-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	Retirement 2016						
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the							
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.		••••				
For calenda	ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016						
		a single-employer plan	a multiple-employer pla	6	Filers chec	king this box	must attach a				
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	ccordance v	vith the form	instructions.)				
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)						
C Check	pox if filing under:	Form 5558	automatic extension		DFVC p	orogram					
	Γ	special extension (enter descri				U U					
Part II	Basic Plan Inform	mation—enter all requested info	ormation								
1a Name PENSION IN	of plan	AL INVESTMENTS, PROFIT SHA			1b Thre plan (PN)	number	002				
					,	ctive date of					
						01/01/	•				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.		uctions)	2b Emp (EIN		cation Number 48643				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GRANDE & ASSOCIATES, PLLC				2c Sponsor's telephone number 443-802-6339						
	P.O. BOX 911126 EXINGTON, KY 40541					2d Business code (see instructions) 621111					
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN 3c Administrator's telephone number					
		plan sponsor has changed since the point of the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN						
a Spons					4c PN						
5a Total I	number of participants at	t the beginning of the plan year			. 5a						
b Total i	number of participants at	t the end of the plan year			5b		2				
		count balances as of the end of the			5c		2				
d(1) Tota	al number of active partie	cipants at the beginning of the pla	n year		5d(1)		1				
d(2) Tot	al number of active partie	cipants at the end of the plan yea	r		5d(2)		1				
than	100% vested	rminated employment during the	•		5e		C				
		incomplete filing of this return					able a Cabadula				
SB or Sche	edule MB completed and true, correct, and completed	r penalties set forth in the instruct signed by an enrolled actuary, as ete.	s well as the electronic ver	sion of this return/repor	t, and to the	e best of my	knowledge and				
SIGN	Filed with authorized/va	lid electronic signature.	10/13/2017	LESLEY WONG							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adm	inistrator				
SIGN HERE				ļ							
	Signature of employe		Date	Enter name of individ							
Preparer's	name (including firm har	ne, if applicable) and address (inc	aude room of suite numbe	н)	Preparer	s telephone	number				

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1003530	992701				
b		7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1003530	992701				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	0					
	(2) Participante	82(2)	0					

7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of Year		
a Total plan assets	7a	1	003530			992701			
b Total plan liabilities	7b		0		0				
C Net plan assets (subtract line 7b from line 7a)	7c	1	003530				992701		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
Contributions received or receivable from: (1) Employers	8a(1)		0						
(2) Participants	8a(2)		0						
(3) Others (including rollovers)	8a(3)		0						
b Other income (loss)	8b		-9609						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-9609		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e Certain deemed and/or corrective distributions (see instructions).	8e		0						
f Administrative service providers (salaries, fees, commissions)	8f		1220						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1220				
i Net income (loss) (subtract line 8h from line 8c)	i Net income (loss) (subtract line 8h from line 8c)						-10829		
j Transfers to (from) the plan (see instructions)	j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in	the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	tic Coo	des in t	he instructions:		
Part V Compliance Questions									
10 During the plan year:			-	Yes	No	N/A	Amount		
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	-iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c	X			10000		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	,	10d		Х				
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				

Х g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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)					י 🗌 א	′es	No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling		
	gran	ting the waiver	onth _		_ Day		_ Year _			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.							
b	Enter	the minimum required contribution for this plan year			12b					
с	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XN	0		
		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 🛛	Yes X No		
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to					
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
	. ,			. ,						
Part	VIII	Trust Information								
14a	Name	of trust			14b ⊺	Trust's E	EIN			
14c	Name	e of trustee or custodian					s or custod ne number	an's		
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:			gn-based "Prior year" ADP harbor test					
				"Curre ADP t	nt year' est	,	N/A			
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le		-			-			ł	
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation		
	letter	//								
18	letter Defin Were		rated f	rom	Yes	6 [No			

b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 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 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e	Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl							
Enginements Evenue Construction Revenue Code (the Code). Part III Initial Regretation Prestiministic dama (canside) 1 Complete all entries in accordance with the instructions to the Form 5500-SF. Initial Regretation For calendar plan, year 2016 of fice all physics Egifform 0 0/10/1/2016 and ending 12/31/2016 A This return/report is for: a cone-participant plan a forcign plan a deciging employer plan (not multiple employer plan (not multiple employer) (Flors clucking) the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow must atlach a large class the flow of the flow of the flow must atlach a large class the flow of the flow of the flow must atlach a large class the flow of the flow of the flow must atlach a large class the flow of the flow of the flow must atlach a large class the flow of th		This form is required to be file	ed under sections 104 and 4	065 of the Employee Ret						
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For calcular plan year 2016 or fisce plan year beginning 01/01/2016 and ending 12/31/2016 A This return/report is C: a single-employer plan Initiple employer plan (Construments) is of participant plan (Construments) B This return/report is C: a one-participant plan a foreign plan a foreign plan B This return/report is C: a namended return/report is of participant plan a foreign plan C Check box if filing under: Form 5556 automatic extension DFVC program great II Basic Plan Information-center all requested information 1 Three digit plan number (monoscination) 1a Name of plan part II Basic Plan Information-center all requested information 1 Three digit plan number (monoscination) 1a Name of plan 10 Three digit plan number (monoscination) 10 Three digit plan number (Monoscination) 00 2 (Monoscination) 24 Plan sponsor's name (employer, if for a single-employer plan) 10 Three digit plan number (Monoscination) 10 Three digit plan number (Monoscination) 24 Plan sponsor's name and address (Some as Plan Sponsor. 3b Administrator's telephone number (Monoscination) 3c Administrator's telephone number (Monoscination) 35 Administrator's telephone number for the plan number from the last return/report field for this plan, enter the fa		Complete all entries in		uctions to the Form 550	0-SF.					
A This return/report is for: a single-employer plan is do regarding amployer information in accordance with the form instructions.) is do regarding amployer information in accordance with the form instructions.) B This return/report is is the first return/report is a non-participant plan is a short plan year return/report is a non-participant plan is a short plan year return/report is a short plan if the return/report if the return/report if a short plan if the return/report				and anding	10/1	1/2010				
A This return/report is for: a one-participant plan is to for participant generatic part is a foreign plan B This return/report is a memode return/report a shore part is foreign plan b final return/report is a memode return/report B This return/report is in the final return/report a shore part return/report is a memode return/report b final return/report is shore is return/report is re	For calendar plan year 2016 or									
A one-participant plan a foreign plan B This return/report is the first return/report the final return/report (less than 12 months) C Check box if filing under: Form 5568 a udomatic extension DFVC program Special extension (inter description) Part II Basic Plan Information—enter all requested information Ib Three-digit plan number 7a Name of plan Ib Three-digit plan number 00.2 7a Name of plan Ib Three-digit plan number 00.2 7a Name of plan Ib Three-digit plan number 00.2 7a Name of plan Ib Three-digit plan number 00.2 7a Name of plan Ib Three-digit plan number 00.2 7a Name of plan Ib Three-digit plan number 0.2 7a Name of plan Ib Three-digit plan number 0.2 7a Name, cPN, and the plan output of the plan special code (if foreign, see instructions) 20 Exponsor streep pone number 7a If the name and/or EIN of the plan special code since the last return/report filed for this plan, onter the associal code (if the plan, see instructions) 62.111.1 3a Plan administrator's name and address (code partici plants athe end of the plan year 5b <td>A This return/report is for:</td> <td>A a single-employer plan</td> <td></td> <td></td> <td></td> <td></td>	A This return/report is for:	A a single-employer plan								
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C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information Ib Three-digit plan number 002 14 Name of plan Part Namber 002 P(N) > Ic Effective date of plan 24 Plan sponsor's name (employer, if for a single-employer plan) It C Effective date of plan 0101/2004 25 Employer Identification Number 002 P(N) > Ic Effective date of plan 010 / 2004 Ze Employer Identification Number 0101/2004 Ze Employer Identification Number 020 / P(N) > The sonsor's name (employer, if for a single-employer plan) Ze Employer Identification Number 02 010 / 2004 Ze Employer Identification Number Device Sonsor's telephone number Ze Sonsor's telephone number GRNDDE & ASSOCTATES / PLLC Ze Sonsor's telephone number Ze Sonsor's telephone number Sonsor stelephone number 15.8 Additions of participants at the beginning of the plan sponsor. 3b Administrator's telephone number Sonsor stelephone number 26. Number of participants at the beginning of the plan year So So So 27. Comparison stante So So So So <	B This return/report is	the first return/report	the final return/report							
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P.O. BOX 911126 Image: Control Conterio Contecont Control Control Contro Conterio Contro	-		tal code (if foreign, see instr	uctions)	2c Spor	nsor's telephone number				
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LEXINGTON KY 40541 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's EIN 3c Administrator's telephone number 4b EIN 3c Administrator's telephone number 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 for the last return/report. 4b EIN 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5d(1) d(1) Total number of active participants at the end of the plan year 5d(2) e Number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 5d(2) 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, id declare that 1 have examined this return/report, and to the best of my knowledge and belief. It is true, correct, and complete. storn Storature of plan-ddministrator Date storation of plan-ddministrator Date Enter name of individual signing a	P 0 BOX 911126									
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HERE 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	la, la	y Ung	10/13/17	Lesley Wong						
SIGN SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	administrator	Date	Enter name of individua	al signing	as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					¥¥.					
	HERE	lover/nlan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				
	Preparer's name (including firm	name, if applicable) and address (i								
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									X Ye	s No
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information	-	-							
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year	
а	Total plan assets	. 7a	1,	,003,	530				9	92,701
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	,003,	530				9	92,701
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-9,	609					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-9,609
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		1,220						
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1,220
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-10,		
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$	feature co	odes from the List of Pl	an Cha	acteris	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	tic Coo	des in t	he instru	ctions:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х					10,000
C	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		her persor ne or all of	is by an insurance the benefits under	10e		х				
f				10f		Х				
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
ŀ	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			v				

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

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Page	3-	
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		Form 5500-SF 2016 Page 3 -									
Part	VI	Pension Funding Compliance									
11	ls thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an m 5500) and line 11a below)				В		Yes	No		
11a	1	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1							
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?	Code or	section	n 302 of	:		Yes	X No		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.		ns, and	l enter t _ Day		e of the le Yea		ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.	-							
b	Enter	the minimum required contribution for this plan year			12b						
C	Enter	the amount contributed by the employer to the plan for this plan year			12c						
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No		N/A		
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No			
		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 bro rol of the PBGC?	ought und	der the			Yes	X I	No		
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide h assets or liabilities were transferred. (See instructions.)				<u> </u>					
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		130	13c(3) PN(s)			
Part	VIII	Trust Information									
		of trust			1/h 1	Trust's					
14a	Name				140	iiusi s					
14c	Name	e 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				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor						
	401(K			"Curre ADP t	rent year" N/A						
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plar ? Check all that apply:		Ratio perce test	centage Average 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				
	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF etter and the serial number	RS opinio								
	letter		, enter th	e date	of the m	nost rec	ent deter	minat	ion		
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 so ce?		from	Ye	S	No				
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	S	No				