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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

| Parti | | identification information | | | | | | | | |
|--------------------|--|---|---------------------------------|--|-------------------------------------|---------------|--------------------------|--|--|--|
| For calenda | For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 | | | | | | | | | |
| A This ret | urn/report is for: | a single-employer plan | a multiple-employer pla | an (not multiemployer) (ployer information in ac | | _ | | | | |
| 71 11110101 | a,. op oo .o | a one-participant plan | a foreign plan | , ,,, | | | , | | | |
| B This retu | rn/report is | the first return/report | the final return/report | | | | | | | |
| | | an amended return/report | a short plan year return | /report (less than 12 m | onths) | | | | | |
| C Check b | oox if filing under: | Form 5558 | automatic extension | | DFVC p | rogram | | | | |
| | | special extension (enter descri | ription) | | | | | | | |
| Part II | Basic Plan Info | ermation—enter all requested in | formation | | | | | | | |
| 1a Name | of plan | DEFINED BENEFIT PLAN | | | 1b Three-digit plan number | | | | | |
| | | | | | (PN) | tive date of | 003 Folan | | | |
| | | | TO Elico | | /2002 | | | | | |
| Mailing | address (include roo | yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post | | uctions) | 2b Empl (EIN) | | ication Number 103431 | | | |
| | MBING & HEATING | o, country, and 211 of loreign post | ar code (ir foreign, see man | uctions) | 2c Spon | 914-967 | hone number -7090 | | | |
| 20 NATOMA | STREET | | | | 2d Business code (see instructions) | | | | | |
| RYE, NY 105 | 80 | | | | | 2382 | 20 | | | |
| 3a Plan ad | dministrator's name a | nd address 🛛 Same as Plan Spor | nsor. | | 3b Admi | nistrator's E | EIN | | | |
| | | | | | 3c Admi | nistrator's t | elephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | e plan sponsor has changed since mber from the last return/report. | the last return/report filed fo | or this plan, enter the | 4b EIN | | | | | |
| a Sponso | | mber from the last return/report. | | | 4c PN | | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | | 1 | | | |
| | | at the end of the plan year | | | 5b | | 1 | | | |
| | | account balances as of the end of | | · | 5c | | | | | |
| d(1) Tota | al number of active pa | rticipants at the beginning of the pl | an year | | 5d(1) | | 1 | | | |
| | | rticipants at the end of the plan year | | | 5d(2) | | 1 | | | |
| than 1 | 100% vested | terminated employment during the | | | 5e | | 0 | | | |
| | | or incomplete filing of this returi | | | | | | | | |
| SB or Sche | | her penalties set forth in the instruction and signed by an enrolled actuary, a plete. | | | | | | | | |
| SIGN | | valid electronic signature. | 05/07/2017 | WILLIAM F. MORAN | | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing a | as plan adn | ninistrator | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of emplo | | Date | Enter name of individ | | | | | | |
| Preparer's | name (including firm r | name, if applicable) and address (ir | nclude room or suite numbe | r) | Preparers | s telephone | number | | | |
| | | | | | | | | | | |

Form 5500-SF 2016 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 | an indepe | ndent qualified public a | account | ant (IQ | PA) | | | | No No |
|-----|---|--------------|--------------------------|----------|----------|---------|----------|-----------|--------------|----------|
| | If you answered "No" to either line 6a or line 6b, the plan cann | | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes | X No | Not determin | ned |
| Pa | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | | (b) End | of Year | |
| а | Total plan assets | 7a | | 801523 | | | | | 2016142 | |
| b | Total plan liabilities | 7b | | 0 |) | | | | 0 | |
| c | Net plan assets (subtract line 7b from line 7a) | 7c | 1 | 801523 | 1 | | | | 2016142 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | | (b) T | otal | |
| а | Contributions received or receivable from: | 0-(4) | | 98000 | | | | | | |
| | (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | _ | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 116619 | | | | | | |
| | Other income (loss) | 8b | | | | | | | 214619 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 214013 | |
| u | to provide benefits) | 8d | | 0 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | C | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 0 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 214619 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | C | | | | | | |
| Pai | t IV Plan Characteristics | <u> </u> | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 1A | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in | the inst | uctions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acterist | tic Cod | des in t | he instru | ctions: | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount | |
| 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 | 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? | • | · | 10d | | X | | | | |
| е | 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 benefits under | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | | | | | |
| 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 | | | | | | |

| Page 3- | 1 | |
|---------|---|--|
| | | |

| Part | VI | Pension Funding Compliance | | | | | | | |
|---------|---------|--|-----------|------------------------|------------------|--|------------------------|----------------|--|
| 11 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below) | | | | | X | 'es No | |
| | Ente | r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | 11a | | | 0 | |
| 12 | | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A? | | | | | Y | ′es X No | |
| | (If " | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | | raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver | | s, and | l enter t Day | | of the lette Year _ | r ruling | |
| If | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | | | I | | | |
| 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 | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount) | | | 12d | | | | |
| | | 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 | x N | 0 | |
| | 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 brougout of the PBGC? | | | | | Yes X | No | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.) | fy the p | lan(s) | to | | | | |
| | 13c(1) | Name of plan(s): | 1 | 3c(2) | EIN(s) | | 13c(3 |) PN(s) | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | ı | | | | | |
| 14a | Name | of trust | | | 14b ⁻ | Trust's E | EIN | | |
| 14c | Name | of trustee or custodian | | | | 4d Trustee's or custodian's telephone number | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | | No | | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: | L | | n-based arbor | j [|] "Prior ye test | ear" ADP | |
| | | | - □ □ □ | Curre ADP t | ent year est | " | N/A | | |
| 16a | | testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: | 🔲 | Ratio perce test | entage | | verage enefit test | N/A | |
| | for the | be 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? | Ш | Yes | | | No | | |
| | the le | | | | | | | | |
| | letter | plan is an individually-designed plan that received a favorable determination letter from the IRS, er | nter the | date | of the m | nost rece | ent determi | nation | |
| 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 e? | | om | 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? | | | Ye | s | No | | |

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

2016

This Form is Open to Public Inspection

| Fo | or calendar plan year 2016 or fiscal plan year beginning 01/0 | 01/2016 | | and ending | g 1 <mark>2/</mark> 3 | 31/2016 | |
|----|---|------------------------|-----------------|----------------------|-----------------------|------------------------|------------------------------|
| | Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of the company of the comp | his report unless rea | asonable cau | se is established | 1 | | |
| | Name of plan MORAN PLUMBING & HEATING DEFINED BENEFIT PLAN | ino roport umoso tot | 200110210 000 | B Three-dig | git | l) • | 003 |
| С | Plan sponsor's name as shown on line 2a of Form 5500 or 5500 MORAN PLUMBING & HEATING | -SF | | D Employer | Identific 06-14 | eation Number (E | iin) |
| | Type of plan: X Single Multiple-A Multiple-B Part I Basic Information | F Prior year | ır plan size: 🔀 | 100 or fewer | 101- | -500 More th | an 500 |
| 1 | Enter the valuation date: Month 01 Day | y <u>01</u> Yea | r 2016 | | | | |
| 2 | Assets: a Market value b Actuarial value | | | | 2a 2b | | 1914645 1914645 |
| 3 | Funding target/participant count breakdown | | ` ' | Number of rticipants | . , | sted Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | | | 0 | | 0 | 0 |
| | b For terminated vested participants | | | 0 | | 0 | 0 |
| | C For active participants | | | 1 | | 1782575 | 1782575 |
| | d Total | | | 1 | | 1782575 | 1782575 |
| 4 | If the plan is in at-risk status, check the box and complete line a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding status for fewer than five consecutive years and disregarding | ng transition rule for | r plans that h | ave been in at-ri | | | |
| 5 | Effective interest rate | | | | 5 | | 6.04% |
| 6 | Target normal cost | | | | 6 | | 0 |
| | To the best of my knowledge, the information supplied in this schedule and accompan accordance with applicable law and regulations. In my opinion, each other assumptio combination, offer my best estimate of anticipated experience under the plan. SIGN HERE | | | | | | I such other assumptions, in |
| | Signature of actuary | | | | | Date | |
| | MARK VIDAL | | | | | 17-05069 | |
| | Type or print name of actuary | | | | Most | recent enrollmer | nt number |
| | THE HILB GROUP OF NEW ENGLAND, LLC | | | | | 800-678-17 | |
| | Firm name 931 JEFFERSON BLVD. SUITE 3001 WARWICK, RI 02886 | | | le | lephone | e number (includ | ng area code) |
| | Address of the firm | | | = | | | |
| | ne actuary has not fully reflected any regulation or ruling promulga | ated under the statu | te in completi | ng this schedule | e, check | the box and see | • |

| Pa | art II | Begir | ning of Year | Carryov | er and Prefunding Ba | lances | | | | | | |
|---|---------------------------|-------------|--------------------------|--------------|--|-------------------------|--------------|--------------------------------|---------|--------------|------------------|---------------------|
| | | | | | | | (a) C | arryover balance | | (b) P | refundir | ng balance |
| 7 | | _ | | | able adjustments (line 13 fror | - | | 0 | | | | 0 |
| 8 | | | • | • | nding requirement (line 35 fro | | | 0 | | | | 0 |
| 9 | Amount | remainin | g (line 7 minus line | e 8) | | | | 0 | | | | 0 |
| 10 | Interest | on line 9 | using prior year's | actual retu | rn of <u>0.00</u> % | | | 0 | | | | 0 |
| 11 | Prior yea | ar's exces | s contributions to | be added | to prefunding balance: | | | | | | | |
| | a Prese | nt value o | of excess contribut | ions (line 3 | 38a from prior year) | | | | | | | 0 |
| | | | | | a over line 38b from prior yea interest rate of6.18_9 | | | | | | | 0 |
| | | | | | edule SB, using prior year's a | | | | | | | 0 |
| | C Total a | vailable a | t beginning of curre | ent plan yea | ar to add to prefunding balance | | | | | | | 0 |
| | d Portio | n of (c) to | be added to pref | unding bala | ance | | | | | | | 0 |
| 12 | Other re | ductions i | in halances due to | elections | or deemed elections | | | 0 | | | | 0 |
| | | | | | line 10 + line 11d – line 12) | | | 0 | | | | 0 |
| | art III | | ding Percenta | | | | | | | | | |
| | | | | | | | | | | | 14 | 107.40% |
| 14 Funding target attainment percentage | | | | | | | | | | 15 | 107.40% | |
| | Prior yea | ar's fundir | ng percentage for | purposes o | of determining whether carryo | over/prefund | ling balance | s may be used to r | educe o | current | 16 | 106.52% |
| 17 | | | | | less than 70 percent of the fo | | | | | | 17 | % |
| Р | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | l | | |
| 18 | | | | | ar by employer(s) and emplo | | | | | | | |
| (1) | (a) Dat ∕M-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) D (MM-DD- | | (b) Amount paid employer(s) | - | (c | Amour emplo | nt paid by ovees |
| | 3/17/2016 | | - 1 - 2 | 5000 | 0 | 11/25/2 | , | - 1 -3 - (-) | 3000 | | | 0 |
| 0 | 3/22/2016 | 6 | | 12000 | 0 | 12/08/2 | 016 | | 10000 | | | 0 |
| 0 | 4/11/2016 | 6 | | 15000 | 0 | | | | | | | |
| 0 | 4/29/2016 | 6 | | 15000 | 0 | | | | | | | |
| 0 | 5/03/2016 | 6 | | 18000 | 0 | | | | | | | |
| 0 | 6/07/2016 | 6 | | 20000 | 0 | | | | | | | |
| | | | | | | Totals ► | 18(b) | ! | 98000 | 18(c) | | 0 |
| 19 | Discount | ted emplo | oyer contributions | – see instr | uctions for small plan with a | valuation da | te after the | peginning of the ye | ar: | | | |
| | | | | • | num required contributions fr | | | | 9a | | | 0 |
| | b Contri | butions m | nade to avoid resti | rictions adj | usted to valuation date | | | | 9b | | | 0 |
| | | | | | red contribution for current year | r adjusted to | valuation da | ate 19 | 9с | | | 101497 |
| 20 | | | itions and liquidity | | | | | | | | | 🗖 |
| | | | | | e prior year? | | | | | | ∐ | Yes X No |
| | | | | | installments for the current ye | | a timely ma | inner? | | | | Yes No |
| | C If line | 20a is "Y | es," see instructio | ns and con | nplete the following table as | | | | | | | |
| | | (1) 1s | <u> </u> | | Liquidity shortfall as of end (2) 2nd | ot quarter o | | ear Brd | | | (4) 4th | |
| | | (1) 15 | • | | (<i>L)</i> | | (3) | <i></i> | | | (<i>r)</i> +111 | |
| | | | | l | | | | | L | | | |

| F | Part V Assumptions Used to D | etermine Fundi | ng Target and Targ | get Normal Cost | | |
|----|--|---------------------------------------|---------------------------------------|--------------------------|-----------|----------------------------|
| 21 | Discount rate: | | | | | |
| | a Segment rates: 1st segm | ent: 13% | 2nd segment: 5.91% | 3rd segment: 6.65 % | | N/A, full yield curve used |
| | b Applicable month (enter code) | | | | 21b | 0 |
| 22 | Weighted average retirement age | | | | 22 | 62 |
| 23 | Mortality table(s) (see instructions) | X Prescribed - co | ombined Preso | cribed - separate | Substitu | te |
| Pa | art VI Miscellaneous Items | | | | _ | |
| 24 | Has a change been made in the non-pres attachment | | | • | | · · |
| 25 | Has a method change been made for the | current plan year? If | "Yes," see instructions r | egarding required attach | ment | Yes X No |
| 26 | Is the plan required to provide a Schedule | of Active Participant | s? If "Yes," see instruction | ons regarding required a | ttachment | Yes X No |
| 27 | If the plan is subject to alternative funding attachment | | | ons regarding | 27 | |
| P | art VII Reconciliation of Unpai | | | s For Prior Years | L | |
| | Unpaid minimum required contributions for | • | | | 28 | 0 |
| 29 | <u> </u> | ted toward unpaid mir | nimum required contribut | ions from prior years | 29 | 0 |
| 30 | Remaining amount of unpaid minimum re | | | | 30 | 0 |
| | art VIII Minimum Required Cor | | · · · · · · · · · · · · · · · · · · · | | L | |
| 31 | • | | | | | |
| | a Target normal cost (line 6) | · · · · · · · · · · · · · · · · · · · | | | 31a | 0 |
| | b Excess assets, if applicable, but not gre | eater than line 31a | | | 31b | 0 |
| 32 | Amortization installments: | | | Outstanding Bala | nce | Installment |
| | a Net shortfall amortization installment | | | | 0 | 0 |
| | b Waiver amortization installment | | | | 0 | 0 |
| 33 | If a waiver has been approved for this pla (Month Pay Y | | | | 33 | |
| 34 | Total funding requirement before reflecting | g carryover/prefundin | g balances (lines 31a - 3 | 31b + 32a + 32b - 33) | 34 | 0 |
| | | С | arryover balance | Prefunding balan | ice | Total balance |
| 35 | Balances elected for use to offset funding requirement | | 0 | | 0 | 0 |
| 36 | Additional cash requirement (line 34 minu | s line 35) | | | 36 | 0 |
| | Contributions allocated toward minimum (| equired contribution f | or current year adjusted | to valuation date (line | 37 | 101497 |
| 38 | Present value of excess contributions for | | | | L | |
| | a Total (excess, if any, of line 37 over line | | • | | 38a | 101497 |
| | b Portion included in line 38a attributable | | | | 38b | 0 |
| 39 | | | | | 39 | 0 |
| 40 | | | · · · · · · · · · · · · · · · · · · · | • | 40 | 0 |
| Pa | rt IX Pension Funding Relie | | | |) | |
| 41 | If an election was made to use PRA 2010 | | | | | |
| | a Schedule elected | | - | | | 2 plus 7 years 15 years |
| | b Eligible plan year(s) for which the electi | | | | | |
| 42 | Amount of acceleration adjustment | | | | 42 | <u> </u> |
| | Excess installment acceleration amount to | | | | 43 | |

Form 5500-SF

Treasury

Department

For Paperwork Reduction Act Notice see the Instructions for Form 5500-SF.

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

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Revenue Code (the Code). **Public Inspection** Pension Benefit Gus ly Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan y ar 2016 or fisdal plan year beginning and ending 01/01/2016 12/31/2016 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreion plan the first return/report B This return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Bas Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number 003 MORAN PLUMBING & HEATING DEFINED BENEFIT PLAN (PN) > 1c Effective date of plan 01/01/2002 2a Plan sponsor's hame (employer, If for a single-employer plan) 2b Employer Identification Number Mailing address (include room apt., suite no, and street, or P.O. Box) (EIN)06-1403431 City or town, state or province country, and ZIP or foreign postal code (if foreign, see instructions) 2¢ Sponsor's telephone number Moran Plumbing & Heating 914-967-7090 2d Business code (see instructions) 20 Natoma Street 238220 Rye NY 10580 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 1 5b b Total number of participants at the end of the plan year 1 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 1 5d(2) d(2) Total number of active participants at the end of the plan year 1 Number of pale icipants that terminated employment during the plan year with accrued benefits that were less than 100% ve ted Û Caution: A penalty for the late of incomplete filing of this return/report will be assessed unless reasonable cause is established 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 is true and compl William F. Moran SIGN. HERE Enter name of individual signing as plan administrator re of plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signal ire 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 2016 | | Page 2 | | | | | |
|----------|--|-------------------------------------|--|---|---------|---|-----------|-------------------|
| b . | 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 cann f the plan is a defined benefit plan, is it covered under the PBGC in t III Financial Information | an indepe and condi ot use Fo | ndent qualified public a tions.) orm 5500-SF and mus | t instea | ant (IC | PA) Form | 5500. | X Yes No |
| 7 | Plan Assets and Liabilities | 100 | (a) Beginning | of Year | | | | (b) End of Year |
| а | Total plan assets | 7a | 1 | 801, | | | | 2,016,142 |
| b | Total plan liabilities | 7b | | *********** | 0 | | | C |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1, | 801, | 523 | | | 2,016,142 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | it | | | | (b) Total |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | 98,0 | 000 | | - | |
| | (2) Participants | 8a(2) | | | 0 | - | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b_ | Other income (loss) | 8b | | 116, | 619 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 214,619 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | | - | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | *************************************** | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | |
| g | Other expenses | 8g | | | 0 | | 14.14 | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | C |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | 1 1 1 1 | | | 214,619 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | . 1. | | |
| Par | t IV Plan Characteristics | | | ······································ | | *************************************** | | |
| 9a | If the plan provides pension benefits, enter the applicable pension ${\bf 1A}$ | feature co | odes from the List of Pl | an Chai | racteri | stic Co | odes in | the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature coo | les from the List of Pla | n Chara | cterist | ic Cod | des in t | he instructions: |
| Part | V Compliance Questions | | | | | | ~~~ | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount |
| 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 V | oluntary F | iduciary Correction | 40 | | х | | |
| b | Were there any nonexempt transactions with any party-in-interest | ? (Do not | include transactions | 10a | | х | | |
| | reported on line 10a.) | | | 10b | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | | Х | ļ — | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | |
| е | 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 benefits under | 10e | | х | | |

Х

х

10g

10h

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

| | Form 5500-SF 2016 | Page | ∋ 3- | | | | | |
|-----------|---|---|---|--------------------|------------------|------------|-----------------------|-----------|
| Part | VI Pension Funding Compliance | *************************************** | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below) | | | | | | Ø | Yes N |
| 11a | Enter the unpaid minimum required contributions for all ye | ears from Schedule SB (Form 5 | 500) line 40 | | 11a | | 0 | |
| 12 | Is this a defined contribution plan subject to the minimum ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1 | | | | | | | Yes 🛛 N |
| а | If a waiver of the minimum funding standard for a prior ye granting the waiver. | | | | d enter t Day | | of the lette Year | er ruling |
| <u>If</u> | you completed line 12a, complete lines 3, 9, and 10 of 5 | Schedule MB (Form 5500), and | d skip to line 1 | 3. | | | | |
| <u>b</u> | Enter the minimum required contribution for this plan year | | *************************************** | | 12b | | | |
| С | Enter the amount contributed by the employer to the plan f | or this plan year | | | 12c | | | |
| | Subtract the amount in line 12c from the amount in line 12 negative amount) | 2b. Enter the result (enter a min | us sign to the le | ft of a | 12d | | | |
| <u>e</u> | 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 As | sets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any pl | an year? | | | | Yes | N X | 10 |
| | If "Yes," enter the amount of any plan assets that reverted | | | | 13a | | | |
| b | Were all the plan assets distributed to participants or ben control of the PBGC? | eficiaries, transferred to anothe | r plan, or brougl | nt under the | | | Yes 2 | No No |
| С | If, during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruction | sferred from this plan to anothe | | |) to | | | |
| - | 13c(1) Name of plan(s): | | | 13c(2) | EIN(s) | | 13c(3 | 3) PN(s) |
| | | | | | | | | |
| Part | VIII Trust Information | | | | | | | |
| 14a | Name of trust | | | 1 - 22 - 22 - 1001 | 14b ⁻ | Γrust's El | IN | |
| 14c | Name of trustee or custodian | | | dischiberto. | | | or custod e number | |
| Par | t IX IRS Compliance Questions | | | | L | | | |

| 13c(1) Name of plan(s): | 13c(| 2) EIN(s) | 13c(3) | PN(s) | |
|--|------------------------|---|----------------------|---------|--|
| | | | | | |
| art VIII Trust Information | | | | | |
| 14a Name of trust | 14b Trust | Trust's EIN | | | |
| 14c Name of trustee or custodian | i i | 14d Trustee's or custodian's telephone number | | | |
| Part IX IRS Compliance Questions | | | | | |
| 15a 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 sec 401(k)(3) for the plan year? Check all that apply: | safe | ign-based harbor rent year" | "Prior yea | ar" ADF | |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for year? Check all that apply: | the plan Ra | io centage | Average benefit test | | |
| 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and for the plan year by combining this plan with any other plan under the permissive aggregation | 401(a)(4) Yes | • | ☐ No | | |
| 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favor the letter and the serial number. | | er or advisory | letter, enter the | date o | |
| 17b If the plan is an individually-designed plan that received a favorable determination letter from letter | the IRS, enter the dat | e of the most r | ecent determin | ation | |
| 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 his service? | | Yes | No | | |
| 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan | | Yes | No | | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Actuarial Information

Single-Employer Defined Benefit Plan

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

2016

This Form is Open to Public Inspection

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| | Sc | chedule S | SB (Form 5500) 20 | 016 | | | F | Page 2 - | | | | | | | | |
|---|---|--------------------------------|--------------------|-------------|--------------------------------|-----------|----------|-----------------|----------------|---------------|--------|--------|--------|----------|-----|----|
| Р | art II | Begin | ning of Year | Carryov | er and Prefunding B | alances | 5 | | | | | | | | | |
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | | | | | | | (b) F | refund | ng bala | ance | C | | | | |
| 8 | 3 Portion elected for use to offset prior year's funding requirement (line 35 from prior | | | | | | | | | | | | | | | |
| | year) 0 | | | | | | | | | | | | | | | |
| 9 | | emaining (line 7 minus line 8) | | | | | | | | | | | | | | |
| | 10 Interest on line 9 using prior year's actual return of 0.00% | | | | | | | | | | | | | | | |
| 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) | | | | | | | | | | | | | | | | |
| | a Present value of excess contributions (line 38a from prior year) | | | | | | | | | | | | | | | |
| | b(2) Inte | erest on li | ine 38b from prior | year Sche | edule SB, using prior year's | actual | | | | | | | | | | |
| | | | | | r to add to prefunding balanc | | | | | | | | | | | |
| | d Portion | of (c) to | be added to prefu | unding bala | ance | | | | | | | | | | | C |
| 12 | Other red | luctions i | n balances due to | elections | or deemed elections | | | | | | 0 | | | | | |
| | | | | | line 10 + line 11d – line 12). | | | | | | 0 | | | | | (|
| F | Part III | Fund | ding Percenta | ages | , | | | | | | I. | | | | | |
| | | | | | | | | | | | | | 14 | 107 | 7.4 | 0% |
| | | | | |) | | | | | | | | 15 | 107 | 7.4 | 0% |
| | Prior year | r's fundin | g percentage for | purposes o | of determining whether carry | over/pref | undir | ng balance | es may be used | to re | duce c | urrent | 16 | 106 | . 5 | 2% |
| 17 | • | • | | | less than 70 percent of the | | | | | | | | 17 | | | % |
| F | Part IV | Con | tributions and | d Liquid | ity Shortfalls | | | | | | | | | I | | |
| | | | | | ar by employer(s) and empl | ovees: | | | | | | | | | | |
| | (a) Date | ; | (b) Amount p | aid by | (c) Amount paid by | (: | a) Da | | (b) Amount | | by | (c | | ınt paid | by | |
| | MM-DD-YY 3/17/20 | | employer | s) 5,000 | employees 0 | (IVIIVI- | י-טט-י | YYYY) | employe | er(s) | | | emp | oyees | | |
| | 3/22/20 | | | 12,000 | 0 | | | | | | | | | | | |
| | 4/11/2 | | | 15,000 | 0 | | | | | | | | | | | |
| | 4/29/20 | | | 15,000 | 0 | | | | | | | | | | | |
| 0 | 5/03/2 | 016 | | 18,000 | 0 | | | | | | | | | | | |
| 0 | 6/07/2 | 016 | | 20,000 | 0 | | | | | | | | | | | |
| 1 | 1/25/2 | 016 | | 3,000 | 0 | | | | | | | | | | | |
| 1 | 2/08/2 | 016 | , | 10,000 | 0 | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | | | | <u> </u> | | Totals | • | 18(b) | | 98 | .000 | 18(c) | | | | (|
| 40 | | | | | | I | | | | | | 10(0) | | | | |
| 19 | | | | | uctions for small plan with a | | | | | e yea . 19 | | | | | | |
| | _ | | | | num required contributions | | - | | | 19 | | | | | | C |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | 1 (| 1 | 497 | | | | | | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | | | | 1(| , ± , | 101 | | | | |
| a Did the plan have a "funding shortfall" for the prior year? | | | | | | | | | | | | | | | | |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | | | | | | | | |
| | C If line 20a is "Yes," see instructions and complete the following table as applicable: | | | | | | | | | | | | | | | |
| | | | | | Liquidity shortfall as of en | | | this plan | year | | | | | | | |
| | | (1) 1st | i | _ | (2) 2nd | | | (3) | 3rd | | | | (4) 4t | h | | |
| | | | | | | | | | | | | | | | | |

| P | art V | | | | | | | | | | |
|--|---|------------------|------------------------------------|---|--------------------------|------------|----------------------------|--|--|--|--|
| 21 | Discount | rate: | | | | | | | | | |
| | a Segme | ent rates: | 1st segment: 4.43 % | 2nd segment: 5.91 % | 3rd segment: 6.65% | | N/A, full yield curve used | | | | |
| | b Applicable month (enter code) | | | | | | 0 | | | | |
| 22 | Weighted | average retire | ement age | | | 22 | 62 | | | | |
| 23 | Mortality | able(s) (see | instructions) X Pres | cribed - combined Pres | cribed - separate | Substitu | te | | | | |
| Pa | art VI Miscellaneous Items | | | | | | | | | | |
| 24 | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | | | | | | | | | | |
| 25 | 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | | | | |
| 26 | Is the pla | n required to p | provide a Schedule of Active P | articipants? If "Yes," see instructi | ons regarding required a | ıttachment | Yes X No | | | | |
| 27 | | | _ | r applicable code and see instruct | | 27 | | | | | |
| Pa | art VII | Reconcilia | ation of Unpaid Minim | um Required Contribution | s For Prior Years | • | | | | | |
| 28 | Unpaid m | inimum requir | red contributions for all prior ye | ears | | 28 | 0 | | | | |
| 29 | | | | unpaid minimum required contribu | | 29 | 0 | | | | |
| 30 | Remainin | g amount of u | inpaid minimum required conti | ributions (line 28 minus line 29) | | 30 | 0 | | | | |
| Pa | art VIII | Minimum | Required Contribution | For Current Year | | | | | | | |
| 31 | Target no | ormal cost and | d excess assets (see instruction | ns): | | | | | | | |
| | a Target r | normal cost (li | ne 6) | | | 31a | 0 | | | | |
| | b Excess | assets, if app | licable, but not greater than lir | ne 31a | | 31b | 0 | | | | |
| 32 | Amortizat | ion installmen | its: | | Outstanding Bala | nce | Installment | | | | |
| | a Net sho | ortfall amortiza | ation installment | | • | 0 | 0 | | | | |
| | b Waiver | amortization i | installment | | | 0 | 0 | | | | |
| 33 | | | | er the date of the ruling letter grant) and the waived amount | | 33 | | | | | |
| 34 | Total fund | ling requireme | ent before reflecting carryover | /prefunding balances (lines 31a - 3 | 1b + 32a + 32b - 33) | 34 | 0 | | | | |
| | | | | Carryover balance | Prefunding balar | nce | Total balance | | | | |
| 35 | | | se to offset funding | (| | 0 | 0 | | | | |
| 36 | | | | | | 36 | 0 | | | | |
| 37 | | 101,497 | | | | | | | | | |
| 38 | • | | s contributions for current year | | | <u> </u> | | | | | |
| | a Total (e | 101,497 | | | | | | | | | |
| | b Portion | 0 | | | | | | | | | |
| 39 | Unpaid m | 0 | | | | | | | | | |
| 40 | Unpaid m | 0 | | | | | | | | | |
| 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 2 plus 7 years 15 years | | | | | | | | | | |
| | b Eligible | plan year(s) f | or which the election in line 41 | la was made | | 200 | 08 2009 2010 2011 | | | | |
| 42 | Amount o | facceleration | adjustment | | | 42 | | | | | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan years | | 43 | | | | | |