	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee R	etirement	2016				
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the	he Internal This Form is Open to Public Inspection					
_	nefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	uctions to the Form 55	500-SF.					
For calenda	Annual Report Ic ar plan year 2016 or fisca	lentification Information	6	and ending 12	2/31/2016					
				<u> </u>		king this box must attach a				
A This ret	urn/report is for:	a one-participant plan				ith the form instructions.)				
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
Part II	Basic Plan Inform	nation—enter all requested inform	,							
1a Name	of plan	OFIT SHARING PLAN & TRUST			(PN)	number 001				
					1C Effec	tive date of plan 01/01/2013				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. E			2b Empl (EIN)	oyer Identification Number 30-0724172				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DF CELEBRATION LLC				2c Sponsor's telephone number 407-900-7708					
	ATION PLACE DN, FL 34747				2d Busir	ness code (see instructions) 624410				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponso	pr.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
	EIN, and the plan numb	plan sponsor has changed since the per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN 4c PN					
		the beginning of the plan year			-+C PN	37				
		the end of the plan year			5b	42				
C Numb	er of participants with ac	count balances as of the end of the	e plan year (only defined	contribution plans	5c	3				
	,	cipants at the beginning of the plan			5d(1)	35				
• • •	•	cipants at the end of the plan year.			5d(2)	40				
e Numb	er of participants that te	rminated employment during the pl	an year with accrued be	nefits that were less	5e	C				
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable cau						
SB or Sche		r penalties set forth in the instructic signed by an enrolled actuary, as v ete.								
SIGN	Filed with authorized/va	lid electronic signature.	07/26/2017	DESMOND DEREK CI	UMMINGS					
HERE Signature of plan ac		ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
Signature of plan ad										
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (inclu	Date ude room or suite numbe			as employer or plan sponsor s telephone number				
			_							

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i.

-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		· /						X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)		·····	·····			× Yes	No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not deterr	mined
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities	1	(a) Deginging					(b) End a	f Veer	
<u>'</u> a	Total plan assets	7a	(a) Beginning	2341				(b) End o	2504	
	Total plan liabilities	7u 7b								
	Net plan assets (subtract line 7b from line 7a)	70 70		2341					2504	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
	Contributions received or receivable from:	0-(4)						(5) 10		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		163						
	Other income (loss)	8b							163	
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							100	
u	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							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							163	
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 $2E$ $2F$ $2G$ $2D$ $2T$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	des in t	he instruc	tions:	
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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary I	Fiduciary Correction	10a		х				
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10a		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				

Х

Х

Х

Х

10e

10f

10g

10h

10i

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.)

Has the plan failed to provide any benefit when due under the plan?

Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

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			YAS						
	ERISA?										
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	14c Name of trustee or custodian 14d Trustee's or custodian telephone number telephone 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	ear" ADP					
				"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 year? Check all that apply:					centage						
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		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				

	5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be file		4065 of the Employee R	etirement	2016
Employee Benefits	nent of Labor I Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to Public Inspection
	Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	•
		Identification Information scal plan year beginning	01/01/2016	and ending	12	/31/2016
		X a single-employer plan	Parent of the local division of the local di	plan (not multiemployer) (Manager & Barres and Barres of the other States	king this box must attach a
A This return/	report is for:	a one-participant plan	list of participating e	mployer information in ac	cordance v	vith the form instructions.)
B This return/r	anort in	T the first return/report	The final return/report			
D the found	eportis	an amended return/report		m/report (less than 12 m	onths)	
C Check box	if filing under				-	
Check box	a mag under.	Form 5558	automatic extension			orogram
Dowt II D	ania Dian Info	special extension (enter description		California (1997)		
Part II B 1a Name of pi		rmation-enter all requested in	formation		1b Thre	ediait
CDF CELEBR						number
401(K) PRC	OFIT SHARIN	G PLAN & TRUST			(PN)	and the second
						ctive date of plan /01/2013
Mailing ad	dress (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)	99997999999999999999999999999999999999	2b Emp	loyer Identification Number 30-0724172
City or low		e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	1	nsor's telephone number
CD: CEIEBI	WITON PPC					07) 900-7708
					1	ness code (see instructions)
599 Celebr	ration Plac	e			02.	1410
Celebratic				L 34747	L	an a
3a Plan admir	histrator's name a	nd address K Same as Plan Spor	nsor.		3D Adm	inistrator's EIN
					3c Adm	inistrator's telephone number
		ar a summer and a strain state of the strain state of the strain state of the strain state of the strain state	and the second			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	1999) - A. M.
a Sponsor's					4c PN	
5a Total num	ber of participants	at the beginning of the plan year		*********************	5a	37
b Total num	ber of participants	at the end of the plan year			5b	42
		account balances as of the end of			5c	3
· · · · · · · · · · · · · · · · · · ·		inticipants at the beginning of the p			5d(1)	35
		inticipants at the beginning of the plan ye			5d(2)	40
		terminated employment during the				1.
than 100	% vested				5e	<u> </u>
		or incomplete filing of this return her penalties set forth in the instru-				
SB or Schedule	e MB completed a	nd signed by an enrolled actuary, i	as well as the electronic v	ersion of this return/report	t, and to th	e best of my knowledge and
SIGN	correct, and com	pierre.	-r 1, 16 to		CUMBITS	100
LEDE	Contraction of allowing			7 DESMOND DEREK		
	gnature of plan a	iommistrator	Date	Enter name of individ	and the second se	
SIGN (DAD-			1	and the second	
		ver/plan sponser name, if applicable) and address (in	Date nclude room or suite num			as employer or plan sponsor s telephone number
	,	.,,,		98.8940 đ.		
For Paperwork I	Reduction Act Notic	ce, see the Instructions for Form 550	0-SF.		1	Form 6500-SF (2016)

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	Form 5500-SF 2016		Page 2							
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannu If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	Sent qualified public actions.)	counta Instead	nt (IQF i use i	PA) Form l	5500.			No No No mined
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b)) End of Ye	əar	
	Total plan assets	7a	<u> </u>	2,3	41					2,504
Transmission in succession	Total plan labilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		2,3	41					2,504
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	Ba(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1	.63					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								163
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
6	Certain deemed and/or corrective distributions (see instructions)	89								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g		8g								0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								163
1	Net income (loss) (subtract line 8h from line 8c)	. 81			-+		/			103
]	Transfers to (from) the plan (see instructions)	· 8								
9a b	2E 2F 2G 2D 2T 3D If the plan provides welfare benefits, enter the applicable welfare									
L	rt V Compliance Questions			4	Yes	No	NIA	A	mount	
	a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x				
	b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not	include transactions	10b	ļ	x				
	C Was the plan covered by a fidelity bond?			10c	X					20,000
*******	d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	s fidelity bo	and, that was caused	10d		x				
	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.)	ther person me or all of	ns by an insurance I the benefits under	10e		x				
	f Has the plan failed to provide any benefit when due under the p	ian?	**********	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.)	? (See instr	ructions and 29 CFR	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	ed notice or one of the	101						

Form 5500-SF 2016

Dana	2	
rage		1

Dart 1	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	lete S	chedule S	в	ПΠ	Yes	No No
	(Form 5500) and line 11a below).						
11a	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 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or sec	tion 302 o	F		Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	ions.	and enter	he dat	te of the le	tter rulir	ng
	granting the waiver	11	Day	(Yea	r	
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			r			
b	Enter the minimum required contribution for this plan year	*****	12b	ļ			
c	Enter the amount contributed by the employer to the plan for this plan year	e 9 - 2 4 4 5 5 2	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a	120				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No		1/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Y	es 🕅	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u control of the PBGC?	Inder	the		Yes)
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)						
1	Sc(1) Name of plan(s):	130	(2) EIN(s) 13c(3				(5)
h	VIII Trust Information Name of trust		14b	Trust'i	s EIN		
14c	Name of trustee or custodian		14d		e's or cus none numb		
Par	t IX IRS Compliance Questions						tytyyttytnic ant
S		T Y	es		No		
	Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		esign-base ife harbor	d	l "Pric	or year	ADP
	401(k)(3) for the plan year? Check all that apply:	л "C	urrent yea OP test	Ir"	🗌 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	[] p	tatio ercentage est		Average benefit te	st [] N/A
	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?		e5				
	t If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r ine d		mostr	ecent oele	errunati	UN
18	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 separat service?	led fro	m 🛛 Y	es	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Y	e 5	No No		