Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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 than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOPE LEASING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1985

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)

HOPE LEASING
HOPE ADMINISTRATIVE SERVICES

4105 RIO BRAVO
SUITE 100
EL PASO, TX 79902

2b Employer Identification Number (EIN) 74-2431550

2c Plan Sponsor's telephone number 915-615-0827

2d Business code (see instructions) 484120

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 HERE	Filed with authorized/valid electronic signature.	07/27/2017	ALICIA MARTIN
	Signature of plan administrator	Date	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AUSTIN CAPITAL PLAN ADMINISTRATOR SERVICES, LLC

1700 PACIFIC AVENUE
SUITE 3650
DALLAS, TX 75201

3b Administrator's EIN: 80-0936090

3c Administrator's telephone number: 214-624-1000

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	273
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	211
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	205
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	275
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	275
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	261
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	21
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)	☒	Trust
(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)

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan HOPE LEASING 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE LEASING	**D** Employer Identification Number (EIN) 74-2431550

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GUERRA INVESTMENT ADVISORS

201 E. MAIN STREET
SUITE 1200
EL PASO, TX 79901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	20143	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

AUSTIN CAPITAL RETIREMENT PLAN SERV

1700 PACIFIC AVENUE
SUITE 3650
DALLAS, TX 75201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	RECORDKEEPER/TPA	12885	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

TD AMERITRADE COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAL	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES INSURANCE

AGENCY INC PRODUCER J CALAO
100 HARBOR BLVD
WEEHAWKEN, NJ 07087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	ADVISOR		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JULY BUSINESS SERVICES

P.O. BOX 2208
WACO, TX 76703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	ADMINISTRATION		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TD AMERITRADE TRUST CO. 20-0937408	19	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD BANK USA, N.A. 13-3732274	SEE ATTACHED LETTER FROM TD AMERITRADE DESCRIBING FORMULA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GUERRA INVESTMENT ADVISORS	27	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GUERRA INVESTMENT ADVISORS 201 E. MAIN STREET SUITE 1200 EL PASO, TX 79001	PERCENTAGE OF TOTAL ASSETS IN THE PLAN AT 0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
HOPE LEASING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE LEASING

D Employer Identification Number (EIN)
74-2431550

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1327	1029
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	43131	39518
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	121040	95257
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3934532	3916930
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4100030	4052734
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4100030	4052734

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	39518	
	(B) Participants	2a(1)(B)	268026	
	(C) Others (including rollovers)	2a(1)(C)	41876	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		349420
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4420	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4420
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	106702	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		106702
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1313752	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1278602	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		35150
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		183355
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		679047
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	691226	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		691226
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2105	
(2) Contract administrator fees	2i(2)	12869	
(3) Investment advisory and management fees	2i(3)	20143	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35117
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		726343
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-47296
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GIBSON RUDDOCK PATTERSON LLC **(2)** EIN: 26-1159690

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a 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 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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
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	
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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
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			
o	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?	4o			

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), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
HOPE LEASING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOPE LEASING

D Employer Identification Number (EIN)
74-2431550

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-0937408 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

HOPE LEASING 401(k) PLAN
EIN 74-2431550
PLAN 002
Financial Statements
and Supplemental Schedule

Years Ended December 31, 2016 and 2015

HOPE LEASING 401(k) PLAN

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GRP
GIBSON RUDDOCK PATTERSON LLC
certified public accountants

Independent Auditor's Report

To the Plan Administrator of
the Hope Leasing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hope Leasing 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TD Ameritrade Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gibson Ruddock Patterson LLC

El Paso, Texas
July 21, 2017

Statements of Net Assets Available For Benefits

December 31,	2016	2015
Assets:		
Participant-directed investments, at fair value	$ 3,916,930	$ 3,934,532
Receivables:		
Employer contribution	39,518	43,131
Notes receivable from participants	95,257	121,040
Total receivables	134,775	164,171
Cash-noninterest bearing	1,029	1,327
Total assets	4,052,734	4,100,030
Net assets available for benefits	$ 4,052,734	$ 4,100,030

See accompanying notes to the financial statements.

Statements of Changes in Net Assets Available For Benefits

December 31,	2016	2015
Additions:		
Participant contributions	$ 268,026	$ 281,976
Employer contributions	39,518	43,131
Rollovers	41,876	-
	349,420	325,107
Investment income:		
Dividends	106,702	157,916
Net appreciation (depreciation) in fair value of investments	218,505	(318,771)
	325,207	(160,855)
Interest income on notes receivable from participants	4,420	4,596
Total additions	679,047	168,848
Deductions:		
Benefits paid to participants	691,226	570,776
Administrative expenses	35,117	31,415
Total deductions	726,343	602,191
Net decrease	(47,296)	(433,343)
Net assets available for benefits:		
Beginning of year	4,100,030	4,533,373
End of year	$ 4,052,734	$ 4,100,030

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Hope Leasing 401(k) Plan (the "Plan") provides only general information. Interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan was effectively adopted on January 1, 1985. The Plan is a defined contribution employee benefit plan that is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers employees of Hope Leasing (the "Company") and affiliated companies who have completed three months of service.

Contributions - Each year, participants may contribute to the Plan on a pretax basis between 1% and 100% of their eligible compensation, subject to an annual limitation of $18,000 and $18,000 for the years ended December 31, 2016 and 2015, respectively. For 2016 and 2015, participants age 50 or older may contribute an additional $6,000 and $6,000 to the Plan, respectively, which is called a catch-up contribution.

For each plan year, the Company may or may not make a contribution. The amount of the contribution, if any, is determined at the discretion of management on a year to year basis. For the years ended December 31, 2016 and 2015, the Company made a matching contribution equal to 25% of the participant's elective deferral not to exceed 4% of the participant's compensation.

Participant Accounts - Each participant's account is credited with the participant's contribution and the employer's matching contribution as well as an allocation of the Plan's earnings and administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from that participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions plus actual earnings thereon is according to a graduated schedule based on years of service. Participants are fully vested in these contributions after six years of service.

Notes Receivable from Participants - Subject to limitations, a participant may borrow from the vested portion of his or her elective account. The minimum amount of any loan is $1,000 and the maximum amount is the lesser of one-half of their vested account balance or $50,000. Up to 50% of a participant's vested account balance may be used as collateral for any loan. Outstanding participant loans have interest rates of 4.25% and 4.50%. Principal and interest are paid through payroll deductions.

1. DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits - On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) shall have a nonforfeitable right to receive the full amount available for distribution from their account. Distributions are paid in lump-sum amounts.

Forfeitures - Forfeitures of the employer's contributions and earnings thereon resulting from participants leaving the Company prior to vesting are retained in a forfeiture account. Forfeitures of employer contributions may be applied first to the payment of plan administration expenses. Any remaining forfeitures will be used to reduce future employer contributions. During 2016 and 2015, plan expenses paid from the forfeiture account totaled $2,105 and $1,931, respectively. No forfeitures were used to reduce the employer contributions in 2016 or 2015. At December 31, 2016 and 2015, the balance in the forfeiture account was $1,029 and $1,327, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Risks and Uncertainties - The Plan provides for various investment options in any combination of investment securities based upon participant requests. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent Events - Subsequent events were evaluated through July 21, 2017 which is the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and cash held at December 31, 2016 and 2015, and investment income for the years ended December 31, 2016 and 2015, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedule.

4. FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

		Fair Value Measurements Using:
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2016		
Mutual funds	$ 3,916,930	$ 3,916,930
Total assets at fair value	$ 3,916,930	$ 3,916,930

4. FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurements Using:
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2015		
Mutual funds	$ 3,934,532	$ 3,934,532
Total assets at fair value	$ 3,934,532	$ 3,934,532

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2016 and 2015, are reported in net appreciation (depreciation) in fair value of investments.

5. TAX STATUS

Although the Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status, the prototype plan from which the Plan was drafted has received a favorable determination from the IRS. The Plan administrator believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, the Plan administrator believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the Unites States of America require the Plan administrator to evaluate tax positions taken by the plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

7. RELATED PARTY TRANSACTIONS

The Plan's investments are held by TD Ameritrade Trust Company as trustee; therefore, investment transactions qualify as party-in-interest transactions.

Personnel and facilities of Hope Leasing which are used by the Plan for its accounting and other activities, have been provided at no charge to the Plan.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	$ 4,052,734	$ 4,100,030
Net assets available for benefits per Schedule H to the Form 5500	$ 4,052,734	$ 4,100,030

Supplemental schedule

Attachment to Form 5500
2016 Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year)
Name of Plan: Hope Leasing 401(k) Plan
EIN/PN: 74-2431550/002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	iShares TR Russell 1000 Growth	Mutual Fund		56,699
	iShares TR MSCI Small Cap	Mutual Fund		22,046
	iShares TR MSCI Val Idx	Mutual Fund		31,198
	iShares TR Russell 1000 Value	Mutual Fund		51,017
	iShares TR Russell MCP VL	Mutual Fund		38,788
	iShares TR S&P 500 Index	Mutual Fund		47,126
	iShares TR S&P MidCap 400	Mutual Fund		46,289
	Sector SPDR TR SBI Int-Finl	Mutual Fund		19,715
	Sector SPDR TR SBI Int-Tech	Mutual Fund		48,953
	Select Sector SPDR TR SBI Int-Utils	Mutual Fund		30,102
	Vanguard FTSE All-Wld ex-US SMCP Idx	Mutual Fund		5,202
	Real Estate Select Sector SPDR	Mutual Fund		1,443
	Vanguard FTSE Emerging Markets	Mutual Fund		1,092
	Vanguard Index FDS MCAP GR Idx	Mutual Fund		11,784
	Vanguard Index FDS SM CP Val	Mutual Fund		13,531
	Vanguard Index FDS Small Cap	Mutual Fund		6,958
	Vanguard International Equity Index Funds	Mutual Fund		780
	Vanguard Precious Metals and Mining Fund	Mutual Fund		12,692
	Vanguard Sector Index Funds Energy	Mutual Fund		46,058
	Vanguard Index FDS REIT	Mutual Fund		38,039
	SPDR Barclays Capital High	Mutual Fund		31,243
	Vanguard Extended Duration Treasury	Mutual Fund		723
	Vanguard Interm-Term Govt Bond	Mutual Fund		455

Attachment to Form 5500
2016 Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year)
Name of Plan: Hope Leasing 401(k) Plan
EIN/PN: 74-2431550/002

	Vanguard Long Term Corp Bond	Mutual Fund		15,696
	Vanguard Short Term Govt Bond	Mutual Fund		6,771
	Vanguard Short Term Corp Bond	Mutual Fund		7,343
	iShares S&P Con Allocation	Mutual Fund		146,998
	Vanguard Target Retirement 2015	Mutual Fund		325,714
	Vanguard Target Retirement 2020	Mutual Fund		875,033
	Vanguard Target Retirement 2025	Mutual Fund		580,156
	Vanguard Target Retirement 2030	Mutual Fund		586,527
	Vanguard Target Retirement 2035	Mutual Fund		370,825
	Vanguard Target Retirement 2040	Mutual Fund		225,203
	Vanguard Target Retirement 2045	Mutual Fund		84,337
	Vanguard Target Retirement 2050	Mutual Fund		130,394
*	Participant Loans	4.25%-4.5%	0	95,257

*Party-in-interest

Gain / Loss Summary

TD Ameritrade Trust Company

L9901358 HOPE LEASING 401K PLAN

From 01/01/16 To 12/31/16

Asset	1/1/2016 Market Value	Additions	Withdrawals	12/31/2016 Market Value	12/31/2016 Shares	12/31/2016 Price	Dividends & Cap Gains	Interest	Realized Gain/Loss	Unrealized Gain/Loss	Cost Basis For Period 1/1/2016 to 12/31/2016
I SHARES TR RUSSELL 1000 GRW ETF	49,515.47	3,892.09	-382.04	56,699.39	540.509	104.90000	787.11	0.00	3.60	2,883.16	53,816.23
CUSIP: 464287614 Ticker: IWF											
ISHARES S&P CON ALLOCATION	100,989.50	41,391.41	-1,298.98	146,997.96	4,518.843	32.53000	2,696.93	0.00	38.38	3,180.72	143,817.24
CUSIP: 464289883 Ticker: AOK											
ISHARES TR MSCI SMALL CAP	43,354.15	2,621.24	-24,671.63	22,046.03	442.336	49.84000	824.56	0.00	-82.27	-0.02	22,046.05
CUSIP: 464288273 Ticker: SCZ											
ISHARES TR MSCI VAL IDX ETF	30,571.55	4,725.05	-5,606.74	31,198.32	660.282	47.25000	996.51	0.00	-229.23	741.18	30,457.14
CUSIP: 464288877 Ticker: EFV											
ISHARES TR RUSSELL 1000 VALUE ETF	50,763.60	9,646.92	-16,661.05	51,016.56	455.383	112.03000	1,174.39	0.00	91.24	6,001.46	45,015.10
CUSIP: 464287598 Ticker: IWD											
ISHARES TR RUSSELL MCP VL ETF	31,827.96	857.28	-250.34	38,787.93	482.257	80.43000	798.72	0.00	11.63	5,542.68	33,245.25
CUSIP: 464287473 Ticker: IWS											
ISHARES TR S & P 500 INDEX ETF	56,572.60	5,631.13	-21,743.63	47,125.51	209.456	224.99000	1,173.48	0.00	1,432.55	4,059.38	43,066.13
CUSIP: 464287200 Ticker: IVV											
ISHARES TR S&P MIDCAP 400 ETF	55,379.42	3,513.06	-22,782.26	46,288.75	279.961	165.34000	904.35	0.00	2,191.45	7,082.73	39,206.02
CUSIP: 464287507 Ticker: IJH											
REAL ESTATE SELECT SECTOR SPDR	0.00	3,831.80	-2,136.82	1,443.16	46.932	30.75000	63.31	0.00	-196.93	-118.20	1,561.36
CUSIP: 81369Y860 Ticker: XLRE											
SECTOR SPDR TR SBI INT-FINL ETF	53,921.95	1,541.61	-34,919.18	19,714.56	847.938	23.25000	651.21	0.00	-1,082.59	-398.44	20,113.00
CUSIP: 81369Y605 Ticker: XLF											
SECTOR SPDR TR SBI INT-TECH	51,066.98	1,994.97	-10,763.54	48,953.43	1,012.271	48.36000	903.24	0.00	253.32	5,498.46	43,454.97
CUSIP: 81369Y803 Ticker: XLK											
SELECT SECTOR SPDR TR SBI INT-UTILS ETF	15,844.85	13,877.61	-1,610.67	30,101.65	619.758	48.57000	812.83	0.00	154.92	1,022.11	29,079.54
CUSIP: 81369Y886 Ticker: XLU											
SPDR BARCLAYS CAPITAL HIGH	30,864.34	3,977.61	-8,160.42	31,242.64	857.137	36.45000	2,024.63	0.00	547.39	1,989.09	29,253.55
CUSIP: 78464A417 Ticker: JNK											

Gain / Loss Summary

TD Ameritrade Trust Company

L9901358 HOPE LEASING 401K PLAN

From 01/01/16 To 12/31/16

Asset	1/1/2016 Market Value	Additions	Withdrawals	12/31/2016 Market Value	12/31/2016 Shares	12/31/2016 Price	Dividends & Cap Gains	Interest	Realized Gain/Loss	Unrealized Gain/Loss	Cost Basis For Period 1/1/2016 to 12/31/2016
TD BANK USA MMDA	1,327.07	1,294,971.94	-1,295,269.58	1,029.43	1,029.430	1.00000	0.00	0.00	0.00	0.00	1,029.43
CUSIP: FTC Ticker: FTC											
VANGRD FTSE ALL-WLD EX-US SMCP IDX ETF	5,196.82	1,062.54	-1,252.93	5,202.02	55.323	94.03000	145.64	0.00	-18.62	68.57	5,133.45
CUSIP: 922042718 Ticker: VSS											
VANGUARD EXTENDED DUR TREAS	589.21	146.65	-5.45	723.49	6.612	109.42000	35.78	0.00	0.74	-43.44	766.93
CUSIP: 921910709 Ticker: EDV											
VANGUARD FTSE ALL-WORLD EX-US ETF	7,686.13	677.47	-8,829.12	0.00	0.000	44.18000	109.22	0.00	356.30	0.00	0.00
CUSIP: 922042775 Ticker: VEU											
VANGUARD FTSE EMERGING MARKETS ETF	661.59	343.49	-10.84	1,091.68	30.511	35.78000	24.05	0.00	0.67	72.72	1,018.96
CUSIP: 922042858 Ticker: VWO											
VANGUARD INDEX FDS MCAP GR IDX VIP ETF	9,538.66	1,579.65	-81.36	11,783.79	111.515	105.67000	91.20	0.00	1.45	654.19	11,129.60
CUSIP: 922908538 Ticker: VOT											
VANGUARD INDEX FDS REIT ETF	24,310.79	12,631.95	-819.78	38,038.82	460.909	82.53000	1,509.47	0.00	19.43	386.96	37,651.86
CUSIP: 922908553 Ticker: VNQ											
VANGUARD INDEX FDS SM CP VAL ETF CLMF	9,431.55	1,579.64	-83.31	13,530.58	111.823	121.00000	226.76	0.00	4.05	2,371.89	11,158.69
CUSIP: 922908611 Ticker: VBR											
VANGUARD INDEX FDS SMLL CP VIPERS ETF	5,169.99	1,261.59	-559.66	6,957.91	53.954	128.96000	100.57	0.00	46.02	939.40	6,018.51
CUSIP: 922908751 Ticker: VB											
VANGUARD INDEX TR SML CP G VIPER ETF	18,981.68	232.95	-20,614.73	0.00	0.000	133.14000	90.65	0.00	1,309.45	0.00	0.00
CUSIP: 922908595 Ticker: VBK											
VANGUARD INTERM-TERM GOVT BD	355.64	106.80	-8.14	455.43	7.125	63.92000	7.52	0.00	0.22	-6.61	462.04
CUSIP: 92206C706 Ticker: VGIT											
VANGUARD INTERNATION EQUITY INDEX FUNDS	432.21	301.37	-8.95	780.37	12.793	61.00000	15.48	0.00	0.16	40.10	740.27
CUSIP: 922042742 Ticker: VT											
VANGUARD LONG TERM CORP BOND	11,197.29	3,363.69	-100.94	15,695.94	175.668	89.35000	600.35	0.00	7.24	628.31	15,067.63
CUSIP: 92206C813 Ticker: VCLT											
VANGUARD PRECIOUS METALS AND MINING FUND	6,392.64	6,787.03	-1,438.57	12,692.17	1,350.231	9.40000	129.62	0.00	-52.40	873.85	11,818.32
CUSIP: 921908208 Ticker: VGPMX											

Gain / Loss Summary

TD Ameritrade Trust Company

L9901358 HOPE LEASING 401K PLAN

From 01/01/16 To 12/31/16

Asset	1/1/2016 Market Value	Additions	Withdrawals	12/31/2016 Market Value	12/31/2016 Shares	12/31/2016 Price	Dividends & Cap Gains	Interest	Realized Gain/Loss	Unrealized Gain/Loss	Cost Basis For Period 1/1/2016 to 12/31/2016
VANGUARD SECTOR INDEX FDS ENERGY VIPERS	25,485.17	20,451.32	-9,221.26	46,057.94	439.988	104.68000	906.26	0.00	1,191.89	7,244.56	38,813.38
CUSIP: 92204A306 Ticker: VDE											
VANGUARD SHORT TERM GOV BD	13,802.24	728.64	-7,920.22	6,770.53	111.138	60.92000	88.85	0.00	55.88	15.14	6,755.39
CUSIP: 92206C102 Ticker: VGSH											
VANGUARD SHORT-TERM CORPORATE BOND ETF	665.10	6,741.67	-27.68	7,343.23	92.519	79.37000	83.86	0.00	-0.20	-119.52	7,462.75
CUSIP: 92206C409 Ticker: VCSH											
VANGUARD TARGET RETIREMENT 2015	597,121.51	40,335.51	-344,586.69	325,714.36	22,447.578	14.51000	12,841.92	0.00	14,918.60	5,083.51	320,630.85
CUSIP: 92202E300 Ticker: VTXVX											
VANGUARD TARGET RETIREMENT 2020 FUND	850,820.18	30,766.80	-63,634.10	875,033.09	30,963.662	28.26000	23,364.01	0.00	1,115.86	32,600.34	842,432.75
CUSIP: 92202E805 Ticker: VTWNX											
VANGUARD TARGET RETIREMENT 2025 FUND	493,547.94	78,426.45	-31,469.45	580,156.12	35,483.555	16.35000	15,128.85	0.00	544.85	23,977.48	556,178.64
CUSIP: 92202E409 Ticker: VTTVX											
VANGUARD TARGET RETIREMENT 2030 FUND	617,666.38	57,433.91	-138,897.91	586,527.38	20,086.554	29.20000	13,650.62	0.00	9,139.76	27,534.62	558,992.76
CUSIP: 92202E888 Ticker: VTHRX											
VANGUARD TARGET RETIREMENT 2035 FUND	298,283.35	75,507.52	-32,998.50	370,825.41	20,903.349	17.74000	9,990.78	0.00	500.80	19,541.46	351,283.95
CUSIP: 92202E508 Ticker: VTTHX											
VANGUARD TARGET RETIREMENT 2040 FUND	191,148.78	42,925.01	-27,500.98	225,203.07	7,454.587	30.21000	5,269.97	0.00	1,620.73	11,739.56	213,463.51
CUSIP: 92202E870 Ticker: VFORX											
VANGUARD TARGET RETIREMENT 2045 FUND	83,960.68	11,863.75	-19,381.47	84,337.22	4,464.649	18.89000	2,034.24	0.00	1,231.86	4,628.16	79,709.06
CUSIP: 92202E607 Ticker: VTIVX											
VANGUARD TARGET RETIREMENT 2050 FUND	91,413.93	43,382.71	-14,663.75	130,393.55	4,290.673	30.39000	2,613.38	0.00	725.67	6,921.61	123,471.94
CUSIP: 92202E862 Ticker: VFIFX											
REPORT TOTALS	**3,935,858.90**	**1,831,111.83**	**-2,170,372.67**	**3,917,959.42**			**102,870.32**	**0.00**	**35,853.87**	**182,637.17**	**3,735,322.25**

TD Ameritrade Trust Company

March 8, 2017

Dear TPA/Recordkeeper:

The following information and the accompanying report have been provided to assist with preparation of the 2016 Form 5500 Schedule C for your clients' plans (as applicable). We have included the total direct compensation and have identified sources of indirect compensation to TD Ameritrade Trust Company (TD Ameritrade Trust) for the 2016 calendar year (please contact your Relationship Manager for assistance with off-calendar plan years).

Total direct compensation to TD Ameritrade Trust includes all TD Ameritrade Trust invoice payments made directly from the plan assets of which we are aware (*it is possible you may have access to details we do not and thus may choose to add to this figure*). In addition, the total direct compensation amount we have provided includes the TD Ameritrade Trust mutual fund revenue collection fee (4% of revenue collected each quarter), and, for plans invested in TD Ameritrade Trust collective investment funds (CIFs), the trustee fee deducted from CIF assets.

Sources of indirect compensation may include disclosed revenue that TD Ameritrade Trust retained from certain stable value funds or money market funds* (SVF/MMF), or from a marketing fee, as disclosed on Exhibit A, paid by TD Bank USA, N.A. on the TD Bank USA Institutional Money Market Deposit Account (Institutional MMDA).

Form 5500 Schedule C	
Line 2(a)	TD Ameritrade Trust Company 20-0937408
Line 2(b)	Codes may include 18, 19, 21 or 25.
Line 2(c)	None.
Line 2(d)	Enter value reported in the "Total Direct Compensation" column on attached spreadsheet.
Line 2(e)	If the plan held a SVF/MMF for which TDATC retains revenue or held the Institutional MMDA, select "Yes". If not, select "No" -- no additional information is required on the Schedule C.
Line 2(f)	If the plan held a SVF/MMF for which TDATC retains revenue select "Yes". If the plan did not also hold Institutional MMDA, no additional information is required on the Schedule C. If the plan also held Institutional MMDA, you must complete line 3. If the plan only held Institutional MMDA, select "No", you must complete line 3.
Line 2(g)	N/A - using formula.
Line 2(h)	If the plan held Institutional MMDA, select "Yes".
Line 3(a)	TD Ameritrade Trust Company 20-0937408
Line 3(b)	Codes may include 18, 19, 21 or 25.
Line 3(c)	N/A - using formula.
Line 3(d)	TD Bank USA, N.A. 13-3732274
Line 3(e)	**Description:** TDATC receives a fee from TD Bank USA, N.A. for marketing and related services in connection with the TD Bank USA Institutional MMDA. The fee is derived using a formula which results in the fee varying from month to month depending on deposit balances, deposit account expenses and market conditions. **Formula:** (PE – BF – SA –I) –RS = TDATC Marketing Fee *(PE represents the Portfolio Earnings, BF is the TD Bank USA fee, SA represents periodic special assessments charged by FDIC, I represents interest paid to the Plan and RS represents the 35 bps of revenue sharing paid to the plan)*

TD Ameritrade
Trust Company

Per our Service Agreement with our mutual clients, TDA Trust causes prospectuses for funds held on our platform to be mailed to the Plan Administrator. The Plan Administrator should determine whether such prospectuses in addition to any other disclosures they may have received constitute receipt of "required written disclosures".

Should you have any questions, please contact your Relationship Manager.

Sincerely,



John D. Newman
Executive Vice President and COO

PO Box 17748,
Denver, CO 80217-0748

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