Form 5500 Annual Return/Report of Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans 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				
Department of Labor Employee Benefits Security Administration		entries in accordance with ons to the Form 5500.					
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	ublic		
	entification Information						
For calendar plan year 2016 or fisca	I plan year beginning 01/01/2016	and ending 12/31/20	016				
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)		
	X a single-employer plan	a DFE (specify)					
B This return/report is:	the first return/report	the final return/report					
an amended return/report a short plan year return/report (less that				12 months)			
C If the plan is a collectively-bargain	ned plan, check here			•			
D Check box if filing under:	Form 5558	automatic extension	the	e DFVC program			
	special extension (enter description)						
Part II Basic Plan Inform	ation—enter all requested informatio	n					
1a Name of plan THE WAGNER'S B & B INC. RETIR			1b	Three-digit plan number (PN) ▶	001		
				Effective date of pla 05/21/2014	an		
 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) 46-5724316			
THE WAGNER'S B & B INC.			2c	Plan Sponsor's tele number 607-582-7528			
9496 STATE ROUTE 414 LODI, NY 14860	9496 STAT LODI, NY 1	E ROUTE 414 4860	2d	Business code (see instructions) 721191	9		

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	07/18/2017	MELVIN WAGNER	
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN HERE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE				
HERE	Signature of DFE	Date	Enter name of individual signing as DFE	
Preparer	's name (including firm name, if applicable) and address (include i	room or suite numbe	er) Preparer's telephone number	
For Pap	erwork Reduction Act Notice, see the Instructions for Form 5	500.	Form 5500 (2016	6)

X

Trust

(3)

3a	Plan administrator's name and address 🔀 Same as Plan Sponsor	3b Administrato	3b Administrator's EIN		
			3c Administrato number	r's telephone	
4	If the name and/or EIN of the plan sponsor has changed since the last return/r EIN and the plan number from the last return/report:	report filed for this plan, enter the name,	4b EIN		
а	Sponsor's name		4c PN		
5	Total number of participants at the beginning of the plan year		5	2	
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	(welfare plans complete only lines 6a(1),			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	2	
a(2) Total number of active participants at the end of the plan year		6a(2)	2	
b	Retired or separated participants receiving benefits		6b	0	
С	Other retired or separated participants entitled to future benefits		6c	0	
d	Subtotal. Add lines 6a(2), 6b, and 6c		6d	2	
е	Deceased participants whose beneficiaries are receiving or are entitled to rece	eive benefits.	6e	0	
f	Total. Add lines 6d and 6e		6f	2	
g	Number of participants with account balances as of the end of the plan year (c complete this item)	,	6g	2	
h	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	0	
7	Enter the total number of employers obligated to contribute to the plan (only m	nultiemployer plans complete this item)	7		
8a	If the plan provides pension benefits, enter the applicable pension feature cod 2E $2G$ 2R $3D$	les from the List of Plan Characteristics Code	es in the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the List of Plan Characteristics Code	s in the instruction	5:	
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts	 9b Plan benefit arrangement (check all the insurance) (1) Insurance (2) Code section 412(e)(3) 		ts	

 (4)
 General assets of the sponsor
 (4)
 General assets of the sponsor

 10
 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

X

Trust

(3)

a Pension Schedules			b	b General Schedules						
(1)		R (Retirement Plan Information)		(1)]	H (Financial Information)			
(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X		I (Financial Information – Small Plan)			
		Purchase Plan Actuarial Information) - signed by the plan actuary		(3)]	A (Insurance Information)			
				(4)			C (Service Provider Information)			
(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)			D (DFE/Participating Plan Information)			
		Information) - signed by the plan actuary		(6)			G (Financial Transaction Schedules)			

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)
If "Yes" is checked, complete lines 11b and 11c.
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Confirmation Code

		Financial In			Small	Dian			OMB No. 1210-0110
		Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee							
	(Form 5500)								2016
	Department of the Treasury Internal Revenue Service Internal Revenue Service Department of Labor Internal Revenue Code (the Code). Employee Benefits Security Administration File as an attachment to Form 5500.								
							This Form is Open to Public Inspection		
	Pension Benefit Guaranty Corporation			hment to Fo					
-	calendar plan year 2016 or fiscal plan	an year beginning 01/01/2016			_	and endi	ng 12/3	31/20	16
	Name of plan WAGNER'S B & B INC. RETIREM	ENT PLAN				e-digit		►	001
					pian	number	(FN)	-	001
С	Plan sponsor's name as shown on li	ne 2a of Form 5500			D Emplo	oyer Iden	tification	Numl	per (EIN)
THE	WAGNER'S B & B INC.				46	6-572431	6		
Cor	nplete Schedule I if the plan covered	fewer than 100 participants as o	f the be	ainnina of the	e plan vear.	You may	v also cor	nplete	e Schedule I if vou are filing as a
	all plan under the 80-120 participant r								
Ра	rt I Small Plan Financial	Information							
	port below the current value of asset								
	ets held in more than one trust. Do r efit at a future date. Include all incor								
	arance carriers. Round off amounts			- · · ·	-				
1	Plan Assets and Liabilities:			(a)	Beginning				(b) End of Year
a	Total plan assets		1a			65400)		654000
b	Total plan liabilities		1b						
<u>с</u> 2	Net plan assets (subtract line 1b fr	,	1c		654000				654000
_	Income, Expenses, and Transfer Contributions received or receivab				(a) Amount				(b) Total
а			2a(1))	-	
			. ,				J	-	
	()		. ,					-	
b	Noncash contributions		2b					-	
с	Other income		2c			()		
d	Total income (add lines 2a(1), 2a(2	2), 2a(3), 2b, and 2c)	2d						0
е	Benefits paid (including direct rollo	vers)	2e						
f	Corrective distributions (see instrue	ctions)	2f						
g	Certain deemed distributions of pa		25		_	_	_		
h	(see instructions) Administrative service providers (s		2g					-	
••	commissions)		2h						
i	Other expenses		2i						
j	Total expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	2j						0
k	Net income (loss) (subtract line 2j	,	2k						0
<u> </u>	Transfers to (from) the plan (see in	,	21						
3	Specific Assets: If the plan held as remaining in the plan as of the end of								
	line-by-line basis unless the trust mee							9	
						Yes	No		Amount
a	Partnership/joint venture interests						Х		
b	Employer real property				3b		Х		
С	Real estate (other than employer r	eal property)			3c		Х		
d	Employer securities				3d	Х			654000
е	Participant loans						Х		
f	Loans (other than to participants)				3f		Х		
g	Tangible personal property				3g		Х		
	r Paperwork Peduction Act Notic	a sea dha ha chuadh a chuadh a chuadh a sh						_	Schedule I (Form 5500) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

D	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
ч а	Was there a failure to transmit to the plan any participant contributions within the time period		103			Amount	
u	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until						
	fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the						
	close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		х			
~		40					
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		Х			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include						
ŭ	transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		Х			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was						
	caused by fraud or dishonesty?	4f		×			
g	Did the plan hold any assets whose current value was neither readily determinable on an						
Ū	established market nor set by an independent third party appraiser?	4g	Х			6	654000
h	Did the plan receive any noncash contributions whose value was neither readily						
	determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,						
	mortgage, parcel of real estate, or partnership/joint venture interest?	4i		Х			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified	- T J					
	public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or						
	2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	Х				
Ι	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
ο	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 from service?	40					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year	r?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes	X No	Ar	nount:	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)	(s), ide	entify the	e plan(s)	to wh	ich assets or liabilitie	s were
	5b(1) Name of plan(s)					5b(2) EIN(s)	5b(3) PN(s)
	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERIS f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for th						letermined. e instructions.)
Pa	art III Trust Information						
6 a	Name of trust					6b Trust's EIN	
60	Name of trustee or custodian 6	id Tru	stee's c	or custod	ian te	lephone number	

Form 5500	Annual Return/Repo	rt of Employe	ee Benefit Plan	OMB No	os. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed fo and 4065 of the Employee Retirem				
	sections 6057(b), and 6058(a			2016	
Department of Labor Employee Benefits Security	Complete all e	ntries in accordanc	e with	2010	
Administration		ions to the Form 55			
Pension Benefit Guaranty Corporation				This Form is Open to Inspection	o Public
Part I Annual Report	Identification Information			L	
For calendar plan year 2016 or fis		01/01/2016	and ending 12/3	1/2016	
A This return/report is for:	a multiemployer plan;	a multiple-em	ployer plan (Filers checking th		
			mployer information in accord	dance with the form instruc	ctions.)
	X a single-employer plan;	a DFE (specif			
B This return/report is:	the first return/report; an amended return/report;	the final return	a/report; ear return/report (less than 12	2 months)	
C If the plan is a collectively-barg			· • • • • • • • • •		
D Check box if filing under:	Form 5558;	automatic exte	ension;	the DFVC pr	rogram;
	special extension (enter description				
	rmation enter all requested ir	ntormation		1b Three-digit plan	
1a Name of plan THE WAGNER'S B & B	INC. RETIREMENT PLAN			number (PN) ►	001
				1c Effective date of pl	lan
		-		05/21/2014	
2a Plan sponsor's name (emplo	over, if for a single-employer plan)			2b Employer Identifica	ation
City or town, state or province	m, apt., suite no. and street or P.O. B ce, country, and ZIP or foreign postal of	code (If foreign, see i	nstructions)	Number (EIN) 46-5724316	
THE WAGNER'S B & B	TNG			2c Plan Sponsor's telephone	
THE WAGNER 5 B & B	INC.			number	-p
				(607) 582-752	28
9496 STATE ROUTE 414	9496 STATE	E ROUTE 414		2d Business code (se	e
				instructions)	
US LODI NY 14860	US LODI NY	r 14860		721191	
Caution: A penalty for the late of	r incomplete filing of this return/rep	ort will be assessed	l unless reasonable cause	is established.	
Under penalties of periury and oth	er penalties set forth in the instructions	s, I declare that I hav	e examined this return/report	t, including accompanying	schedules,
statements and attachments, as w	rell as the electronic version of this retu	urn/report, and to the	best of my knowledge and b	ellef, it is true, correct, and	i complete.
SIGN HERE Mindle	Jaegn HE	7-18-2017	MELVIN J WAGNER I		
Signature of plan ad	ministrator	Date	Enter name of individual s	igning as plan administrate	or
SIGN - SIGN	nate I The	7-18-2017	MELVIN J WAGNER I	II	
HERE Man 10	er/plan sponsor	Date	Enter name of individual s	signing as employer or plar	n sponsor
SIGN					
HERE					
Signature of DFE		Date	Enter name of individual s	signing as DFE reparer's telephone numbe	
Preparer's name (including firm Skip this question	name, if applicable) and address (inclu	ude room or suite rui		kip this question	71
:					
				Earm	5500 (2016

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016) v. 160205

	Form 5500 (2016)	Page 2
3a	Plan administrator's name and address x Same as Plan Sponsor	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/repo EIN and the plan number from the last return/report:	port filed for this plan, enter the name, 4b EIN
a	Sponsor's name	4c PN
5	Total number of participants at the beginning of the plan year	5 2
6	Number of participants as of the end of the plan year unless otherwise state 6a(2) , 6b , 6c , and 6d).	ated (welfare plans complete only lines 6a(1),
a(1) Total number of active participants at the beginning of the plan year	
a(2) Total number of active participants at the end of the plan year	
b	Retired or separated participants receiving benefits	
с	Other retired or separated participants entitled to future benefits	
d	Subtotal. Add lines 6a(2), 6b, and 6c	
е	Deceased participants whose beneficiaries are receiving or are entitled to r	o receive benefits
f	Total. Add lines 6d and 6e	
g	Number of participants with account balances as of the end of the plan year complete this item)	ear (only defined contribution plans
h	Number of participants that terminated employment during the plan year will less than 100% vested	<u>, , , , , , , , , , , , , , 6h</u>
7	Enter the total number of employers obligated to contribute to the plan (onl	
	If the plan provides pension benefits, enter the applicable pension feature 2E 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature of	
9a	 (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor 	9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) x (4) General assets of the sponsor
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attac	
а	Pension Schedules	b General Schedules (1) H (Financial Information)
	(1) R (Retirement Plan Information)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	y (2) x I (Financial Information - Small Plan) (3) A (Insurance Information) (4) C (Service Provider Information)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participating Plan Information) (6) C (Einancial Transaction Schedules)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(6)

G (Financial Transaction Schedules)

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No
If "Yes" is checked, complete lines 11b and 11c.
11b Is the plan currently in compliance with the Form M-1 filling requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code

SCHEDULE I		Financial Information Small Plan							OMB No. 1210-0110			
	(Form 5500)	This schedule is required to be filed under section 104 of the Employee										
	Department of the Treasury Internal Revenue Service	Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).						ne	2016			
	Department of Labor Employee Benefits Security Administration File as an attachme				ient to Form 5500.					This Form is Open to Public		
	Pension Benefit Guaranty Corporation						10 /0					
	calendar plan year 2016 or fiscal plan	year beginning	01/01/2016		and en			1/2016				
	Name of plan						Three			0.01		
	THE WAGNER'S B & B INC. R	ETIREMENT PLAN					plan i	number (<u>PN)</u>	001		
С	Plan sponsor's name as shown on line	e 2a of Form 5500				D	Empl	oyer Ider	ntification I	Number (EIN)		
	THE WAGNER'S B & B INC.						46-5	572431	6			
Comp as a s	lete Schedule I if the plan covered few mall plan under the 80-120 participant	ver than 100 participan t rule (see instructions)	its as of the begir). Complete Sche	ining of the pl dule H if repo	an year. Yo rting as a la	u may irge pla	also co an or DF	mplete S E.	Schedule I	if you are filing		
	ITTI Small Plan Financial											
assets benefi	t below the current value of assets and s held in more than one trust. Do not e t at a future date. Include all income a nce carriers. Round off amounts to t	enter the value of the p and expenses of the pl	ortion of an insur	ance contract	that guarar	ntees d	uring th	is plan y	ear to pay	a specific dollar		
1	Plan Assets and Liabilities:				(a) Beg	inning	of Year		(b) En	d of Year		
а	Total plan assets			. <u>1a</u>			65	4,000		654,000		
b	Total plan liabilities			. <u>1b</u>								
C	Net plan assets (subtract line 1b from	n line 1a) 🛛	<u></u>	. 1c		654,000		654,000				
2	Income, Expenses, and Transfe	ers for this Plan Yea	ar:		(a) /	(a) Amount		(b)	Total			
а	Contributions received or receivable:											
	(1) Employers			. <u>2a(1)</u>				0				
	(2) Participants			. 2a(2)								
	(3) Others (including rollovers) .			. 2a(3)								
b	Noncash contributions		• • • • •	. <u>2b</u>								
C	Other income		• • • • •	· <u>2c</u>				0				
d	Total income (add lines 2a(1), 2a(2),		• • • • •	. <u>2d</u>	-					0		
e	Benefits paid (including direct rollove	,	• • • • •	. <u>2e</u>								
t	Corrective distributions (see instructi	•	• • • • •	. <u>2f</u>								
g	Certain deemed distributions of parti	-		2~								
ь.	(see instructions)		• • • • •	. <u>2g</u> . 2h	_					and all and a second		
n :	Administrative service providers (sal	aries, tees, and comm	issions)	. <u>211</u> . 2i								
!	Other expenses	•••••••	• • • • •	· 21 · 2j						0		
J	Total expenses (add lines 2e, 2f, 2g, Net income (loss) (subtract line 2j fro			· 2k	-					0		
k					-							
3	Transfers to (from) the plan (see inst Specific Assets: If the plan held asset				egories, cheo	ck "Yes'	" and enf	er the cu	rrent value o	of any assets		
3	remaining in the plan as of the end of the by-line basis unless the trust meets one of	e plan year. Allocate the v	alue of the plan's ir	nterest in a com	mingled trus	t contai	ning the	assets of	more than	one plan on a line-		
					-		Yes	No	Α	mount		
а	Partnership/joint venture interests				[3a		x				
b	Employer real property					3b		x				
С	Real estate (other than employer rea	al property)				3c		x		2007 - 11		
d	Employer securities					3d	x			654,000		
е	Participant loans				[3e		x				
f	Loans (other than to participants)					3f		х				

<u>· · ·</u> · _ ·

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

•

•

• • . . •

<u>.</u>

f Loans (other than to participants)

g Tangible personal property . .

Schedule I (Form 5500) 2016 v.160205

х

3g

D	2	
Page	Z -	

Part II Compliance Questions

Fail								
4	During the plan year:		Yes	No	N/A		Amour	<u>nt</u>
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully	4a		x				
	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4 a		-				
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		x			24 19	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x			2	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x				
е	Was the plan covered by a fidelity bond?	4e		х				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	x					654,000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x				
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x				C. CHART
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x					
I	Has the plan failed to provide any benefit when due under the plan?			x				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<u>4m</u>		x				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<u>4n</u>						
0	Definde Benefit Plan or Money Purchase Pension Plan Only: - Skip this question Where any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	40						
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	• 🗆 '	Yes 🗴	No	Amount	:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify the	plan(s) te	o which a	ssets or lia	bilities were		
	5b(1) Name of plan(s)					5b(2) EI	N(s)	5b(3) PN(s)
<u>, , , , , , , , , , , , , , , , , , , </u>								
5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this pl		21)?	**********	🗌 Y	′es □N		Not determine instructions.)
Part I	Trust Information - Skip These Questions							
6a Na	6a Name of trust			6	6b Trust's EIN			
6c Na	ne of trustee or custodian	6d Trus	tee's or	custodia	n's teleph	none numb	er	

5500 Electronic Filing Authorization

 Plan Name:
 THE WAGNER'S B & B INC. RETIREMENT PLAN

 EIN/PN:
 46-5724316/001

 Plan Year:
 01/01/2016 - 12/31/2016

I hereby authorize TIERNEY PENSION ADMINISTRATION, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

7-18-201

Plan Sponsor

fleguat (sign)

date