_	m 5500-SF	Short Form Annua	of Small Emplo	oyee	O	MB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed				2	2016		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Revenue Code (the Code).						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report lo Ar plan year 2016 or fisc	dentification Information	016	and ending 12	/31/2016				
	ai pian year 2010 of fisc	a single-employer plan	a multiple-employer pla			king this box	must attach a		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-			
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name EASTLAND		JNITY, LLC 401(K) PLAN			1b Thre plan (PN)	number	001		
					· · ·	ctive date of p 07/01/2			
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O		uctions)	2b Empl (EIN)	loyer Identific	cation Number		
EASTLAND	RETIREMENT COMMU	, country, and ZIP or foreign posta INITY, LLC	a code (il loreign, see instr	uctions)	2c Sponsor's telephone number 217-438-9394				
	901 EASTLAND DR 901 EASTLAND DR AUBURN, IL 62615-9707 AUBURN, IL 62615-9707					2d Business code (see instructions) 623000			
3a Plan a	dministrator's name and	I address ⊠ Same as Plan Spon	sor.			inistrator's El inistrator's te	N lephone number		
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN				
	or's name	ľ			4c PN				
5a Total	number of participants a	at the beginning of the plan year			5a		2		
b Total	number of participants a	at the end of the plan year			5b		2		
		ccount balances as of the end of t			5c		2		
d(1) Tot	al number of active parti	icipants at the beginning of the pla	an year		5d(1)		2		
		icipants at the end of the plan yea			5d(2)		2		
		erminated employment during the			5e		C		
Caution: A	A penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau					
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	05/26/2017	DAVID MOOSE					
	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan admi	inistrator		
SIGN HERE	0		Data	Estas a secondada da da da					
GARLAND GARLAND 302 SOUTH	W. BRINNER BRINNER & ASSOCIAT HAMILTON STREET	me, if applicable) and address (in	Date Clude room or suite numbe	Enter name of individu		as employer s telephone r 217-732-3	number		
LINCOLN, I	L 62656								

6a b								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
Pa	Part III Financial Information							
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year							
a	Total plan assets	7a	114608	127819				
b	Total plan liabilities	7b						
C	C Net plan assets (subtract line 7b from line 7a)							
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total							
а	Contributions received or receivable from:	89(1)	1704					

a Contributions received or receivable from: (1) Employers	8a(1)	1704	
(2) Participants	8a(2)	2130	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	9377	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		13211
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions).	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		13211
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		·	
9a If the plan provides pension benefits, enter the applicable pension	n feature co	des from the List of Plan Characteristic	Codes in the instructions:

9a	If the	plan	provide	s pension	benefits,	enter the a	applicable p	ension featu	ure codes fi	rom the	List of Plai	n Characteri	stic Code	s in the ins	tructions:
	2E	2J	3D												

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

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	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	10i		Х		

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Y	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••		
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the letter	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d			
е	Will	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s X No	C
		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 unde	er the			Yes 🗙	No
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to			
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
	. ,			. ,				
Part	VIII	Trust Information						
14a	Name	of trust			14b ⊺	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi ne number	an's
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:		Desigi safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	nt year' est		N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan P Check all that apply:		Ratio perce test	ntage		verage enefit test	N/A
16b		ne 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		-			-		
17b	If the	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	nost rece	ent determir	nation
	letter	/						
18	letter Defin Were		ated f		Yes	s [No	

Form 5500-SF	Short Form Annu		of Small Employe	e OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ad under sections 104 and 40	065 of the Employee Retirem	ent 2016			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).					
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 5500-S	Public Inspection F.			
For calendar plan year 2016 or f	: Identification Information		and ending 12/31/2	016			
For calendar plan year 2010 of h	X a single-employer plan			checking this box must attach a			
A This return/report is for:		list of participating emp	ployer information in accorda	nce with the form instructions.)			
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	\overline{X} the final return/report					
	an amended return/report	a short plan year return	/report (less than 12 months))			
C Check box if filing under:	Form 5558	automatic extension		FVC program			
	special extension (enter desc	ription)					
Part II Basic Plan Info	ormation-enter all requested in	formation		······································			
1a Name of plan			1b	Three-digit			
EASTLAND RETIREMENT COM	/UNITY, LLC 401(K) PLAN			plan number (PN) ▶ 001			
			1c	Effective date of plan			
2			26	07/01/2000 Employer Identification Number			
Mailing address (include roo	over, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		(EIN) 37-1375082			
City or town, state or proving EASTLAND RETIREMENT COMM	ce, country, and ZIP or foreign pos /UNITY, LLC	tal code (if foreign, see instru	2c	Sponsor's telephone number 217-438-9394			
			2d	Business code (see instructions)			
901 EASTLAND DR				623000			
AUBURN, IL 62615-9707	AUBURN	, IL 62615-9707					
3a Plan administrator's name a	nd address X Same as Plan Spo	nsor.	3b	Administrator's EIN			
	, стала ста Посто стала стал						
			30	Administrator's telephone number			
4 If the name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the 4b	EIN			
name, EIN, and the plan nu a Sponsor's name	mber from the last return/report.		4c	PN			
·	s at the beginning of the plan year.			a 2			
	s at the end of the plan year			b 2			
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans 5	c 2			
				(1) 2			
	articipants at the beginning of the p articipants at the end of the plan ye			(2) 2			
	t terminated employment during the			ie C			
than 100% vested	or incomplete filing of this retur	n/mont will be assessed t					
Under penalties of periury and o	ther penalties set forth in the instru	ctions. I declare that I have	examined this return/report, i	including, if applicable, a Schedule			
SB or Schedule MB completed a belief, it is true correct, and corr	and signed by an enrolled actuary,	as well as the electronic vers	sion of this return/report, and	to the best of my knowledge and			
SIGN X 4	1) Migor		DAVID W	MOOSE			
HERE Signature of plan		Date 5 26 17	Enter name of individual sig	gning as plan administrator			
SIGN Mary Co	remore		MARY JANE N	loase			
HERE Signature of empl	over/plan sponsor	Date 5/26 /17		gning as employer or plan sponsor			
Preparer's name (including firm GARLAND W. BRINNER	name, if applicable) and address (i	nclude room or suite numbe	r) Prej	parer's telephone number 217-732-3492			
GARLAND BRINNER & ASSOCI	ATES						
302 SOUTH HAMILTON STREE LINCOLN, IL 62656	T						
1			Division of the second s				

D	2
Page	2

Are you claiming a waiver of the annual examination and report of 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	an indepei and condif iot use Fo	ndent qualified public accountant tions.) rm 5500-SF and must instead u	(IQPA) Xes No Ise Form 5500.			
rt II Financial Information			· · · · · · · · · · · · · · · · · · ·			
Plan Assets and Liabilities (a) Beginning of Year (b) End of Year						
Total plan assets	7a	114608	127819			
Total plan liabilities	7b					
	7c	114608	127819			
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
	8a(1)	1704				
(2) Participants	8a(2)	2130				
	Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in Int III Financial Information Plan Assets and Liabilities Total plan assets	Are you claiming a waiver of the annual examination and report of an independence of the plan is a control of the plan is a defined benefit plan, is it covered under the PBGC insurance provide the plan is a defined benefit plan, is it covered under the PBGC insurance provide the plan assets If the plan is a defined benefit plan, is it covered under the PBGC insurance provide the plan assets If the plan assets Total plan assets (subtract line 7b from line 7a)	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead u If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021 Int III Financial Information Plan Assets and Liabilities (a) Beginning of Year Total plan assets 7a 114608 7b Net plan assets (subtract line 7b from line 7a). 7c Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: 1704 (1) Employers 1704			

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	114608	127819
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	114608	127819
}	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	1704	
	(2) Participants	8a(2)	2130	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	9377	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		13211
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e	Certain deemed and/or corrective distributions (see instructions).	8e		
:	Administrative service providers (salaries, fees, commissions)	8f		
3	Other expenses	8g		
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
	Net income (loss) (subtract line 8h from line 8c)	8i		13211
ĺ	Transfers to (from) the plan (see instructions)	8j		
a	t IV Plan Characteristics	······	A A A A A A A A A A A A A A A A A A A	
a	If the plan provides pension benefits, enter the applicable pension $2E = 2J = 3D$	feature co	des from the List of Plan Characteristic	Codes in the instructions:

2E 2J 3D
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
c	Was the plan covered by a fidelity bond?	10c	х			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
e	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.)	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	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	10i		х		

Form 5500-SF 2016

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Contraction and			···· -				
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Se (Form 5500) and line 11a below)				י 🗍 📃	′es 🗌 No	
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 or sect ERISA?				י 🗌 י	'es 🗙 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver	onth	nd enter t Day		of the lette	r ruling	
íf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	· · · · · · · · · · · · · · · · · · ·				
b	b Enter the minimum required contribution for this plan year		. 12b				
c	C Enter the amount contributed by the employer to the plan for this plan year		. 12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		. 12d				
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X N	0	
	"Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a				
b	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?			Yes X No			
c							
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)			
Part	VIII Trust Information						
14a N	4a Name of trust			14b Trust's EIN			
14c	14c Name of trustee or custodian			14d Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions						
15a i	s the plan a 401(k) plan? If "No," skip b	🗍 Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	Current year ADP test			Li test		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati			verage enefit test	□ N/A	
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter/ and the serial number	pinion lette	er or advis	sory lett	ter, enter the	e date of	
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, en etter//	ter the date	of the m	ost rece	ent determir	nation	
١	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 Yes No service?						
19 V	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. 🗌 Yes	; [No		



Eastland Retirement Community, LLC

I, Jane Moose, Managing Partner, hereby authorize Garland Brinner and Associates to prepare and file Form 5500-SF for the 2010 calendar year and all future years until revoked.

Mary ane Motre 1/22/11 Jane Moose Date

FAX