| For | m 5500-SF | Short Form Annua | oyee | e OMB Nos. 1210-0110 1210-0089 | | | | | | | |
|---|-----------------------------|--|-----------------------------------|---|--------------|---|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | | Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R | | | etirement | 2016 | | | | | |
| Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). | | | | | | This Form is Open to Public Inspection | | | | | |
| | enefit Guaranty Corporation | Complete all entries in a | ccordance with the instr | uctions to the Form 55 | 00-SF. | | | | | | |
| For calenda | Annual Report IC | dentification Information al plan year beginning 01/01/20 | 016 | and ending 12 | /31/2016 | | | | | | |
| | urn/report is for: | | | an (not multiemployer) (F | | king this box must attach a rith the form instructions.) | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | n/report (less than 12 mo | onths) | | | | | | |
| C Check | box if filing under: | Form 5558 special extension (enter descri | automatic extension | [| DFVC program | | | | | | |
| Part II | Basic Plan Inform | nation —enter all requested info | , | | | | | | | | |
| 1a Name | | | | | (PN) | number | | | | | |
| 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) | | | uctions) | 2b Employer Identification Number (EIN) 61-0729595 2c Sponsor's telephone number | | | | | | | |
| VISEWAY IN 7103 TURFW SUITE 100 FLORENCE, | VAY RD | | | - | | 859-292-1321 hess code (see instructions) 423700 | | | | | |
| 3a Plan a | dministrator's name and | address 🛛 Same as Plan Spon | sor. | | | nistrator's EIN nistrator's telephone numbe | | | | | |
| 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. | | | | or this plan, enter the | | | | | | | |
| a Spons | | | | | 4c PN | | | | | | |
| 5a Total number of participants at the beginning of the plan year | | | | | 5a 5b | | | | | | |
| b Total number of participants at the end of the plan year.c Number of participants with account balances as of the end of the plan year (only defined contribution plans | | | | | 50 50 | | | | | | |
| complete this item) d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1) | | | | | | |
| d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less | | | nefits that were less | 5d(2) 5e | | | | | | | |
| | | incomplete filing of this return | | | | alished | | | | | |
| Under pena SB or Sche | alties of perjury and othe | r penalties set forth in the instruc signed by an enrolled actuary, as | tions, I declare that I have | examined this return/rep | ort, includi | ng, if applicable, a Schedule | | | | | |
| SIGN | Filed with authorized/va | | 10/12/2017 | ROGER BALES | | | | | | | |
| HERE | Signature of plan adr | ministrator | Date | Enter name of individu | al signing | as plan administrator | | | | | |
| SIGN HERE | | | | | | | | | | | |
| Preparer's ONE AMER ONEAMERI | ICA | ne, if applicable) and address (in | Date clude room or suite numbe | | | as employer or plan sponsor s telephone number 800-261-9618 | | | | | |
| INDIANAPC | DLIS, IN 46206-0368 | | | | | | | | | | |

| 6a | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | |
|--|--|-------------|---------------|--------|------|----|-----|-----------------|
| b | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | |
| c | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | |
| | | isurance pi | | | 21): | | 103 | |
| Ра | rt III Financial Information | <u> </u> | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End of Year |
| a | Total plan assets | 7a | 1 | 789579 | | | | 1718921 |
| b | Total plan liabilities | 7b | | 0 | | | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1 | 789579 |) | | | 1718921 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) Total |
| а | Contributions received or receivable from: | | | 0 | | | | |
| | (1) Employers | 8a(1) | | 59047 | _ | | | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| b | Other income (loss) | 8b | | 137303 | _ | | | |
| _ | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 196350 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 266800 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 208 | | | | | |
| g | | | | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 267008 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -70658 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | |
| 9a | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | |
| | 2E 2F 2G 2J 2K 2T 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 | a Was there a failure to transmit to the plan any participant contributions within the time period | | | | | | | |

| 10 | During the plan year: | | | NO | IN/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 | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | | 1000000 |
| 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 | x | | | 4446 |
| 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 | | | 14422 |
| 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 | | | | |

| Part | VI | Pension Funding Compliance | | | | | | | |
|---|--------|--|---------|--|--|-----------|--------------|-----------------|----|
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below) | | | | | | Yes | No |
| 11a | Ente | r 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 section | | | | | | | | Yes 🗙 | 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 | uctior | ns, and | l enter t | he date | of the lette | er ruling | |
| | gran | ting the waiver | onth _ | - | _ Day | | Year_ | | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | 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 ative amount) | | | 12d | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | N/A | ۱ |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | | | | Yes | 5 X N | lo | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC? | nt und | er the | | | Yes | < No | |
| C | lf, du | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.) | | | to | | | | |
| | | Name of plan(s): | | 13c(2) | EIN(s) | | 13c(3 | B) PN(s) |) |
| | , | | | . , | . / | | | , () | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | | | | | | |
| 14a | Name | of trust | | | 14b ⊺ | Frust's E | EIN | | |
| 14c Name of trustee or custodian | | | | | 14d Trustee's or custodian's telephone number | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | [| No | | |
| | | | | gn-based "Prior year" A harbor test | | | | Ρ | |
| | | | | "Curre ADP t | ent year est | | N/A | | |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | | | | entage Average N/A benefit test N/A | | | | | |
| 16b | | he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? | | Yes | | | No | | |
| | the le | | - | | | - | | | of |
| | letter | | ter the | e date | of the m | ost rece | ent determ | ination | |
| 18 | Were | ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce? | | from | Ye | s [| No | | |
| | | | | | | | | | |