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.

Part I	Annual Report	Identification Information						
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/20	016	and ending 12	2/31/2016			
Δ This rat	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac				
A IIIISTCI	um/report is ior.	a one-participant plan	a foreign plan	proyer information in ac	oordanoo wan an	Term meadesiene.		
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	า		
		special extension (enter descri	ption)					
Part II	Basic Plan Info	ormation—enter all requested info	ormation					
1a Name	of plan	401K PROFIT SHARING PLAN			1b Three-digit plan number	er 001		
					(PN) • 1c Effective da			
20.01		***			(01/01/1985		
Mailing	oonsor's name (emplo g address (include roo town, state or proving	uctions)		dentification Number 47-1175840				
	N INSURANCE, LLC	ce, country, and ZIP or foreign posta	ar code (ii foreign, see instr	uctions)	2c Sponsor's to 941	telephone number -748-0511		
1400 BALLAI	RD PARK DRIVE					ode (see instructions)		
BRADENTON						524210		
3a Plan ad	dministrator's name a		3b Administrator's EIN					
					3c Administrat	or's telephone number		
		e plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN			
name, a Sponso	•	imber from the last return/report.			4c PN			
5a Total r	number of participants	s at the beginning of the plan year			5a			
		s at the end of the plan year			5b	8		
		account balances as of the end of t			. 5c			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	8		
		articipants at the end of the plan yea			5d(2)	6		
than 1	100% vested	t terminated employment during the			5e	1		
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a splete.						
SIGN		/valid electronic signature.	05/08/2017	ROBERT J. WENTZE	LL			
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator		
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	oloyer or plan sponsor		
Preparer's	name (including firm i	name, if applicable) and address (in	clude room or suite numbe		Preparer's telep			

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Ye	s No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year 2160873 1243288 124328 1243							_	-	_		
7 Plan Ássets and Liabilities		<u>_</u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
a Total plan isabilities. 76 b Total plan isabilities. 77 b Total plan isabilities. 77 c Net plan sessets (subtract line 7b from line 7a). 7c c Net plan sessets (subtract line 7b from line 7a). 7c c Net plan sessets (subtract line 7b from line 7a). 7c c 2160673 1243266 8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Emilyopers. 8a(1) (2) Participants. 8a(2) (3) Others (including rollovers). 8a(3) b Other income (loss). 8a(3) c Total income (loss). 8b 163359 c Total income (loss). 8b 163359 c Total income (loss). 8c 205326 d Benefits paid (including rollovers and insurance premiums to provide benefits). 8c 205326 d Benefits paid (including rollovers and insurance premiums to provide benefits). 8c 205326 f Administrative service providers (salaries, fees, commissions). 8f 1121492 g Other expenses. 8g f Note expenses. 8g g Note of the plan service (loss) (subtract line 8h from line 8c). 8g f Note of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: D If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions: Expert V Plan Characteristics D Unring the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 25 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond? 10c Western of the plan of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by Irad of dishonesty? 9c No Western Applicable or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan have a loss, whether or not reimbursed by the plan's fideli	Pa	rt III Financial Information	1	ì							
D Total plan liabilities	_7	Plan Assets and Liabilities						((b) End		
C. Net plan assets (subtract line 7b from line 7a)	_	·		2	160873					124326	58
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Bag(3) (6) Other income (including rollovers). (8) Other income (including rollovers and insurance premiums to provide benefits). (8) Other spanial (including direct rollovers and insurance premiums to provide benefits). (8) Other expenses (and direct soldsributions (see instructions). (8) Other expenses (and lines 8d. (1), 8d. (2), 8d. (3), and 8b). (8) Other expenses (and lines 8d. (8, 8d. (3), 8d. (4),					400070					40.4000	20
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other expenses. (11) Other expenses. (11) Other expenses. (12) Other expenses. (13) Other expenses. (14) Other expenses. (14) Other expenses. (15) Other expenses. (16) Other expenses. (17) Other expenses. (18) Other expenses. (18) Other expenses. (18) Other expenses. (19) Other expenses. (10) Other		Net plan assets (subtract line 7b from line 7a)	7c	2	160873					124326	08
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers). 8a(2) (5) Others (including rollovers). 8a(2) (6) Other income (loss). 8a(3) (7) Others (including rollovers). 8a(3) (8) Other income (loss). 8b 163359 (8) Other income (loss). 8b 163359 (8) Other income (loss). 8c 205326 (8) Benefits paid (including direct rollovers and insurance premiums for provide benefits). 8c 1205326 (9) Evertain deemed and/or corrective distributions (see instructions). 8c 1121492 (9) Other expenses (loss) (subtract line 8h from line 8c). 8g 1439 (9) Other expenses (loss) (subtract line 8h from line 8c). 8g 1122931 (1) Net income (loss) (subtract line 8h from line 8c). 8g 1122931 (1) Transfers to (from) the plan (see instructions). 8g 1 (1) Transfers to (from) the plan (see instructions). 8g 1 (1) Part IV Plan Characteristics (8) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year: (10) A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). (10) A Was there are a failure to transmit to the plan any participant contri				(a) Amount					(b) T	otal	
(2) Participants	а		8a(1)								
(3) Others (including rollovers)			1		41967						
b Other income (loss)			1								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			163359)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· /								20532	26
e Certain deemed and/or corrective distributions (see instructions). 8											
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d	1	121492						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		1439)					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			_					
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-91760)5
9a	<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the 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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No	N/A		Amoun	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	102		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			10c	Х					250000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under		Х					6501
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	<u>_</u>		-		10g	X					0
	h	·	•		10h		X				
	i				10i						

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				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	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).

▶ 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**

Part I		Identification Information								
For calenda	r plan year 2016 or fi		1/01/2016	and ending	12/31/2016					
A This retu	rn/report is for:	a single-employer plan a one-participant plan	list of participating e	olan (not multiemployer) (mployer information in ac						
		a one-participant plan	a foreign plan							
B This retur	n/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descrip	⊔ tion)		ш .					
Part II	Basic Plan Info	prmation—enter all requested info	mation							
1a Name o	f plan				1b Three-digit					
BRADENTO	N INSURANCE,	LLC 401K PROFIT SHARI	NG PLAN		plan number (PN) ▶	001				
					1c Effective date	of plan				
					01/01/1985					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Ideni (EIN) 47-117					
	ON INSURANCE		code (ii foreign, see ins	aructions)	2c Sponsor's tele 941-748-05					
1400 BA	LLARD PARK D	RIVE			2d Business code 524210	(see instructions)				
מונד או בי בי בי בי	287	T3T 24005			324210					
BRADENTO		FL 34205 nd address X Same as Plan Spons	or		3b Administrator's EIN					
Od i lali au	ministrator s name a	nd address A came as i lan opons	01.							
					3c Administrator's					
4 If the na	ame and/or EIN of th	e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN					
name, a Sponso		mber from the last return/report.			4c PN					
		at the beginning of the plan year			5a					
_	-	at the end of the plan year			EL					
		account balances as of the end of the			5c	7				
•	•	articipants at the beginning of the plai			5d(1)	8				
	•	articipants at the end of the plan year	-		5d(2)	6				
e Numbe	er of participants that	terminated employment during the p	olan year with accrued b	enefits that were less	5e	1				
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assesse	d unless reasonable ca	use is established.	1				
Under pena SB or Schee	Ities of periury and o	ther penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/re	eport, including, if appl	licable, a Schedule ny knowledge and				
SIGN			5/8/17	Robert J. Wen	tzell					
HERE	Signature of plan	administrator	Date /	Enter name of individ	vidual signing as plan administrator					
SIGN		<u> </u>	5/8/17	Robert J. Wen	entzell					
HERE	Signature of empl		Date		dual signing as employ					
Preparer's r	name (including firm	name, if applicable) and address (inc	lude room or suite num	ber)	Preparer's telephor	ne number				

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes No	
b	Are you claiming a waiver of the annual examination and report of							X Yes ☐ No	
	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		•						
С	If the plan is a defined benefit plan, is it covered under the PBGC ir								
	rt III Financial Information						1		
7	Plan Assets and Liabilities		(a) Beginning of	of Year				(b) End of Year	
а	Total plan assets	7a		160,				1,243,268	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	160,	873			1,243,268	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from:	- (1)							
	(1) Employers	8a(1)		11	267				
	(2) Participants	8a(2)		41,	967				
	(3) Others (including rollovers)	8a(3)		163,	350				
	Other income (loss)	8b		103,	337			205,326	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						203,320	
	to provide benefits)	8d	1,	121,	492				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1,	439				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,122,931	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-917,6			
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pla	an Cha	acteri	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	cterist	ic Cod	les in t	he instructions:	
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 contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			250,000	
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	f the benefits under	10e	Х			6,501	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х			0	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	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 or se ERISA?		302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	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		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control of the PBGC?				Yes X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	□ be	nefit 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?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent 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 had not separated froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	