For	m 5500-SF	Short Form Annua	oyee	0MB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Retirement 2016							
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).							orm is Open to ic Inspection			
Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		dentification Information cal plan year beginning 01/01/20)16	and ending 12	2/31/2016					
	al plan year 2010 of list	a single-employer plan	a multiple-employer pla			king this ho	x must attach a			
A This ret	urn/report is for:	a one-participant plan		ployer information in ac		-				
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	oox if filing under:	Form 5558	automatic extension		DFVC	program				
		x special extension (enter descri				0				
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name NATIONAL F		S, LLC PROFIT SHARING 401K F	PLAN		•	ee-digit number) ▶	001			
					1c Effe	ctive date of				
Mailing	address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O.			2b Emp (EIN	oloyer Identif	/2004 ication Number 053198			
	town, state or province PENSION ASSOCIATES	e, country, and ZIP or foreign posta <mark>S, L.L.C.</mark>	l code (if foreign, see instr	uctions)	2c Sponsor's telephone number 407-834-6262					
					2d Bus		see instructions)			
1710 MAJES APOPKA, FL	TIC OAK DR. . 32712					5242	,			
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spon	sor.		3b Adn	ninistrator's I	EIN			
					3c Adn	ninistrator's t	elephone number			
name	, EIN, and the plan num	plan sponsor has changed since to be from the last return/report.	he last return/report filed fo	or this plan, enter the						
	or's name				4c PN					
		at the beginning of the plan year			5a		3			
		at the end of the plan year			5b		2			
		Iccount balances as of the end of the		•	5c		2			
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)		2			
• •		ticipants at the end of the plan yea			5d(2)		1			
		erminated employment during the			5e		C			
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable ca						
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.								
SIGN Filed with authorized/valid electronic signature. 01/29/2018 STEPHEN TOTH										
HERE Signature of plan administrator Date Enter name of indi				Enter name of individ	ual signing	as plan adr	ninistrator			
SIGN HERE										
	Signature of employ	/er/plan sponsor ame, if applicable) and address (ind	Date	Enter name of individ						
Preparer s	name (including firm na	arne, ir applicable) and address (ind	ciude room or suite numbe	r)	Preparer	's telephone	number			

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility									
•	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	isurance p	orogram (see ERISA section	1021)?		res	No Not determined			
Pa	rt III Financial Information	·	r							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year			
а	Total plan assets	7a	49468	1			220023			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	49468	1			220023			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:)						
	(1) Employers	8a(1))						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-26518	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-265184			
d	Benefits paid (including direct rollovers and insurance premiums		000							
	to provide benefits)	8d	800)						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	147	4						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9474			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-274658			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:			Yes	No	N/A	Amount			
	Barning the plant your.			1.00	L		Aniount			

10	During the plan year:	Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					🗌 Y	es 🗙 No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No	
		SA? 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 inst	tructior	ns, and	l enter t	he date	of the lette	r ruling	
	<u> </u>	ting the waiver			_ Day	′	Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1			
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 least of the matter 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?				X Yes	s N	C	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?	-				Yes X	No	
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
		of trust			14b 1	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custodi	an's	
						leiepho	ne number		
Par	ı ıv	IRS Compliance Questions							
rai									
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	1	Prior ye test	ar" ADP	
				"Curre ADP t	ent year' est		N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? 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		
	the le		-						
	letter		nter the	e date	of the m	ost rec	ent determi	nation	
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 ce?		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		

	Form 5500-SF	Short Form Annual Re B	ee	OMB Nos. 121							
	Internal Revenue Service	This form is required to be filed	under sections 104 a	and 4065 of the Employee							
Em	Department of Labor ployee Benefits Security Administration	8(a) of This Form is Open to Public Inspection									
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
		dentification Information	01/01/0016	and anding	10/	21/2016					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016											
A	This return/report is for:										
В	This return/report is:		the final return/report								
	en elektronik kantakan kantak	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)						
C	Check box if filing under:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	automatic extension		Π	DFVC program	m				
0	175	x special extension (enter description		a		1 0					
D				a.							
	art II Basic Plan Infor Name of plan	rmation enter all requested inforr	mation	_	1b TI	hree-digit					
14		sociates, LLC Profit Shari	ing 401K Plan			an number PN) ►	001				
	140101141 10101011 112.					ffective date of					
						1/01/2004					
2a	Mailing Address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo e, country, and ZIP or foreign postal co)))))))))))))))))))	tructions)	Constraint Proce	mployer Identi EIN) 26-165	fication Number				
	National Pension As:					ponsor's telepi 407) 834-6					
							see instructions)				
	1710 Majestic Oak D:	r.			AP Support Conten	24210	,				
	US Apopka FL 32712					and a second					
3a	Plan administrator's name an	nd address 🕱 Same as Plan Sponsor	r		3b Administrator's EIN						
					3c A	dministrator's t	elephone number				
4		plan sponsor has changed since the land	ast return/report filed	for this plan, enter the	4b E	IN					
а	Sponsor's name	iber from the last return report.			4c P	N					
-		at the beginning of the plan year			5a	3					
b	1770 B.	at the end of the plan year			5b	2					
С		account balances as of the end of the p			5c 2						
d		icipants at the beginning of the plan ye									
d	2) Total number of active part	icipants at the end of the plan year			5d(2))	1				
е	Number of participants that te	erminated employment during the plan	year with accrued be	nefits that were	5e		0				
Ca	ution: A penalty for the late of	or incomplete filing of this return/rep	port will be assesse	d unless reasonable ca	use is e	stablished.					
Ur SE	nder penalties of perjury and ot 3 or Schedule MB completed ar	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	ns, I declare that I hav	e examined this return/re	eport, inc	luding, if appli	cable, a Schedule y knowledge and				
90	lief, it is true, correct, and com		Tit dia								
1333310	IGN Teph		1/29/11	Stephen P. Toth							
H	ERE Signature of plan-admi	inistrator	Date	Enter name of individua	al signing	g as plan admi	nistrator				
12410255	IGN Xtepla &	OKK	1/2.9/17	Stephen P. Toth							
HERE Signature of employer/plan sponsor Date / Enter name of individual Preparer's name (including firm name, if applicable) and address (include room or suite number) Image: Complex state of the sta						as employer er's telephone					
Pr S	eparer's name (including firm n kip this question	ame, if applicable) and address (includ	de room or suite numi	jer)		this questi					
	5										
Fo	Paperwork Reduction Act N	Notice, see the instructions for Form	5500-SF.			Fo	orm 5500-SF (2016)				

-	Form 5500-SF 2016		Page 2			_			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)					XYes	No
b	Are you claiming a waiver of the annual examination and report of a	n independe	ent qualified public acc	ounta	nt (IQ	PA)		_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility as If you answered "No" to either line 6a or line 6b, the plan canno	nd condition	S.)	••••••••				X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins								
		surance proj	grain (see ERISA sect	ion 40	121)?	•••••			etermined
7	art III Financial Information								
1	Plan Assets and Liabilities		(a) Beginning o		11-20-0-00	-	(b)	End of Year	
<u>a</u>	Total plan assets	7a	4	94,6	581			220,	023
b	Total plan liabilities	7b							
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		94,6	81	_		220,	023
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t		12120123		(b) Total	-
0.50	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)				1.1	a faith		
	(3) Others (including rollovers)	8a(3)		and the second					
b	Other income (loss)	8b	(26	5,18	4)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.5			A 2 WEIGHT WEIGHT OF THE	(265,1	84)
d	Benefits paid (including direct rollovers and insurance premiums				~~			the search of the second	
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		8,0	00				<u>ar ar rectar</u> i
f	Administrative service providers (salaries, fees, commissions)	8e		1 4					
<u>,</u>		8f	1,04811-1-1	1,4	74	and the second			
g h	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g							
	Net income (loss) (subtract line 8h from line 8c)	8h							474
÷	Transfers to (from) the plan (see instructions)	8i						(274,6	58)
Pa	Int IV Plan Characteristics	8j							
1							and a galaxy		
Ja	If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2G 2J 2K 3D	ature codes	from the List of Plan C	Charac	cterist	ic Coc	les in the ir	structions:	
h									
U	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fr	om the List of Plan Ch	naract	eristic	Code	s in the ins	tructions:	
								0.4 (1990) - 10 (1990) (1990)	
	rt V Compliance Questions								
<u>10</u> a	During the plan year:				Yes	No	N/A	Amount	
a	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	ons within th	ne time period						
	Program)			100		x			
b				10a		•			
	reported on line 10a.)			10b		x	a de des		
C					x			Ę	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fire by fraud or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons by or all of the	y an insurance benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10e		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		x			

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x	
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		

Form 5500-SF 2016

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Part	t VI	Pension Funding Compliance					- Matrice			
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 500 and line 11a below)					Yes [X No		
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	2 2 22							
-	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year									
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.							
b	Enter th	e minimum required contribution for this plan year		12b		- 11-				
C	Enter th	e amount contributed by the employer to the plan for the plan year		12c						
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to e 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 r	esolution to terminate the plan been adopted in any plan year?		. 2	K Yes		No			
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year	••••••	13a				0		
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?	1000			Yes	X N	0		
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ssets or liabilities were transferred. (See instructions.)	entify the pla	an(s) to						
1;	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	l(s)		
	2									
Part	: VIII	Trust Information - Skip These Questions								
14a	Name	f trust		14b	Trust's El	N				
14c	Name	f trustee or custodian		14d	Trustee o	r cust	odian's			
					telephone	e numl	ber			
Devi	IV	IDC Compliance Questions Skin These Questions								
Part		IRS Compliance Questions - Skip These Questions		Vaa			No			
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No			
15b		I the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design-based barb			"Prior : test	year" ADP		
				"Current y ADP test			N/A			
16a		sting method was used to satisfy the coverage requirements under section 410(b) for the pla heck all that apply:		Ratio percentag test	ge 🗌	Avera bene	ige fit test	□ N/A		
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(blan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable l	RS opinion	letter or a	dvisory le	tter, e	nter the	date of		
17b		an is an individually-designed plan that received a favorable determination letter from the IRS	S, enter the	date of the	e most red	cent de	etermin	ation		
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s			Yes		No			
19	Was ar	y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		······ C	Yes		No			