Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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).

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		Identification Information				
For calenda	ar plan year 2016 or fi	iscal plan year beginning 01/01/2	016	and ending 1	2/31/2016	
Δ This rat	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) on ployer information in a		
A IIIISTEI	uni/report is ior.	a one-participant plan	a foreign plan	ipioyor information in a	oodidande wan are	Tom mondonono.
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	ı
Part II	Pacia Blan Infe	special extension (enter descr prmation—enter all requested inf	• /			
1a Name		Diffiation—enter all requested int	formation		1b Three-digit	
MARK C. MC	OORE, INC 401(K) PF	ROFIT SHARING PLAN			plan numbe	er 001
					1c Effective da	nte of plan 01/01/2005
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				lentification Number 65-0609960
City or MARK C. MC	•	ce, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)		elephone number -315-0540
33107 LAKE LEESBURG,	BEND CIRCLE FL 34788					ode (see instructions) 524210
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	EIN, and the plan nu	mber from the last return/report.	·	•	4c PN	_
		s at the beginning of the plan year			5a	3
		s at the end of the plan year			5b	3
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	3
		articipants at the beginning of the pl			5d(1)	3
		articipants at the end of the plan yea			5d(2)	3
than '	100% vested	t terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and plete.				
0.0.1	Filed with authorized	/valid electronic signature.	06/19/2017	MARK C. MOORE		
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plar	administrator
SIGN HERE						
	Signature of emplo		Date			oloyer or plan sponsor
Preparer s	name (including ilmi i	name, if applicable) and address (ir	iciade room of suite numbe	ei)	Preparer's teleph	ione number

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6a Were all of the plan's assets during the plan year invested in eligi		` ,					X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No No
If you answered "No" to either line 6a or line 6b, the plan can								
\boldsymbol{C} . If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not dete	rmined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year	
a Total plan assets	7a		607754				761491	ı
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		607754				761491	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)		44808					
(2) Participants	8a(2)		55986					
(3) Others (including rollovers)								
b Other income (loss)	8b		52943					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						153737	7
d Benefits paid (including direct rollovers and insurance premiums	1 33							
to provide benefits)	8d			_				
e 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						(
Net income (loss) (subtract line 8h from line 8c)			153					
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	n feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	ne instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contrib		·						
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		X			
b Were there any nonexempt transactions with any party-in-interest			100		X			
reported on line 10a.)			10b	X				8000
C Was the plan covered by a fidelity bond?			10c					
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X			
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so								
the plan? (See instructions.)			10e		X			
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount	as 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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i					

ı	Form	550	0-SF	201	16

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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 set of the constructions and constructions are set of the constructions				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
lf	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 Annual Re	port Id	entification Information				
For calendar plan year 201	6 or fisca	l plan year beginning	01/01/2016	and ending	12/31/20	116
A This return/report is for:		a single-employer plan	a multiple-employer plar list of participating emp			
		a one-participant plan	a foreign plan			,
B This return/report is		the first return/report	the final return/report			
		an amended return/report	a short plan year return/	report (less than 12 n	nonths)	
C Check box if filing under	r: [Form 5558	automatic extension		DFVC program	
Dort II Doois Dis-	la famo	special extension (enter desc	. ,			
	Intorn	nation—enter all requested in	formation		45 =	
1a Name of plan Mark C. Moore, In	c 401	(k) Profit Sharing	Plan		1b Three-digit plan numbe	r 001
					1c Effective da	
20 Diameter and 1		If the second second second second			01/01/20	
Mailing address (include	le room,	r, if for a single-employer plan) apt., suite no. and street, or P.		ctions)	2b Employer Id (EIN) 65 - 0	entification Number 609960
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Mark C. Moore, Inc					2c Sponsor's to 352-315-	elephone number 0540
				2d Business co	de (see instructions)	
33107 Lake Bend	Circie	2			524210	
Leesburg		FL 34788				
3a Plan administrator's na	me and a	address X Same as Plan Spo	nsor.		3b Administrato	r's EIN
					3c Administrate	or's telephone number
					- Administrate	a s telepriorie number
		an sponsor has changed since er from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN	
a Sponsor's name		or nom the last retains report.			4c PN	
5a Total number of partici	pants at	the beginning of the plan year.			5a	3
		the end of the plan year			5b	3
		count balances as of the end of			5c	
complete this item)						3
1121		ipants at the beginning of the p	•		5d(1)	3
		ipants at the end of the plan ye			. 5d(2)	3
		minated employment during the			5e	0
Caution: A penalty for the	late or i	ncomplete filing of this retur	n/report will be assessed u	niess reasonable ca		l
Under penalties of perjury a SB or Schedule MB comple belief, it is true, correct, and	eted and	penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I have es	xamined this return/re on of this return/repo	eport, including, if a ort, and to the best of	oplicable, a Schedule f my knowledge and
SIGN / //	Mal	ie.	6/19/2017	Mark C. Moore		
HERE: Signature of	plan adm	ninistrator		Enter name of individ		administrator
SIGN Mula C	Marc			Mark C. Moore		
		r/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor
Preparer's name (including	firm nam	e, if applicable) and address (i	nclude room or suite number)	Preparer's teleph	
					er gjerneya i Tankanasan kan Hedia.	

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not	determined
7	Plan Assets and Liabilities		(a) Beginning	of Voor				h) End	of Year	
_ <u>'</u>	Total plan assets	7a	(a) Beginning	607,				b) Ellu	OI I Eai	761,491
<u>u</u>	Total plan liabilities	7b			7 5 -					
	Net plan assets (subtract line 7b from line 7a)	7c		607,	754					761,491
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) 1	Γotal	
a	Contributions received or receivable from:		(4) 7 4110 411		200			()		
	(1) Employers	8a(1)		44,8						
	(2) Participants	8a(2)		55,	986					
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		52,	943					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								153,737
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	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								153,737
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 3D$	feature co	odes from the List of Pl	an Chai	racteri	stic Co	des in	the ins	tructions	:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cterist	tic Cod	les in tl	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					80,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
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	as of year-	end.)	10g		Х				
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 t 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	