## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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.

	<b>Identification Information</b>								
For calendar plan year 2016 or fi	scal plan year beginning 01/01/2	2016 	and ending 1	nding 12/31/2016					
<b>A</b> This return/report is for:	a single-employer plan		lan (not multiemployer) ( mployer information in ac						
	a one-participant plan	a foreign plan							
<b>B</b> This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
David II David Diamini	x special extension (enter descri	· ·	4						
	ermation—enter all requested in	formation		4 h Thomas (1981)					
<b>1a</b> Name of plan THE CHECK DEPOT, INC. PROFI	T SHARING PLAN AND TRUST			1b Three-digit plan number (PN) ▶	. 001				
				1c Effective dat					
	yer, if for a single-employer plan)	) Roy)		2b Employer Ide	entification Number 0-0254771				
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) THE CHECK DEPOT, INC.			2c Sponsor's te	elephone number					
				525-2217 de (see instructions)					
3439 TECHNOLOGY DRIVE, SUIT NORTH VENICE, FL 34275		453990							
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.				<b>3b</b> Administrator's EIN					
				<b>3c</b> Administrato	r's telephone number				
					•				
name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
<b>a</b> Sponsor's name				4c PN					
5a Total number of participants	at the beginning of the plan year			5a	8				
•	at the end of the plan year			5b	8				
	account balances as of the end of			5c	8				
<b>d(1)</b> Total number of active pa	rticipants at the beginning of the pl	lan year		5d(1)	8				
<b>d(2)</b> Total number of active pa	rticipants at the end of the plan year	ar		5d(2)	8				
than 100% vested	terminated employment during the			5e	0				
	or incomplete filing of this return								
	her penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
01011	/valid electronic signature.	10/18/2017	JAMES WOOD						
HERE Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN									
HERE Signature of emplo		Date	Enter name of individ						
Preparer's name (including firm r	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's teleph					
					one number				

Form 5500-SF 2016 Page **2** 

<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan can be a property of the plan can be a plan of the plan of the</li></ul>	of an indepen by and condition	dent qualified public a	ccount	ant (IC	PA)			X Yes	No No	
C If the plan is a defined benefit plan, is it covered under the PBGC								Not deter	mined	
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
a Total plan assets	. 7a		248238				•	396966		
<b>b</b> Total plan liabilities	. 7b		0	)				0		
C Net plan assets (subtract line 7b from line 7a)	. 7с		248238					396966		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	otal		
a Contributions received or receivable from:	0-(4)		81100							
(1) Employers	` ` ' `	52934								
(2) Participants	` ` ' `		02304	_						
(3) Others (including rollovers)			17269							
<b>b</b> Other income (loss)		17209						151303		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums	. 8c							101000		
to provide benefits)	. 8d	0								
e Certain deemed and/or corrective distributions (see instructions)	. 8e	0								
f Administrative service providers (salaries, fees, commissions)	. 8f	2575								
g Other expenses	. 8g		)							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				2575					
i Net income (loss) (subtract line 8h from line 8c)							148728			
j Transfers to (from) the plan (see instructions)	· 8j		C							
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2K 2T 3D	on feature cod	les from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	e feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount		
<b>a</b> Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	S Voluntary Fi	duciary Correction	10a		Х					
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X					50000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•		10d		X					
<b>e</b> Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	he benefits under	10e	X					766	
<b>f</b> Has the plan failed to provide any benefit when due under the p	olan?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year-e	nd.)	10g		X					
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i							

Form	5500	-SF	201	6

Page 3-	1
---------	---

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>B)</b> PN(s)	
Part	VIII	Trust Information			•				
14a	Name	of trust			14b <sup>-</sup>	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	rent year" N/A				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part   Annual Report	t Identification Information				
For calendar plan year 2016 or f		01/01/2016 and ending		12/31/2016	
توروني رزوا والمساها	X a single-employer plan	a multiple-employer plan (not multiemployer)			
A This return/report is for:	a one-participant plan	list of participating employer information in a	ccorda	nce with the form	instructions.)
	a one participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
- Tria rotalizioportio	an amended return/report	a short plan year return/report (less than 12 n	nonthe'	<b>r</b>	
<b>a</b>		a short plan year return report (less than 12 h	iorii is,	,	,
C Check box if filing under:	X Form 5558	automatic extension	DF	VC program	
	special extension (enter desc	ription) Harrican Trus			
Part II Basic Plan Info	ormation—enter all requested in			——————————————————————————————————————	
1a Name of plan			1b	Three-digit	
	c. Profit Sharing Plan	n and		plan number	
Trust			4-	(PN) •	001
			10	Effective date of 01/01/2014	•
2a Plan sponsor's name (emplo	oyer, if for a single-employer plan)		2h	Employer Identif	
Mailing address (include roo	om, apt., suite no. and street, or P.C	D. Box)		(EIN) 90-025	
		tal code (if foreign, see instructions)	2c	Sponsor's teleph	
The Check Depot, Inc				(941) 525-	
			2d	Business code (s	see instructions)
3439 Technology Driv	re, Suite 8			453990	
North Venice		FL 34275			
	ind address K Same as Plan Spoi		3b	Administrator's E	TINI
ou Fian daministrator s name a	Tid address K Same as Flatt Spot	isui.	Ju	Administrators	EIIV
			3c	Administrator's to	elephone number
		•			
					·
4 If the name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for this plan, enter the	4b	EIN	
	imber from the last return/report.				
a Sponsor's name			4c		
5a Total number of participants	at the beginning of the plan year		5		8
			5	b	8
C Number of participants with	account balances as of the end of	the plan year (only defined contribution plans	1		
			5	C	0
			<b> </b>		8
	articipants at the beginning of the pl	an year	5d	(1)	8
d(2) Total number of active pa	articipants at the beginning of the planticipants at the end of the plan year	an yearar	<b> </b>	(1)	
<ul><li>d(2) Total number of active pa</li><li>e Number of participants that</li></ul>	articipants at the beginning of the pl articipants at the end of the plan yea t terminated employment during the	an yearar year with accrued benefits that were less	5d	(1) (2)	8
d(2) Total number of active pa e Number of participants that than 100% vested Caution: A penalty for the late	articipants at the beginning of the planticipants at the end of the plan year terminated employment during the or incomplete filing of this return	an yeare plan year with accrued benefits that were less	5d 5d 5 suse is	(1) (2) e established.	8
d(2) Total number of active pa e Number of participants that than 100% vested	articipants at the beginning of the plan yearticipants at the end of the plan yearticipants at the end of the plan yearticipants during the complete filing of this return the penalties set forth in the instruction.	an year	5d 5d 5 suse is	(1) (2) e established.	8 8 0 0 able, a Schedule
d(2) Total number of active pa e Number of participants that than 100% vested	articipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, and signed by an enrolled actuary, a	an yeare plan year with accrued benefits that were less	5d 5d 5 suse is	(1) (2) e established.	8 8 0 0 able, a Schedule
d(2) Total number of active pa e Number of participants that than 100% vested	articipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, and signed by an enrolled actuary, a	an year	5d 5d 5 suse is	(1) (2) e established.	8 8 0 0 able, a Schedule
d(2) Total number of active pa e Number of participants that than 100% vested	articipants at the beginning of the plan year terminated employment during the or incomplete filling of this return ther penalties set forth in the instructional signed by an enrolled actuary, a plete.	an year	5d 5d 5suse is eport, i	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and
d(2) Total number of active participants that than 100% vested	articipants at the beginning of the plan year terminated employment during the or incomplete filling of this return ther penalties set forth in the instructional signed by an enrolled actuary, a plete.	an year	5d 5d 5suse is eport, i	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and
e Number of participants that than 100% vested	articipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction as given by an enrolled actuary, a plete.	an year	5d 5d 5suse is eport, i	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and
e Number of participants that than 100% vested	articipants at the beginning of the plan year articipants at the end of the plan year at terminated employment during the or incomplete filing of this return their penalties set forth in the instruction asigned by an enrolled actuary, applete.	an year	5d 5d 5 suse is eport, in rt, and	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and hinistrator
e Number of participants that than 100% vested	articipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction as given by an enrolled actuary, a plete.	an year	5d 5d 5 suse is eport, in rt, and	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and hinistrator
e Number of participants that than 100% vested	articipants at the beginning of the plan year articipants at the end of the plan year at terminated employment during the or incomplete filing of this return their penalties set forth in the instruction asigned by an enrolled actuary, applete.	an year	5d 5d 5 suse is eport, in rt, and	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and hinistrator
e Number of participants that than 100% vested	articipants at the beginning of the plan year articipants at the end of the plan year at terminated employment during the or incomplete filing of this return their penalties set forth in the instruction asigned by an enrolled actuary, applete.	an year	5d 5d 5 suse is eport, in rt, and	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and hinistrator
e Number of participants that than 100% vested	articipants at the beginning of the plan year articipants at the end of the plan year at terminated employment during the or incomplete filing of this return their penalties set forth in the instruction asigned by an enrolled actuary, applete.	an year	5d 5d 5 suse is eport, in rt, and	(1) (2) e established. ncluding, if applic to the best of my	8 8 0 able, a Schedule knowledge and hinistrator

Form		

Page	2
raye	_

b	Were all of the plan's assets during the plan year invested in eligit 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 can If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public attions.)orm 5500-SF and mus	account t instea	ad use	QPA) • Form	5500.			
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	.		-	(b) End of Year		
а	Total plan assets	. 7a		248,				396,966		
b	Total plan liabilities	. 7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c		248,	48,238			396,966		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total		
	Contributions received or receivable from:			0.1	1.00					
	(1) Employers	8a(1)		81,	$\rightarrow$		······································			
	(2) Participants	8a(2)		52,		<del></del>				
	(3) Others (including rollovers)	8a(3)		17	0					
	Other income (loss)	8b		17,	269		***************************************			
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c				~~~	151,			
	to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	1.1				
f	Administrative service providers (salaries, fees, commissions)	8f		2,575						
g	Other expenses	. 8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,57			
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i						148,728		
j_	Transfers to (from) the plan (see instructions)	8j	0							
Par	t IV Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare f									
Par	V Compliance Questions			······				and the same of th		
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	√oluntary I	iduciary Correction	10a		Х		Amount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			50,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persor ne or all of	s by an insurance the benefits under	10e	Х			766		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF 2016 Page <b>3</b> -	]						
Part '	VI Pension Funding Compliance					<del></del>	***************************************	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500) and line 11a below)	nd complete Scl	nedule S	В	]		Yes	X N
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	).:	11a					***
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or section	on 302 o	f			Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	instructions, ar	d enter			e lett	er ru	ıling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li							
<u>b</u>	Enter the minimum required contribution for this plan year		12b			***********		***************************************
C F	Enter the amount contributed by the employer to the plan for this plan year		12c					
-	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	***************************************	12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	_ N	lo		N/A
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s	X I	No	······································
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	sets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?	ought under the	ight under the			Yes X No		
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s	) to			VIIIV		
1	3c(1) Name of plan(s):	13c(2	EIN(s)			13c(	3) P	N(s)
Part '	VIII Trust Information							
14a N	lame of trust		14b	Trust's	EIN			
14c N	lame of trustee or custodian			Frustee telepho				s
Part	IX IRS Compliance Questions		l					
15a	s the plan a 401(k) plan? If "No," skip b	Yes			☐ No			
15b +	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	☐ safe i	in-based narbor ent year	l	"Pr tes	t	ear"	ADP

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio Average year? Check all that apply: ..... percentage N/A benefit test test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes No for the plan year by combining this plan with any other plan under the permissive aggregation rules?... 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter 18 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 ☐ No Yes 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ..... No