-	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and			2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internet.	nal	his Form is Open to
Pension Be	enefit Guaranty Corporation	► Complete all entries in a	accordance with the inst	ructions to the Form 5500-S	F.	Public Inspection
Part I		dentification Information al plan year beginning 01/01/2	016	and ending 12/31/2	016	
For calenda	ar plan year 2016 or fisc	a single-employer plan				is hav must attach a
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer) (Filers mployer information in accorda		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension		FVC progra	m
		special extension (enter descr	. ,			
Part II		mation—enter all requested inf	ormation	41		
1a Name SB ICE MAN	of plan IAGEMENT CO. 401(K)	PLAN		10	Three-digit plan numb (PN) ▶	
				1c	Effective d	ate of plan 01/01/2015
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta				dentification Number 73-1720428
	IAGEMENT COMPANY	country, and zir of foreign post	ai code (il loreign, see ins	2c		telephone number 5-532-0088
927 LINCOLI MIAMI BEAC				2d	Business c	ode (see instructions) 541600
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	isor.	3b	Administra	tor's EIN
				30	Administra	tor's telephone number
		plan sponsor has changed since	the last return/report filed	for this plan, enter the 4b	EIN	
	, EIN, and the plan numl or's name	ber from the last return/report.		4c	PN	
· · · · ·		t the beginning of the plan year			a	2
_		t the end of the plan year			b	2
C Numb	er of participants with ac	ccount balances as of the end of t	the plan year (only defined	d contribution plans	ic	2
	,	cipants at the beginning of the pla		_	(1)	2
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		(2)	2
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					ie	C
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	d unless reasonable cause is		
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	05/17/2017	DAVID TORNEK		
HERE	Signature of plan ad	ministrator	Date	Enter name of individual si	gning as pla	n administrator
SIGN	· ·					
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individual si	gning as em	ployer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numb	per) Prej	parer's telep	hone number
		cos the Instructions for Form FEOD				Form 5500 SE (2016)

-	Were all of the plan's assets during the plan year invested in eligib		,				X Yes No
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility			· · ·	,		X Yes 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 sec	tion 4021)?		Yes	No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year
а	Total plan assets	7a		42000			88437
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c		42000			88437
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	4	42000			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		4437			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46437
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					46437
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature co	odes from the List of Pla	n Character	istic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan	Characteris	tic Coo	des in t	he instructions:
Pa	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribu		n the time naried			1	

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.).	10e	x			648
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne 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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		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	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
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 separce?		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	

Form 5500-SF (2016) v.160205		For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	For Paperwor
as employer or plan sponsor s telephone number	lal signing a Preparer's	Signature of employer/plan sponsor Date Enter name of individual signing as name (including firm name, if applicable) and address (include room or suite number) Preparer's term	HERE Preparer's na
as plan administrator	ial signing	Signature of plan administrator Date Enter name of individual signing as	
		HAA J David Tornek	SIGN
blished. ng, if applicable, a Schedule best of my knowledge and	se is esta ort, includ , and to the	Caution: A penalty for the late or 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 app 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 belief, it is true correct, and complete.	Caution: A p Under penalt SB or Sched belief, it is tru
0	5e	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	e Numbe than 10
2	5d(2)	d(2) Total number of active participants at the end of the plan year	d(2) Total
2	5d(1)	complete this item)	Completion
2	5c	Number of participants with account balances as of the end of the plan year (only defined contribution plans	
2	5b	Total number of participants at the end of the plan year	h Total nu
2	4c PN	Sponsor's name	
		If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4 If the nat name, E
Administrators telepriorie flurititier	JC Admi		
nistrator's EIN		liami Beach, FL 33139 3a Plan administrator's name and address 🛛 Same as Plan Sponsor.	Miami Beach, FL 33139 3a Plan administrator
j0 j0	∠a Busines 541600	Road	927 Lincoln Road
		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) SB Ice Management Company	2a Plan spo Mailing a City or to SB Ice Manage
Effective date of plan 01/01/2015			
Three-digit plan number (PN) 001		1a Name of plan SB Ice Management Co. 401(k) Plan	1a Name of plan SB Ice Managemer
		Basic Plan Information—enter all requested information	Part II
ogram	DFVC prog	Check box if filing under:	C Check box
	nths)	Inn/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)	B This return/report is
ing this box must attach a th the form instructions.)	llers check ordance wi		A This return
	/2016	Part I Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	For calendar J
This Form is Open to Public Inspection	irement iternal 0-SF.	Internal revenue service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500-SF.	Internat Depar Employee Benef Pension Benef
OMB Nos. 1210-0110 1210-0089 20146	yee	of the Treasury	Form Department
OMAR Nos 1910-0130			

Form
5500-SF
2016

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				10i	ed notice or one of the	the require	i 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	1 1
		×		10h	ructions and 29 CFR	? (See inst	h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)	1
		×		10g		as of year	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	I
		×		10f	********		f Has the plan failed to provide any benefit when due under the plan?	
648			×	10e	ns by an insurance of the benefits under	ther person me or all o	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.)	1
		×		10d	ond, that was caused	's fidelity bo	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	I
		×		10c			c Was the plan covered by a fidelity bond?	
		×		10b	in-interest? (Do not include transactions	st? (Do not	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
		×		10a	vithin the time period iry Fiduciary Correction	utions with Voluntary I	20	
Amount	N/A	No	Yes				During	<u>-</u>
							Part V Compliance Questions	v
he instructions:	les in th	c Cod	cterist	n Chara	des from the List of Pla	feature cor	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:]
the instructions:	des in	tic Co	acteris	an Cha	odes from the List of Pla	1 feature co	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D	ဖ
							Part IV Plan Characteristics	-0
						8j	j Transfers to (from) the plan (see instructions)	
46437						œ		
						. 8ħ	- 1	_l
						. 8g	a Other expenses	
						. 8f		_
						8e	 Certain deemed and/or corrective distributions (see instructions) 	<u> </u>
						8d	- 1	_
46437			2	a series a series		8c	I	
			7	4437		48	b Other Income (loss)	_
			-			. 8a(3)		
				42000		. 8a(2)	Participants	
						8a(1)	a Contributions received or receivable from: (1) Employers	ດ ດ
(b) Total					(a) Amount		8 Income, Expenses, and Transfers for this Plan Year	∞
88437				42000		7c	c Net plan assets (subtract line 7b from line 7a)	
						7b	b Total plan liabilities	-
88437				42000		7a	a Total plan assets	a
End of Yea	(d)		-	fYear	(a) Beginning of Year		7 Plan Assets and Liabilities	~
							Part III Financial Information	P
No Not determined	Yes		21)?	ction 40	orogram (see ERISA se	nsurance p	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	c
	5500.	orm	d use l	instea	rm 5500-SF and must	not use Fo	under 29 CFR 2520.104-467 (See instructions on waiver enginance containers)	
X Yes No		Ž	nt (IQF	ocounta	ndent qualified public ad	an indeper		5
X Yes No		;)		(See instructions.)	ile assets?	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	6a

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			19 Was ally plait participant a 3 /a owner who had analised at reast eye is a coming the provident provident of
	□ Yes	ated from	
t recent determination	f the mos	er the date of	17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter
ry letter, enter the date of)r advisor	pinion letter a	17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or adviso the letter
No		☐ Yes	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?
☐ Average ☐ N/A benefit test	tage [Ratio percentage test	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:
N/A	t year"	ADP test	401(k)(3) for the plan year (Cricos an hiar apply
"Prior year" ADP test	based rbor	Design-based safe harbor	15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section
₽		Yes	1e p
			Part IX IRS Compliance Questions
stee's or custodian's ephone number	14d Trus tele		14c Name of trustee or custodian
st's EIN	14b Trust's EIN		14a Name of trust
			Part VIII Trust Information
13c(3) PN(s)	IN(s)	13c(2) EIN(s)	13c(1) Name of plan(s):
		the plan(s) to	c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)
Tes X No	<u> </u>	under the	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
	13a		If "Yes," enter the amount of any plan assets that reverted to the employer this year
Yes X No			13a Has a resolution to terminate the plan been adopted in any plan year?
			Part VII Plan Terminations and Transfers of Assets
es No N/A			e Will the minimum funding amount reported on line 12d be met by the funding deadline?
	12d		d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)
	12c		c Enter the amount contributed by the employer to the plan for this plan year
	12b		b Enter the minimum required contribution for this plan year
date of the letter ruling Year		ctions, and ei th	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the granting the waiver
			EKISA?
Yes X No	02 of	or section 3	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of
	11a		11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40
Yes X No	ule SB	plete Schedt	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule (Form 5500) and line 11a below)
			Part VI Pension Funding Compliance