Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SALUS VALUATION GROUP, INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 27-1061219 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number SALUS VALUATION GROUP, INC. 404-965-6285 2d Business code (see instructions) 4440 PGA BOULEVARD 541990 SUITE 403 PALM BEACH GARDENS, FL 33410 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 24 5a Total number of participants at the beginning of the plan year 5b 22 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 22 5c complete this item)..... 10 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 8 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature. 0/09/2017 NORM LEZOTTE SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2016)

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····				X Ye	s No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	_	□ Not det	termined
	rt III Financial Information	iodidiioo p	orogram (000 Errio, roc	300011 1	021).	····· L	1 .00	□.••		
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. [(b) End	of Voor	
a	Total plan assets	7a		389285				(b) Ella	36452	1
_	Total plan liabilities	7b		16429)				280	1
	Net plan assets (subtract line 7b from line 7a)	7c		372856	;				36172	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		(2,7 : 22.2 22.2					(4)		
	(1) Employers	8a(1)		11305						
	(2) Participants	8a(2)		10790	_					
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		27092						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4918	57
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		59336						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		987	,					
<u>.</u>	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6032	23
-	Net income (loss) (subtract line 8h from line 8c)	8i							-1113	6
Ť	Transfers to (from) the plan (see instructions)	8j		C)					
Pai	t IV Plan Characteristics	, oj	ļ							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary f	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e	Х					1401
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g		-		10g	X					41148
h	2520.101-3.)	· ·····		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

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

1210-0089

2016

OMB Nos. 1210-0110

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For calend						E 11			
1 Of Odiolia	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/	/2016			
•		🛚 a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
A This re	turn/report is for:	a one-participant plan	list of participating em	ployer information in a	ccordance with th	ne form instructions.)			
		The same having have been	a loreight plan						
B This ret	urn/report is	the first return/report	the final return/report						
	•	an amended return/report	a short plan year return	/report (less than 12 m	nonths)				
C Chook	box if filing under:			, ,	_ `				
O CHECK	box it filling drider.	X Form 5558	automatic extension		DFVC progra	ım			
- 12 TS		special extension (enter desc	' /						
Part II		formation—enter all requested in	formation		T41				
1a Name		To 401 (1-) 731			1b Three-digiting plan number				
salus v	aluation Gro	up, Inc. 401(k) Plan			(PN) ▶	001			
					1c Effective of				
					01/01/	•			
		loyer, if for a single-employer plan)			2b Employer	Identification Number			
		oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign posi		ictions)	(EIN) 27	7-1061219			
	aluation Gro		tai code (ii foreign, see instit	actions)		telephone number			
		ap, 1110.				065-6285			
					ŀ	code (see instructions)			
4440 PG Suite 4	A Boulevard				541990)			
	ach Gardens		FL	33410					
3a Plan a	dministrator's name	and address 🏿 Same as Plan Spo	nsor.		3b Administra	ntor's EIN			
		-							
					3c Administra	tor's telephone number			
	name and/or EIN of t								
name		he plan sponsor has changed since tumber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN				
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN 4c PN				
a Spons	, EIN, and the plan n or's name	umber from the last return/report.				2.			
a Spons 5a Total i	, EIN, and the plan n or's name number of participant	umber from the last return/report. ts at the beginning of the plan year.			4c PN 5a				
a Spons 5a Total i b Total i	, EIN, and the plan n or's name number of participant number of participant	umber from the last return/report.			4c PN 5a 5b	24			
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····	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccounta	ant (IQ d use	PA) Form	5500.		lo
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	orogram (see ERISA se	ction 40)21)? .		Yes	No Not determined	1
	rt III Financial Information	I see a see a see a see	T	.,,					
<u> 7</u>	Plan Assets and Liabilities		(a) Beginning o				(b)) End of Year	
_ <u>a</u>	Total plan assets	7a		389,2				364,52	
<u> </u>	Total plan liabilities	7b		16,4				2,80	
	Net plan assets (subtract line 7b from line 7a)	7c		372,8	356			361,72	<u> 20</u>
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>	49		30000000000000000000000000000000000000	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		11,3	305				
	(2) Participants	8a(2)		10,	- 60				
	(3) Others (including rollovers)	. 8a(3)		· · · · · · · · · · · · · · · · · · ·	0			and the second second	
b	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	27,0	92				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						49,18	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		59,3	336				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		(987	rie de	3.200		
g	Other expenses	. 8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						60,32	23
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i					-11,136		
j	Transfers to (from) the plan (see instructions)	. 8j			0				
Pa	rt IV Plan Characteristics	-							
9a	2A 2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare	teature co	des from the List of Pla	n Chara	cteris	tic Cod	ies in the	e instructions:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Vancous)	Voluntary	Fiduciary Correction	10a		х			
k	Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do no	include transactions	10b		Х			
				10c	Х		1000	40,0	0.0
		s fidelity b	ond, that was caused	10d	21	Х		10,0	
	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther perso me or all c	ns by an insurance f the benefits under	10e	Х			1,4	01
f		1 ***		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount			10g	Х	1		41,1	48

10h

101

Х

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

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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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sch	edule S	В	Ye	s X No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or section	n 302 of		Ye	s X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, and	d enter t	he date	of the letter	ruling
lf	granting the waiverMont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th	Day	1	Year_	
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c		-4	
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to control of the PBGC?	under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plan(s) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
14a	Name of trust		14b 1	Trust's E	EIN	
14c	Name of trustee or custodian				s or custodia ne number	n's
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ safe h	n-based arbor ent year	L	Prior yea test	r" ADP
		ADP t		L	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce	entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes		[No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter and the serial number	nion letter	or advi	sory lett	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the m	ost rece	ent determina	ation
	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 separate service?	ed from	Yes	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	s [] No	