	edule S	В	Y	es 🗌 No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	e or section	n 302 of		Y	es 🏻 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·····					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the lette	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter the minimum required contribution for this plan year		12b			***************************************	
	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 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						
A CARLOS MONEY	Has a resolution to terminate the plan been adopted in any plan year?			☐ Yes	s X N	······································	
			42-			, 	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			· · · · · · · · · · · · · · · · · · ·	
b	control of the PBGC?				Yes X	No	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
Part	t VIII Trust Information						
14a	Name of trust		14b	rust's E	EIN		
14c	Name of trustee or custodian				s or custodi ne number	an's	
Par	t IX IRS Compliance Questions	·					
15a	l Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	cafa k	n-based narbor	["Prior ye test	ar" ADP	
	TO (N)(O) TO THE PIAN YEAR I CHECK All that apply.	Curre		. [] N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		verage enefit test	∏ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	oinion letter	or advi	sory let	ter, enter the	e date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the date	of the m	ost rec	ent determir	nation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?	ated from	Ye	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••	Ye	s [No		