Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repo	<u>rt Identification Informatior</u>	1			
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan	, ,		,
B This ret	urn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	am
		special extension (enter desc	' '			
Part II	Basic Plan In	formation—enter all requested in	nformation		T	
1a Name GATEWAY	•	ESIGN, INC. 401(K) PROFIT SHAR	RING PLAN		1b Three-dig plan num	ber
					(PN) •	001
					1c Effective	date of plan 01/01/1998
Mailin	g address (include ro	ployer, if for a single-employer plan) bom, apt., suite no. and street, or P.0			2b Employer (EIN)	r Identification Number 61-1309499
	r town, state or provi	nce, country, and ZIP or foreign pos ESIGN, INC.	tal code (if foreign, see in	structions)		s telephone number
						code (see instructions)
	PRISE DRIVE				Zu Business	333200
ERLANGER	, KY 41017					33323
3a Plan a	administrator's name	and address X Same as Plan Spo	onsor.		3b Administr	ator's EIN
					30 Adaminin	
					3C Administr	rator's telephone number
		the plan sponsor has changed since tumber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN	
	sor's name	idiniber from the last retain, report.			4c PN	
5a Total	number of participan	ts at the beginning of the plan year.			5a	
_	•	ts at the end of the plan year			5b	
C Numb	er of participants wit	h account balances as of the end of	the plan year (only define	ed contribution plans	5c	
		participants at the beginning of the p			5d(1)	
		participants at the end of the plan ye			5d(2)	
e Numl	ber of participants th	at terminated employment during the	e plan year with accrued	penefits that were less	5e	
		e or incomplete filing of this retur			 	 ned
Under pen	alties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/re	port, including, i	if applicable, a Schedule
	true, correct, and co			<u> </u>		
SIGN HERE		d/valid electronic signature.	05/17/2017	JEFFREY P. CLOS		
	Signature of plan	administrator	Date	Enter name of individ	dual signing as p	lan administrator
SIGN HERE	Signature of sure	Jover/plen enence	Doto	Enter name of institute	luol oigning on a	mployer or plan anance:
Preparer's		loyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite num			mployer or plan sponsor ephone number
1 Toparor 3	Traine (mordaing init	Thame, if applicable) and address (i	norde room or suite num		1 Toparor 5 tota	priorie nambor

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	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 and condit	ndent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_		
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	☐ Not det	ermined
	rt III Financial Information		1							
	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year 50819	4
	Total plan assets	7a		358134					50819	1
	Total plan liabilities	7b		358134					50819	1
	Net plan assets (subtract line 7b from line 7a)	7c			-					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b) T	otal	
а	(1) Employers	8a(1)		72233						
	(2) Participants	8a(2)		56448						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		26816						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15549	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1128						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4312						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							544	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							15005	7
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 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	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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	Fiduciary 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					20000
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	in?		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		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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come 5500) and line 11a below)						es No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f 		es X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruotior	20.000	d ontor t	ho data	of the letter	ruling
	gran	ting the waiver	onth _	15, and	_ Day		Year _	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			406			
<u> </u>	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 leastive amount)			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 Assets						
13a	Has	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 brouging of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the p	plan(s)) to			
1	3c(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	e of trustee or custodian					s or custodi ne number	an's
Part	: 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:		Desig safe h	n-based narbor	^t [l "Prior ye test	ar" ADP
		,,,,, p ,		"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e 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 deter/ and the serial number	opinio	n letter	or advi	sory lett	ter, enter the	e date of
	letter		ter the	e date	of the m	nost rece	ent determir	nation
	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 sepace?		from	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s [No	

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

OMB Nos. 1210-0110 1210-0089

2016

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	THE RESERVE OF THE PARTY OF THE	: Identification Information				
For calendar p	olan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/201	
_			a multiple-employer pla			
A This return	n/report is for:	□ a and participant plan		ployer information in a	ccordance with the forn	n instructions.)
		a one-participant plan	a foreign plan			
D	English Co.	the first return/report	the final return/report			
B This return/	report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check box	c if filing under:	☐ Form 5558	automatic extension		DFVC program	
		special extension (enter desc				
Dowt II E	Pagia Blan Infe					
		ormation—enter all requested in	normation		1b Three-digit	
1a Name of		d Design, Inc.			plan number	
	ofit Sharin				(PN) •	001
101(11)		-9			1c Effective date o	f plan
					01/01/199	
and the second s	the same of the sa	oyer, if for a single-employer plan)			2b Employer Identi	fication Number
		om, apt., suite no. and street, or P.0		uetiene)	(EIN) 61-13	09499
	and the contract of the second	ce, country, and ZIP or foreign pos d Design, Inc.	tai code (ii foreign, see instr	uctions)	2c Sponsor's telep	hone number
Gateway C	onveyor and	Design, inc.			(859) 578-	0500
					2d Business code ((see instructions)
524 Enter	prise Drive				333200	
Erlanger	-		KY	41017		
	inietrator'e name a	and address 🏿 Same as Plan Spo		41017	3b Administrator's	EINI
Ja Flall aulii	iiiiistiatoi s riairie a	illu address & Saille as Flail Spo	MISOL.		SD Administrators	EIIN
					3c Administrator's	telephone number
		ne plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN	
name, El	IN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	
name, El a Sponsor's	IN, and the plan nus name	umber from the last return/report.			4b EIN 4c PN	
name, El a Sponsor's 5a Total nun	IN, and the plan nus name mber of participants	umber from the last return/report.			4b EIN 4c PN 5a	4
name, El a Sponsor's 5a Total num b Total num	IN, and the plan nus name mber of participants mber of participants	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year			4b EIN 4c PN 5a	
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