Person Benefit Guaranty Corporation Public Inspectit Person Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspectit Part I Annual Report Identification Information and ending 12/31/2016 For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 A This return/report is for: a single-employer plan a multiple-employer plan and ending 12/31/2016 B This return/report is for: a one-participant plan a foreign plan Bend return/report a short plan year return/report DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program OFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) b O01 IC Check box if filing under: Form 5558 automatic extension DFVC program JAMAICA PAWN RETIREMENT PLAN Ib Three-digit plan number (PN) b O01 IC Effective date of plan 05/02/2008 2b Employer Identification Num (EIN) 26-2160809 Za Plan sponsor's name (employer, if for a single-emplo	For	rm 5500-SF	Short Form Annua	OMB Nos. 1210-0110 1210-0089							
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	For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2016) v.160927				

67589

6a b c									
	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	455223	522812					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	455223	522812					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	12995						
	(2) Participants	8a(2)	36000						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	18594						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		67589					
d	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						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i.

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: $2E \ 2G \ 2J \ 2K \ 3D$

8i

8j

0

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:				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		Х		
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			75000
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		
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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								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 of trustee or custodian				14d 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		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:			gn-based "Prior year" ADP harbor test						
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan percentest percen			entage Average N/A benefit 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?							No		
	the le		-			-			
	letter		ter 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		