Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to **Public Inspection**

	oort Identification Informatior	1			
For calendar plan year 2010	or fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
A This makes a few and in few	a single-employer plan		plan (not multiemployer) (
A This return/report is for:	a one-participant plan	a foreign plan	employer information in ac	ccordance with the	iorm instructions.)
B This return/report is	the first return/report	the final return/repo	rt		
•	an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)	
C Check box if filing under	: X Form 5558	automatic extensio	n	DFVC program	
	special extension (enter desc				
Part II Basic Plan	Information—enter all requested in	nformation			
1a Name of plan	COMPANY PROFIT SHARING PLAN			1b Three-digit plan numbe (PN) ▶	r 001
				1c Effective da	te of plan 8/01/1983
Mailing address (includ	employer, if for a single-employer plan) e room, apt., suite no. and street, or P.				entification Number 1-1070008
City or town, state or pi MUNNINGHOFF, LANGE & C	ovince, country, and ZIP or foreign pos COMPANY	tal code (if foreign, see in	nstructions)		elephone number -655-2300
				2d Business co	de (see instructions)
231 SCOTT BOULEVARD COVINGTON, KY 41011				5	41211
3a Plan administrator's na	me and address X Same as Plan Spo	onsor.		3b Administrate	or's EIN
				3c Administrato	or's telephone number
	of the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
name, EIN, and the pla a Sponsor's name	an number from the last return/report.			4c PN	
·	pants at the beginning of the plan year			5a	40
_	pants at the end of the plan year			5b	4′
	with account balances as of the end o	. , ,	·	5c	4
	ve participants at the beginning of the p			5d(1)	33
	ve participants at the end of the plan ye			5d(2)	35
e Number of participants	s that terminated employment during th	e plan year with accrued	benefits that were less	5e	
	late or incomplete filing of this return			use is established	I.
	nd other penalties set forth in the instru	ictions, I declare that I ha	ive examined this return/re	port, including, if a	pplicable, a Schedule
SB or Schedule MB comple	ted and signed by an enrolled actuary, complete.	do won do the electronic			f my knowledge and
SB or Schedule MB comple belief, it is true, correct, and		10/05/2017	JUDY NIEHAUS		f my knowledge and
SB or Schedule MB comple belief, it is true, correct, and Filed with author HERE	complete.		JUDY NIEHAUS Enter name of individ	lual signing as plan	
SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of p	complete. rized/valid electronic signature.	10/05/2017		lual signing as plan	
SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of pure SIGN HERE	complete. rized/valid electronic signature.	10/05/2017	Enter name of individ	-	
SB or Schedule MB complebelief, it is true, correct, and SIGN HERE Signature of pure	complete. rized/valid electronic signature. elan administrator	10/05/2017 Date Date	Enter name of individ	-	administrator
SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of pure Signature of pur	complete. rized/valid electronic signature. elan administrator employer/plan sponsor	10/05/2017 Date Date	Enter name of individ	lual signing as emp	administrator
SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of pure Signature of pur	complete. rized/valid electronic signature. elan administrator employer/plan sponsor	10/05/2017 Date Date	Enter name of individ	lual signing as emp	administrator

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Ye	
	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									3 📙 🚻
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not de	termined
Pa	rt III Financial Information				-		1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		051813			,		905309	1
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	8	051813					905309)1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	- 400		159274						
-	(1) Employers	8a(1)		336723						
-	(2) Participants	8a(2)		3816	_					
	(3) Others (including rollovers)	8a(3)		769797						
	Other income (loss)	8b			-				126961	0
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							120301	
	to provide benefits)	8d		240371						
e	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		27961						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							26833	32
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							100127	' 8
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X				_
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					123175
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian'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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Multiple-Employer Plan Participating Employer Information

Munninghoff, Lange & Company Profit Sharing Plan

EIN 31-1070008 Plan Number 001

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Munninghoff, Lange & Company	31-1070008	91.25%
Midwest Pay Link, Inc.	31-1448083	8.75%

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Benefit Plan

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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-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Id	entification Informat	tion			
For calendar plan year 2016 or f	iscal plan year beginning		and en		221
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-emp attach a list of p instructions.)	loyer plan (no articipating em	t mult ployer	tiemployer) (Filers checking this box must r information in accordance with the form
	J.,				
B This return/report is:	the first return/report	the final return/r	•		
	an amended return/rep	ort 🔲 a short plan ye	ar return/repo	rt (les	ss than 12 months)
C Check box if filing under:	Form 5558 special extension (ente	automatic exter description)	nsion		DFVC program
Part II Basic Plan Inform	nation - enter all reque	sted information			
1 a Name of plan	idion onto an roque	Stod information		1 b т	hree-digit
Ta risino or pisir				pl	lan number (PN)
				1 c E	ffective date of plan
MUNNINGHOFF, LANGE &		SHARING PLAN			08/01/1983
2 a Plan sponsor's name (employer, if for Mailing address (include room, apt, su City or town, state or province, country	ite no. and street, or P.O. Box)	if foreign, see instructions)		2 b E	mployer Identification Number (EIN)
			,		31-1070008
					ponsor's telephone number
MUNNINGHOFF, LANGE &	COMPANY		}		-655-2300
231 SCOTT BOULEVARD				2 a B	usiness code (see instructions)
COVINGTON, KY 41011 3 a Plan administrator's name and address	c V Samo as Plan Spancar			3 b A	541211 dministrator's EIN
3 a Fian auministrator's name and address	s X Same as Plan Sponsor.			O D A	diministrator 3 Em
				3 c A	dministrator's telephone number
4 If the name and/or EIN of the for this plan, enter the name a Sponsor's name	e plan sponsor has chang , EIN, and the plan numb	ed since the last return er from the last return	n/report filed report.	4 b E	IN
				4 c Pi	Ν
5 a Total number of participants	at the beginning of the pl	an year		5 a	40
b Total number of participants				5 b	41
c Number of participants with accontribution plans complete				5 c	41
d(1)Total number of active par	ticipants at the beginning	of the plan year		5d(1)	33
d(2)Total number of active par			ľ	5d(2)	
e Number of participants tha				5 e	
benefits that were less tha Caution: A penalty for the late o					accushic cauca is established
					if applicable, a Schedule SB or Schedule MB completed
and signed by an encolled actuary, as well a	es set forth in the instructions, i de s the electronic version of this ret	urn/report, and to the best of r	ny knowledge and	belief, i	it is true, correct, and complete.
SIGN Z - L	1		THOMAS J		UNNINGHOFF
HERE Signature of plan administrator	f.	Date 10/-//	Enter name of inc	dividual	signing as plan administrator
SIGN		fi			
HERE Signature of employer/plan spor		Date	Enter name of inc		signing as employer or plan sponsor reparer's telephone number
Preparer's name (including firm name, if a	ppincable) and address (include fo	om or suite number)			repaid a telephone number

Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities 7 Total plan liabilities	No termined
Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (4) Beginning of Year (a) Beginning of Year (b) End of Year (a) 8051813 905 (a) Amount (b) Total 159274 336723 3816	ar 3091 3091
7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). (4) Beginning of Year (b) End of Year (a) 8051813 905 (a) Amount (b) Total (b) Total (c) Participants (d) Beginning of Year (b) End of Year (a) 8051813 905 (a) Amount (b) Total (c) Total (d) Participants (d) Participants (e) Ba(1) 159274 (f) Participants (f) Company to the first of the f	3091
a Total plan assets	3091
b Total plan liabilities	3091
c Net plan assets (subtract line 7b from line 7a) 7c 8051813 905 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 159274 (2) Participants 8a(2) 336723 (3) Others (including rollovers) 8a(3) 3816	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 159274 (2) Participants. 8a(2) 336723 (3) Others (including rollovers). 8a(3) 3816	
a Contributions received or receivable from: 8a(1) 159274 (1) Employers	9610
(1) Employers	9610
(2) Participants 8a(2) 336723 (3) Others (including rollovers) 8a(3) 3816	9610
(3) Others (including rollovers)	9610
	9610
	9610
	0.00
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8332
	1278
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9 a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
2E 2G 2J 2K	
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 Amoun	1
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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
c Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
f Has the plan failed to provide any benefit when due under the plan? 10f X	
g Did the plan have any participant loans? (If 'Yes,' enter amount as of year-end.)	123175
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	
of the exceptions to providing the notice applied under 29 CFR 2020.101-3	

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Part VI Pension Funding Compliance		
11 Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see in Schedule SB (Form 5500) and line 11a below)	nstructions and complete	Yes X No
11 a Enter the unpaid minimum required contributions for all years from Schedule SB (Form	5500) line 40 11a	1
12 Is this a defined contribution plan subject to the minimum funding requirements of section 302 of ERISA?		
(If 'Yes,' complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
a If a waiver of the minimum funding standard for a prior year is being amortized in this the letter ruling granting the waiver	olan year, see instructions, . Month	and enter the date of Day Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	nd skip to line 13.	
b Enter the minimum required contribution for this plan year		
c Enter the amount contributed by the employer to the plan for this plan year		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (en to the left of a negative amount)	ter a minus sign	
e Will the minimum funding amount reported on line 12d be met by the funding dea	adline?	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 X No
If 'Yes,' enter the amount of any plan assets that reverted to the employer this ye	ear 13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to or brought under the control of the PBGC?	another plan,	Yes X No
c If, during this plan year, any assets or liabilities were transferred from this plan t plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instruction	o another ons.)	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		
	14 b Tr	rust's FIN
14a Name of trust	14 b Tı	ust's EIN
		ust's EIN ustee's or custodian's telephone number
14a Name of trust		
14a Name of trust 14c Name of trustee or custodian	14 d To	rustee's or custodian's telephone number
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions	14 d To	rustee's or custodian's telephone number
14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If 'No,' skip b	ler section Safr met CADIO CONTRACT CON	S No ign-based 'Prior year' ADP harbor test o Average benefit test N/A
14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If 'No,' skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals und 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?	ter section	S No ign-based harbor hod rrrent year' N/A ign-based harbor N/A P test N/A N/A N/A N/A N/A N/A
14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If 'No,' skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals und 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	Ye Ye Ye Ye Ye Ye Ye Ye	S No ign-based harbor hod rrrent year' N/A ign-based harbor N/A P test N/A N/A N/A N/A N/A N/A
14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If 'No,' skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals und 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitter plan that response to the plan is a master and prototype plan (M&P) or volume submitt	ler section Des saft Club	rustee's or custodian's telephone number S
14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? If 'No,' skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals und 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that renter the date of the letter and the serial number	Ye Ye Per section Ye Per section Ye Per section Ye Per safe met Ye Per seceived a favorable IRS considered in the IRS, end Per seceived a favorable IRS considered in the IRS, end Per seceived	No ign-based Pharbor Lest N/A ign-based Pharbor N/A ign-based Pha