Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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

2010

OMB Nos. 1210-0110

1210-0089

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

This Form is Open to Public Inspection

A This return/report is for: a single-employer plan a one-participant plan plan plan plan plan plan plan plan					and ending 1		16				
B This return/report is	.		X a single-employer plan				-				
C Check box if filing under:	A This re	eturn/report is for:	a one-participant plan		g employer information in a	ccordan	ce with the form	i instructions.)			
C Check box if filing under:	D =0:	to an a first and the	the first return/report	Utho final return/ren	oort						
C Check box if filing under:	D This re	turn/report is		H		nonthe)					
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18 Three-digit plan number 001			special extension (enter desc	cription)							
DATE OF THE PROPRIES ASSOCIATES, INC. PROFIT SHARING PLAN 1	Part II	Basic Plan In	formation—enter all requested in	nformation							
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 Identification Number (EIN) 16-0965632 2c Sponsor's telephone number 316-829-2222 2d Business code (see instructions) 541940 4 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. a Sponsor's name 4 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. a Sponsor's name 5a Total number of participants at the beginning of the plan year 5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6d(1) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Filed with authorized/valid electronic signature. 5c Signature of plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as employer or plan sponsor			EO INO PROFIT QUARING BLAN								
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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 applicable, a Schedule 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 my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. O7/12/2017 ANTHONY J. CICCARELLI Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	nam a Spon 5a Total b Total c Num com d(1) Total	e, EIN, and the plan resor's name I number of participan I number of participan ber of participants wit plete this item) otal number of active potal number of active p	number from the last return/report. Its at the beginning of the plan year at the end of the plan year It account balances as of the end of the plan year at the beginning of the participants at the beginning of the participants at the end of the plan year.	f the plan year (only def	ined contribution plans	4c F 5a 5b 5c 5d(1	PN	83 80 30			
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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	b 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.)							X Ye	s No	
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not det	ermined
	rt III Financial Information	iodidiloc p	orogram (see Errie/1 se	300011 4	021).	····· _	100			CITIMICA
7	Plan Assets and Liabilities		(a) Paginning	of Voor				(b) End o	of Voor	
_ ' _a	Total plan assets	7a	(a) Beginning	540748				(b) End c	1368048	2
_	Total plan liabilities	7b		0)					0
	Net plan assets (subtract line 7b from line 7a)	7c	12	540748	3				1368048	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total				
	Contributions received or receivable from:							(2) 10	···	
	(1) Employers	8a(1)		311490						
	(2) Participants	8a(2)		179845						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		648474						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							113980	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		75						
	Certain deemed and/or corrective distributions (see instructions).	8e		0	_					
f	Administrative service providers (salaries, fees, commissions)	8f		0						
_ <u>'</u>				0)					
	g Other expenses				75					
<u>;;</u>						1139734				
÷	Tangén de (form) the plan (accidentations)			C)					
Da	, , , , ,	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the instri	ictions:	
Ja	2A 2E 2J 2G 3D	icature co	des nom the List of 1 i	an Ona	ractori	one oc	Juca III	uic iiisu	actions.	
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:	
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 V	oluntary F	Fiduciary Correction	40-		X				
b		t? (Do not	include transactions	10a		X				
	reported on line 10a.) C Was the plan covered by a fidelity bond?			10b	X					500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X				
e	 by fraud or dishonesty? 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.) 			10a	Х					44467
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu (Form 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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?						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 [errior ye test	ar" ADP
		,,,,, p ,		"Curre	ent year test	,,	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage	age 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			
17a	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS deter	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	