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.)
- ☒ 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:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NAPA MANAGEMENT SERVICES CORP. ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/15/2011

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)

NAPA MANAGEMENT SERVICES CORP.

68 SOUTH SERVICE ROAD
SUITE 350
MELVILLE, NY 11747

2b Employer Identification Number (EIN)
11-3635685

2c Plan Sponsor's telephone number
516-945-3057

2d Business code (see instructions)
551112

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.	10/13/2017	LESLIE RUSSO
	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

NAPA MANAGEMENT SERVICES CORP.

68 SOUTH SERVICE ROAD
SUITE 350
MELVILLE, NY 11747

3b Administrator's EIN: 11-3635685

3c Administrator's telephone number: 516-945-3057

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**	330
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)**	330
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	327
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	211
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	538
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	538
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	538
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	126
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:

2A 2E 2F 2G 2J 2R

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)	X	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)	X	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)** X **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ ___ **A** (Insurance Information)
- **(4)** X **C** (Service Provider Information)
- **(5)** X **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
NAPA MANAGEMENT SERVICES CORP. ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPA MANAGEMENT SERVICES CORP.

D Employer Identification Number (EIN)
11-3635685

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)

VOYA INSTITUTIONAL PLAN SERVICES

ONE HERITAGE DRIVE
NORTH QUINCY, MA 02171

04-3516284

(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?
25 19 15 37 64 50	NONE	12572	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

(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 [ ]

(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 [ ]

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)

(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 ☐

(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 ☐

(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
(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.	

(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.	

(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

(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

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
NAPA MANAGEMENT SERVICES CORP. ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NAPA MANAGEMENT SERVICES CORP.

D Employer Identification Number (EIN)
11-3635685

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WSILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	3338270

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA BOND MARKET INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-328	C	1057917

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX C FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-309	C	4468414

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-016	C	86554

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2020

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-130	C	1720303

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-018	C	930196

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2030

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-129	C	3004554

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 603150

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2040

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-128	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3084067

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 435140

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2050

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-086	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 966572

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2055

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-426	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161485

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2060

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-452	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21657

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT INCOME FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-127	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840336

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
NAPA MANAGEMENT SERVICES CORP. ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPA MANAGEMENT SERVICES CORP.

D Employer Identification Number (EIN)
11-3635685

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	437408	456668
(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)	828556	821922
(9) Value of interest in common/collective trusts	1c(9)	15760153	20718615
(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)	15275986	17286957
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1481864	1706650

			(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	33783967	40990812
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	33783967	40990812

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)	3433034	
	(B) Participants	2a(1)(B)	1800200	
	(C) Others (including rollovers)	2a(1)(C)	830985	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6064219
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)	25129	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25129
	(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)	724717	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		724717
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(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)		

		(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)		2284674
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9098739
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1879322	
(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)		1879322
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12572	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12572
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1891894
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7206845
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: BACHELER & COMPANY, P.C. **(2)** EIN: 23-2978066

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

(856) 429-1835
(215) 569-2435

BACHELER & COMPANY
a professional corporation
CERTIFIED PUBLIC ACCOUNTANTS

400 South Kings Highway, Cherry Hill, New Jersey 08034

Independent Auditors' Report

Committee Members of NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust
Melville, New York

Report on the Financial Statements

We were engaged to audit the financial statements of the NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust, 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

Plan 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 audit 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 such 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 Voya Institutional Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 for investment purposes (at end of year) as of December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and 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 the standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bacheler + Company

Cherry Hill, New Jersey
October 13, 2017

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2016

BACHELER & COMPANY

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2016

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Committee Members of NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust
Melville, New York

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Management's Responsibility for the Financial Statements

Plan 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 audit 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 such 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 Voya Institutional Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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

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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 the standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bacheler + Company

Cherry Hill, New Jersey
October 13, 2017

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Mutual funds	$ 17,286,957	$ 15,275,986
Collective trust funds	20,718,615	15,760,153
	38,005,572	31,036,139
Self-directed brokerage account investments		
Money market accounts	507,151	452,560
Common stocks	973,452	808,067
Mutual funds (including ETF's)	226,047	221,237
Total Self-directed Brokerage Account Investments	1,706,650	1,481,864
Total Investments	39,712,222	32,518,003
Receivables:		
Employer's contributions	456,668	437,408
Notes receivable from participants	821,922	828,556
Total Receivables	1,278,590	1,265,964
Total Assets	40,990,812	33,783,967
LIABILITIES	-	-
Net Assets Reflecting Investments at Fair Value	40,990,812	33,783,967
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(37,728)	(55,859)
Net Assets Available For Benefits	$ 40,953,084	$ 33,728,108

See notes to financial statements.

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
ADDITIONS:		
Investment income:		
Interest and dividend income	$ 724,717	$ 825,127
Interest income on notes receivable from participants	25,129	22,831
Net appreciation (depreciation) in fair value of investments	2,302,805	(952,566)
Net Investment Income	3,052,651	(104,608)
Contributions:		
Employer contributions	3,433,034	2,590,371
Participant deferral contributions	1,800,200	1,257,307
Participant rollover contributions	830,985	827,913
Total Contributions	6,064,219	4,675,591
Total Additions	9,116,870	4,570,983
DEDUCTIONS:		
Benefits paid to participants	1,879,322	1,871,896
Administrative expenses	12,572	4,430
Total Deductions	1,891,894	1,876,326
Net Increase in Net Assets Available for Benefits	7,224,976	2,694,657
OTHER CHANGES:		
Assets received due to merger	-	2,835,567
Net assets available for benefits at beginning of the year	33,728,108	28,197,884
Net Assets Available For Benefits At End of the Year	$ 40,953,084	$ 33,728,108

See notes to financial statements.

NOTE 1. Description of the Plan

The following description of the NAPA Management Services Corp. (the "Employer") Administrative Employees Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan amendment:

Effective January 1, 2016, the plan was amended and restated. As part of that restatement, the name of the plan was changed from "NAPA Management Services Corp. Profit Sharing Plan and Trust" to "NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust".

General:

The Plan is a profit sharing plan covering employees who have completed one year of service (at least 1,000 hours). For elective deferrals participation is after 90 days of employment. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Employer contributions are a nonelective employer contribution of 3% of compensation and a discretionary profit sharing contribution of the lesser of 5%, 7% or 9% of compensation depending on location limited to $10,000, $20,000, or $53,000, depending on location.

Each year, employee participants may contribute up to the maximum annual deferral allowed under Sec. 401(k) of the Internal Revenue Code.

Employees who are participants and who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions.

Participants' accounts:

Each participant's account is credited with the participant's elective deferral contribution and the employer's contribution, an allocation of the employer's discretionary profit sharing contribution, earnings related to net assets in their accounts, and an allocation of forfeitures of terminated participants' nonvested accounts.

Forfeited accounts:

At December 31, 2016 and 2015, forfeited nonvested accounts totaled $212,366 and $108,346, respectively. These accounts will be used to reduce future employer contributions. Employer contributions were reduced by $ -0- in 2016 and $328,313 in 2015 for forfeited nonvested accounts.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 1. Description of the Plan - continued

Vesting:

If a participant's employment with the Employer ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of service with the Employer. Participants vest 20% per year of service after two years of service and are 100% vested after six years of service.

Investment options:

Upon enrollment in the Plan, a participant may direct the Employer's contributions in any increments, in any of twenty-four investment options. Participants may change their investment options daily.

Payment of benefits:

Upon termination of service due to death, disability, retirement, or any other reason, a participant or his/her beneficiaries may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in periodic payments.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loan is secured by the remaining balance in the participant's account and bears interest at a rate commensurate with local prevailing rates. The interest rate charged during the 2016 and 2015 plan years was 3.25% to 4.25%, which was a reasonable rate of interest as required by the Plan. Principal and interest is paid ratably on at least a quarterly basis over a five-year period. If the loan is for the purchase of a principal residence, it may then be repaid over a ten-year period.

NOTE 2. Summary of significant accounting policies

Method of accounting:

The financial statements have been prepared using the accrual basis of accounting. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investments.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 2. Summary of significant accounting policies - continued

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation 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 recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Expenses of maintaining the Plan are paid by either the Plan's trustee (through an expense offset arrangement), the plan, or the Employer. Expenses that are paid by the Plan's trustee or the Employer 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 of fair value of investments.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 3. Expense offset arrangement

The Plan has an expense offset arrangement with the Plan's trustee to offset plan operating expenses against compensation paid to the Plan's trustee by the certain investment funds and fund service providers. This offset arrangement provides first for the payment of Plan trustee fees. Any excess revenue shall then be used to pay any qualified expense for administration of the Plan as determined by the Plan Administrator. Qualified expenses may include, but are not limited to, legal fees, auditing fees, consulting fees and other trustee fees. If any excess remains, then such excess will be distributed at the direction of the Plan Administrator. For the years ended December 31, 2016 and 2015, $252,254 and $133,399, respectively, of the excess was credited to the participants' accounts, and is included in net appreciation of fair value of investments.

NOTE 4. Subsequent events

The Plan has evaluated subsequent events through October 13, 2017 which is the date that the financial statements were available to be issued.

NOTE 5. Unaudited information certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2016 and December 31, 2015 and for the years then ended that was obtained from data prepared and certified to be complete by the Plan's trustee:

	December 31, 2016	December 31, 2015
Investments, at fair value	$ 39,712,222	$ 32,518,003
Notes receivable from participants	$ 821,922	$ 828,556
Interest and dividend income	$ 724,717	$ 825,127
Interest income on notes receivable from participants	$ 25,129	$ 22,831
Net appreciation (depreciation) in fair value of investments	$ 2,302,805	$ (952,566)

NOTE 6. Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

	December 31, 2016	December 31, 2015
Voya Large Cap Growth Portfolio	$ 2,900,665	$ 2,922,777
SSGA Target Retirement 2030	$ 3,004,554	$ 2,808,707
SSGA Target Retirement 2040	$ 3,084,067	$ 2,409,751
SSGA S&P 500 Index C Fund	$ 4,468,414	$ 3,436,031
MetLife Stable Value Fund	$ 3,338,270	$ 2,883,528
American Beacon Bridgeway Large Cap Val Fd	$ 2,063,072	$ 1,831,938

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 7. Collective Investment Trust - Group Annuity Contract

The Plan includes an investment option to participants in the form of a CCT. The CCT invests in a group annuity contract (the "GAC") which includes underlying assets that are held in a trust owned by MetLife. The contract provides that participants execute Plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The investment is stated at fair value as reported by MetLife and adjusted to contract value on the statements of assets available for benefits. The GAC's fair value equals the fluctuating value of the separate account of the assets backing the contract. The Plan's fair value of the investment equals the Plan's guaranteed value times the ratio of the GAC's guaranteed value to the GAC's fair value.

The crediting interest rate was 2.34% and 2.33% at December 31, 2016 and 2015, respectively. The average yield was 1.84% and .52% for the years ended December 31, 2016 and 2015, respectively. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. MetLife will guarantee principal and accrued interest, based on crediting interest rates, for participant-initiated withdrawals as long as the contract remains active. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio. MetLife will reset the rate quarterly, by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the fund's investments.

Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. Certain events, such as Plan termination or a Plan merger initiated by the Plan sponsor, may limit the ability of the Plan to transact at contract value. The Plan sponsor does not believe any events that may limit the ability of the Plan to transact at contract value are probable.

NOTE 8. Collective Investment Trust - Guaranteed Investment Contracts and Security Backed Contracts

The Plan offered participants an investment option through Well Fargo Bank, N.A. in the form of a collective trust that invests in guaranteed investments contracts and security backed contracts. Specifically the Plan had an investment in the Wells Fargo Stable Value Fund ("Fund"). The Plan ceased offering this investment option in 2016.

The Fund is presented in the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits.

There were no reserves against contract value for credit risk of the issuers or otherwise, The fair value of the investment contract at December 31, 2015, was $353,599.

The average yields based on earnings by the Fund were 1.93% and 1.83%, for 2016 and 2015, respectively. The average yields based on interest rate credited to participants by the Fund were 1.94% and 1.79%, for 2016 and 2015, respectively.

NOTE 9. Tax status

The Plan is in the process of applying for exemption under the applicable sections of the Internal Revenue Code. The plan administrator and the plan's tax counsel believe that the plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believe that the plan is qualified, and the related trust is tax-exempt.

The Plan is subject to routine audits by tax authorities. Currently, there are no audits in progress for any tax periods. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 10. Fair value measurements

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 10. Fair value measurements - continued

The following is a description of the valuation methodologies used for assets measured at fair market value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 instruments include mutual funds, common and preferred stocks, and money market funds. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Common and preferred stocks are valued a the closing price reported on the active market on which the individual securities are traded.

Collective investment trusts: The Plan's investments in the SSGA Target Retirement funds, the SSGS Bond Market Index Fund and the SSGA S&P 500 Index C Fund, which are collective trusts, are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawals from the trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

Collective investment trust: The Plan has an investment in Wilmington Trust Collective Investment Trust III for MetLife Group Annuity Contract No. 25554 (the "Contract") which is a common collective trust (the "CCT"). The CCT primarily owns investment contracts that invest in conventional, synthetic and separate account investment contracts (the "contracts") issued by life insurance companies, banks and other financial institutions. The contracts are valued at contract value, which represents invested principal plus accrued interest thereon. In determining contract value, the fund manager considers such factors as the benefit responsiveness of the contracts, the ability of the parties to the contracts to perform in accordance with the contracts and the likelihood of default by the issuer of the investment security. In accordance with accounting principals generally accepted in the United States of America, the statement of net assets available for benefits present the contract, which invests primarily in benefit-responsive investment contracts, at fair value as well as an additional line showing an adjustment of the fully benefit-responsive investment contracts from fair value to contract value. Contract value represents contributions made under the fund, plus earnings, less participant withdrawals. The fair value of the investments in the CCT are determined by the investee's trustee based on the fair value of the underlying securities within the investment, which represent the NAV of the units held by the Plan at year end.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 10. Fair value measurements - continued

Collective investment trust: The Plan has an investment in Wells Fargo Stable Value Fund ("Fund") which is a collective trust. The Fund invests in guaranteed investment contracts and security backed investments contracts ("contracts"). The contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering credit worthiness of the issuer. The use of net asset value as fair value is deemed appropriate as the collective trust fund does not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions. The practical expedient is used for valuation, unless it is probable that the Fund will sell a portion of the investment at an amount different from the net asset valuation.

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 as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 17,513,004	$ -	$ -	$ 17,513,004
Collective trust funds (GAC)	-	3,338,270	-	3,338,270
Collective trust funds - other	-	17,380,345	-	17,380,345
Money market accounts	507,151	-	-	507,151
Common stocks	973,452	-	-	973,452
Total Investments	$ 18,993,607	$ 20,718,615	$ -	$ 39,712,222

	Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 15,497,223	$ -	$ -	$ 15,497,223
Collective trust funds (GAC)	-	2,883,528	-	2,883,528
Collective trust funds (GIC)	-	353,599	-	353,599
Collective trust funds - other	-	12,523,026	-	12,523,026
Money market accounts	452,560	-	-	452,560
Common stocks	808,067	-	-	808,067
Total Investments	$ 16,757,850	$ 15,760,153	$ -	$ 32,518,003

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 10. Fair value measurements - continued

The following table presents the Plan's investments with a reported NAV at December 31, 2016 and 2015:

	Redemption frequency	Redemption notice period	2016 Fair value	2015 Fair value
Collective investment trusts:				
WTRISC CIT III for MetLife GAC No. 25554	Daily	60 Days	$ 3,338,270	$ 2,883,528
US Bond Index Securities Lending Series Fund	Daily	60 Days	$ 1,057,917	$ 559,514
S&P 500 Index Securities Lending Series Fund	Daily	60 Days	$ 4,468,414	$ 3,436,031
Target Retirement 2015 Securities Lending Series Fund	Daily	60 Days	$ 86,554	$ 63,257
Target Retirement 2020 Securities Lending Series Fund	Daily	60 Days	$ 1,720,303	$ 1,224,232
Target Retirement 2025 Securities Lending Series Fund	Daily	60 Days	$ 930,196	$ 175,397
Target Retirement 2030 Securities Lending Series Fund	Daily	60 Days	$ 3,004,554	$ 2,808,707
Target Retirement 2035 Securities Lending Series Fund	Daily	60 Days	$ 603,150	$ 150,398
Target Retirement 2040 Securities Lending Series Fund	Daily	60 Days	$ 3,084,067	$ 2,409,751
Target Retirement 2045 Securities Lending Series Fund	Daily	60 Days	$ 435,140	$ 142,186
Target Retirement 2050 Securities Lending Series Fund	Daily	60 Days	$ 966,572	$ 709,072
Target Retirement 2055 Securities Lending Series Fund	Daily	60 Days	$ 161,485	$ 20,114
Target Retirement 2060 Securities Lending Series Fund	Daily	60 Days	$ 21,657	$ 1,371
Target Retirement Income Securities Series Fund	Daily	60 Days	$ 840,336	$ 822,996
Wells Fargo Stable Value Fund	Daily	None	$ -	$ 353,599

Unfunded commitment is not applicable for the above.

Unrealized gains from the collective investment trusts are not included in the statement of changes in net assets available for benefits as the contracts are recorded at contract value for purposes of the statements of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 10. Fair value measurements - continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual funds: Valued at the quoted net asset value of shares held by the plan at year end.

Common and preferred stocks: Valued at the closing price reported on the active market where the individual securities are traded.

NOTE 11. 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 the Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	$ 40,953,084	$ 33,728,108
Add: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	37,728	55,859
Net assets available for benefits per Schedule H of the Form 5500	$ 40,990,812	$ 33,783,967

The following is a reconciliation of net appreciation (depreciation) on investments per the financial statements to the net investment gain (loss) per Form 5500 for the years ended December 31, 2016 and 2015.

	2016	2015
Net appreciation (depreciation) on investments per the financial statements	$ 2,302,805	$ (952,566)
Add: Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	(18,131)	55,859
Net investment gain (loss) per the Form 5500	$ 2,284,674	$ (896,707)

The following is a reconciliation of contributions per the financial statements to the contributions per Form 5500 for the years ended December 31, 2016 and 2015.

	2016	2015
Contributions per the financial statements	$ 6,064,219	$ 4,675,591
Contributions per Form 5500	$ 6,064,219	$ 4,675,591

NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 12. Plan termination

Although it has not expressed any intent to do so, the Employer 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.

NOTE 13. Transactions with parties-in-interest

Fees incurred during the year for legal, accounting, and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 14. Transfers to other retirement plans

The sponsors of NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust (EIN: 11-3635685, Plan 001), NAPA Management Services Corp. Clinical Employees Profit Sharing Plan & Trust (EIN: 11-3635685, Plan 0021) and North American Partners in Anesthesia, LLP Profit Sharing Plan & Trust (EIN: 11-2923650, Plan 002) are related entities. Employees are sometimes transferred from one sponsor to the other. Because of this, there are administrative transfers of assets between the plans.

NOTE 15. Mergers

During 2015, the Employer, and other businesses related to the Employer, completed the acquisition of two specific anesthesia businesses that themselves maintained retirement plans. As a result of those acquisitions, the retirement plans of the acquired organizations were merged into the plans sponsored by the Employer and other businesses related to the Employer. NAPA Management Services Corp. Administrative Employees Profit Sharing Plan & Trust is one of the plans to which retirement assets were transferred. The plans from which those transfers were made are as follows:

Fair Oaks Anesthesia Associates, LLC Savings Plan and Trust, a defined contribution plan.
Fair Oaks Anesthesia Associates, LLC 401(k) Plan and Trust, a defined contribution plan.
Anesthesia Associates of Richmond, Inc. 401(k) Plan and Trust, a defined contribution plan.

The transfers were made in 2015 and were made directly into the self-directed accounts of the participants. The fair market value of those transfers totaled $2,835,567 at the time of receipt. The nature of the investments were marketable securities as chosen by the participants involved. Those investments were either converted by the trustee into similar investments that were offered by the Plan at the time of transfer or into self-directed brokerage accounts.

NOTE 16. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 statement of net assets available for benefits.

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

SCHEDULE A

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

Form 5500, Schedule H, Part IV, Item 4i, EIN: 11-3635685, Plan 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

DECEMBER 31, 2016

MUTUAL FUNDS

(a)	(b) Issue	(c) Shares	(d) Cost	(e) Current Value
	AllianceBern High Income K Shares	8,253		$ 71,468
	American Beacon Bridgeway Large Cap Val Fd	79,563		2,063,072
	BlackRock Inflation Protected Bond Fund	552		5,867
	Dodge & Cox Intl Fund	51,109		1,947,260
	Dreyfus/Standish Global Fixed Income Fund	6,102		128,505
	JP Morgan US Small Company Fund	89,901		1,647,885
	Oppenheimer Intl Small Company Fund	35,801		1,324,979
	Principal Global Real Estate Sec. Fund	8,733		75,538
	SSGA MSCI EAFE Index	62,949		752,659
	SSGA S&P 400 Mid Cap Indes Fund	18,485		1,680,551
	SSGA Russell 2000 Index Fund	10,925		565,252
	Victory Munder Mid Cap Core Growth	25,666		902,662
	Victory Sycamore Established Value Fund	35,102		1,269,287
	Voya Large Cap Growth Portfolio	167,282		2,900,665
	Western Asset Core Plus Bond Fund	170,718		1,951,307
	Total Mutual Funds			17,286,957

Continued

Note: Column (a) is blank as there were no parties-in-interest.
Note: Column (d) is blank because all assets are participant directed.

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

SCHEDULE A - Continued

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

Form 5500, Schedule H, Part IV, Item 4i, EIN: 11-3635685, Plan 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

DECEMBER 31, 2016

COLLECTIVE TRUST FUNDS

(a)	(b) Issue	(c) Shares	(d) Cost	(e) Current Value
	MetLife Stable Value Fund	192,001		$ 3,338,270
	SSGA Bond Market Index Fund	61,910		1,057,917
	SSGA S&P 500 Index C Fund	91,437		4,468,414
	SSGA Target Retirement 2015	5,068		86,554
	SSGA Target Retirement 2020	44,787		1,720,303
	SSGA Target Retirement 2025	51,054		930,196
	SSGA Target Retirement 2030	59,959		3,004,554
	SSGA Target Retirement 2035	33,432		603,150
	SSGA Target Retirement 2040	50,175		3,084,067
	SSGA Target Retirement 2045	23,563		435,140
	SSGA Target Retirement 2050	64,194		966,572
	SSGA Target Retirement 2055	13,900		161,485
	SSGA Target Retirement 2060	2,144		21,657
	SSGA Target Retirement Income Fund	51,940		840,336
	Total Collective Trust Funds			20,718,615
	Total Mutual Funds and Collective Trust Funds			38,005,572

Continued

Note: Column (a) is blank as there were no parties-in-interest.
Note: Column (d) is blank because all assets are participant directed.

NAPA MANAGEMENT SERVICES CORP.

ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TRUST

SCHEDULE A - Continued

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

Form 5500, Schedule H, Part IV, Item 4i, EIN: 11-3635685, Plan 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

DECEMBER 31, 2016

PARTICIPANTS' LOANS

(a)	(b) Description	(c) Return	(d) Cost	(e) Current Value
	Notes receivable from participants	3.25% - 5%		$ 821,922

PARTICIPANT-DIRECTED BROKERAGE ACCOUNTS ASSETS

(a)	(b) Description	(c) Return	(d) Cost	(e) Current Value
	Participant directed brokerage accounts at TD Ameritrade			1,706,650

TOTAL ASSETS HELD	$ 40,534,144

Note: Column (a) is blank as there were no parties-in-interest.
Note: Column (d) is blank because all assets are participant directed or it is not applicable.