Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service 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 Department of Labor Revenue Code (the Code).

Annual Report Identification Information

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/	2016	and ending 12	2/31/2016					
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer) (mployer information in ac						
		a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ess than 12 months)					
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter desc	. ,							
Part II		ormation—enter all requested in	nformation		T					
1a Name MUSEUM OF	of plan F SCIENCE RETIREN	MENT PLAN			1b Three-digit plan number (PN) ▶	001				
					1c Effective date	e of plan /01/2004				
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.		tructions)	2b Employer Ide (EIN) 59	ntification Number -0854960				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MUSEUM OF SCIENCE, INC.			2c Sponsor's tel	ephone number 134-9561						
1101 BISCAY	(NE DLVD				2d Business cod	e (see instructions)				
MIAMI, FL 33					71	2100				
3a Plan ad	dministrator's name a	nd address 🛚 Same as Plan Spo	onsor.		3b Administrator	's EIN				
					3c Administrator	's telephone number				
						•				
4										
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Sponso	or's name	· 			4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	86				
b Total r	number of participants	at the end of the plan year			5b	93				
		account balances as of the end of		•	5c	61				
d(1) Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	75				
		articipants at the end of the plan ye			5d(2)	76				
		terminated employment during th	. ,	enefits that were less	5e	1				
		or incomplete filing of this retur		l unless reasonable cau	use is established.					
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary,								
SIGN		valid electronic signature.	10/09/2017	FRANK STESLOW						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan a	administrator				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	oyer or plan sponsor				
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's telepho	ne number				
		on son the Instructions for Form FEG				Form 5500 SE (2016)				

Form 5500-SF 2016 Page **2**

If you answered "No" to either line 6a or line 0b, the plan cannot use Form 5590-SF and must instead use Form 5590. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								□ □	res ☐ No
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		`		,						Ш	
7 Plan Ássots and Liabilities	С						_	-		Not o	determined
7 Plan Ássots and Liabilities	Pa	rt III Financial Information					-				
a Total plan assets	7			(a) Reginning	of Vear				(h) End	of Vear	
b Total plan liabilities	<u>·</u>		72					'	(D) LIIU		946
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). (3) Others (including rollovers). (4) Employers. (5) Administrative envice (loss). (6) Other income (loss). (7) Others (including rollovers). (7) Employers. (8) Bb 171735 (8) Others (including rollovers). (8) Bb 171735 (8) Others (including rollovers). (8) Bb 171735 (8) Others (including direct rollovers and insurance premiums to provide benefits, direct rollovers and insurance premiums to provide benefits, plant of the p		· · · · · · · · · · · · · · · · · · ·		2	660188	3				3071	946
a Contributions received or receivable from: (1) Employers. (2) Participants				(a) Amour	nt				(b) -	Total	
(2) Participants		·		, ,					(/		
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss). c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		171735						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							595	434
f Administrative service providers (salaries, fees, commissions)	d		8d		162284						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e								
g Other expenses	f	Administrative service providers (salaries, fees, commissions)	8f		21392						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a										
i Net income (loss) (subtract line 8h from line 8c)		·								183	676
Transfers to (from) the plan (see instructions) 8j										411	758
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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: 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.)	÷	· · · · · · · · · · · · · · · · · · ·									
9a	Do	· · · · · · · · · · · · · · · · · · ·	8]								
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			feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
Part V Compliance Questions 10 During the plan year: 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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10		2G 2L 2T 2M 2F									
10 During the plan year: 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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
10 During the plan year: 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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Dor	t V Compliance Questions									
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)							I	1 N/A			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			.0	Santhar Cara and all		Yes	NO	N/A		Amou	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary l	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					1500000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under	10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				<u> </u>
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)		X					11721
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h				10h		X				
	i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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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	

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 Revenue Code (the Code).

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		Identification Information				
For calend	dar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31	/2016
				an (not multiemployer)		
A This re	turn/report is for:	a one-participant plan	_	nployer information in a	ccordance with the	ne form instructions.)
		a one-participant plan	a foreign plan			
D This set	urn/report is	the first return/report	the final return/report			
D This ret	urn/report is	H .	=			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am
		special extension (enter descrip	otion)		_ · ·	
Part II	Basic Plan Info	prmation—enter all requested info				
1a Name		office an respective file			1b Three-dig	it 1
		TIREMENT PLAN			plan num	
					(PN)	001
					1c Effective	•
					01/01/	
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)			Identification Number
		ce, country, and ZIP or foreign postal		ructions)		9-0854960
MUSEUM	OF SCIENCE, I	NC.				s telephone number 134-9561
						code (see instructions)
1101 DT	CONVIE DI UD				712100	·
IIOI BI	SCAYNE BLVD				,12100	,
MIAMI	*		FL_	33132		
3a Plan a	idministrator's name a	nd address 🛭 Same as Plan Spons	OF,		3b Administra	ator's EIN
					2	
					I 3C Administra	ator's telephone number
						•
						·
						·
A If the	name and/or FIN of the					·
		e plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	4b EIN	
name		e plan sponsor has changed since th mber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	
name a Spons	, EIN, and the plan nu or's name	mber from the last return/report.			4b EIN 4c PN	86
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	mber from the last return/report. at the beginning of the plan year			4b EIN 4c PN 5a	86
a Spons 5a Total b Total	, EIN, and the plan nu or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4b EIN 4c PN 5a 5b	86 93
a Spons 5a Total b Total c Numb	, EIN, and the plan nu- or's name number of participants number of participants er of participants with	mber from the last return/report. at the beginning of the plan year	e plan year (only defined	contribution plans	4b EIN 4c PN 5a	
a Spons 5a Total b Total c Numb	, EIN, and the plan nu- or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c	93 61
name a Spons 5a Total b Total c Numb compl d(1) Total	, EIN, and the plan number of participants number of participants or participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	93 61 75
a Spons 5a Total a b Total a c Numb compl d(1) Tot d(2) Tot	, EIN, and the plan number of participants number of participants or of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year at the beginning of the plan year	e plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	93 61
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p	e plan year (only defined n year	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	93 61 75 76
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A	penalty for the late	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the poor incomplete filing of this return/r	e plan year (only defined n year lan year with accrued be	contribution plans nefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish	93 61 75 76
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/r ther penalties set forth in the instruction	e plan year (only defined n year lan year with accrued be report will be assessed ons, I declare that I have	contribution plans nefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisherort, including, if	93 61 75 76 1 ed. applicable, a Schedule
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/r ther penalties set forth in the instruction d signed by an enrolled actuary, as	e plan year (only defined n year lan year with accrued be report will be assessed ons, I declare that I have	contribution plans nefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisherort, including, if	93 61 75 76 1 ed. applicable, a Schedule
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/r ther penalties set forth in the instruction d signed by an enrolled actuary, as	e plan year (only defined n year lan year with accrued be report will be assessed ons, I declare that I have	contribution plans nefits that were less unless reasonable ca examined this return/reson of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if the and to the best and the	93 61 75 76 1 ed. applicable, a Schedule
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/n her penalties set forth in the instruction d signed by an enrolled actuary, as plete.	e plan year (only defined nyear with accrued be report will be assessed ons, I declare that I have well as the electronic ver	contribution plans nefits that were less unless reasonable ca examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established by the port, including, if the port, and to the best the port.	93 61 75 76 1 ed. applicable, a Schedule of my knowledge and
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numb than Caution: A Under pena SB or Sche belief, it is	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/n her penalties set forth in the instruction d signed by an enrolled actuary, as plete.	e plan year (only defined n year lan year with accrued be report will be assessed ons, I declare that I have well as the electronic ver	contribution plans nefits that were less unless reasonable ca examined this return/reson of this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established by the port, including, if the port, and to the best the port.	93 61 75 76 1 ed. applicable, a Schedule of my knowledge and
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Form 5500-SF 2016		Page Z			-		
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan car 	of an independ y and condition not use Forr	ent qualified public a ns.) n 5500-SF and must	ccounta instea	nt (IQI	PA) Form	5500.	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	gram (see ERISA se	ction 40	21)? ,	*****	Yes [No Not determined
Part III Financial Information				-	_		
7 Plan Assets and Liabilities		(a) Beginning o		_		(1) End of Year
a Total plan assets		2,	660,1	.88			3,071,946
b Total plan liabilities				-			
C Net plan assets (subtract line 7b from line 7a)	7c	2,	660,1	.88			3,071,946
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	-			(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		119,0	_			
(2) Participants	8a(2)		233,0				
(3) Others (including rollovers)	8a(3)		71,5	96			
b Other income (loss)	8b		171,7	35			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						595,434
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		162,2	284			
e Certain deemed and/or corrective distributions (see instructions)	ве			_			
f Administrative service providers (salaries, fees, commissions)	8f		21,3	392			
g Other expenses	8g			_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			183,676
i Net income (loss) (subtract line 8h from line 8c)	8i						411,758
j Transfers to (from) the plan (see instructions)	8j						,
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2G 2L 2T 2M 2F	on feature cod	les from the List of Pl	an Chai	acteris	stic Co	odes in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	cterist	tic Cod	des in ti	ne instructions;
Part V Compliance Questions						I I	
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL'	s Voluntary Fi	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interreported on line 10a.)	est? (Do not ir	nclude transactions	10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			1,500,000
d Did the plan have a loss, whether or not reimbursed by the pla by fraud or dishonesty?	n's fidelity bor	d, that was caused	10d	Λ	Х		1,300,000
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s	other persons ome or all of t	by an insurance he benefits under	10a		X		
f Has the plan failed to provide any benefit when due under the			10e				
p Did the plan have any participant loans? (If "Yes," enter amour			10f	Х	Х		11,72

10h

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

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

Form	EENA	C.	2016

Page	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 instructions and com (Form 5500) and line 11a below)	nplete Scl	hedule S	В		Yes 🛚	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e or section	on 302 of			Yes 🛚	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Mon	ctions, an	id enter t		of the let	•	
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Duy				
	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part \							
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 year	Contract Con	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	under the	•		Yes	⊠ No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13c(2) ElN(s)		13c	(3) PN(s))
Part							
14a N	lame of trust		14b 7	rust's E	EIN		
14c	lame of trustee or custodian		1.		s or custo ne numbe		
Part	IX IRS Compliance Questions						-
15a :	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:	safe i		L		year" ADF	•
		ADP	ent year" test		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio			rerage		/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	test Yes			No		
17a i	or the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin he letter and the serial number	nion lette	r or advis			the date o	of
17b	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter etter	the date	of the m	ost rece	nt detem	nination	-
١	Defined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separate ervice?	ed from	Yes		No		
	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes] No		