

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 <u>01/01/2016</u> and ending <u>12/31/2016</u>			
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 ☐ the first return/report ☒ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.		☐
D	Check box if filing under:	☒ Form 5558 ☒ special extension (enter description) <u>7508A HURRICANE IRMA</u>	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AFSA 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/2014</u>
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) <u>AMERICAN FIRE SPRINKLER ASSOCIATION, INC.</u> <u>C/O 3(16) FIDUCIARY</u> <u>12750 MERIT DRIVE, SUITE 350</u> <u>DALLAS, TX 75251</u>	2b	Employer Identification Number (EIN) <u>06-1054750</u>
		2c	Plan Sponsor's telephone number <u>214-349-5965</u>
		2d	Business code (see instructions) <u>813000</u>

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.	02/12/2018	DONAL K FORD
	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 3(16) FIDUCIARY SERVICES CORPORATION 1732 SOUTH CONGRESS AVENUE, NO. 310 PALM SPRINGS, FL 33461	3b Administrator's EIN 45-4813650 3c Administrator's telephone number 561-402-4519
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	5 284
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 240 6a(2) 284 6b 1 6c 15 6d 300 6e 0 6f 300 6g 156 6h 6
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: 2E 2F 2G 2J 2K 3D 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 AFSA 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FIRE SPRINKLER ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-1054750	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932373-000	156	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
11560	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST. SUITE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8183			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN L. HERSHENBERG
3903 WOODVINE DRIVE
EULESS, TX 76040-6473

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1335			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS CORP.

1300 S CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1195			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS CORP.

1300 S CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
847			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	313574
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4823256

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
 (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCOUNTS**

b Balance at the end of the previous year **7b** 565541**c** Additions: (1) Contributions deposited during the year **7c(1)** 10670(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 6110(4) Transferred from separate account..... **7c(4)** 4982(5) Other (specify below)..... **7c(5)** 4674▶ **LOANS PRIN AND INTEREST**(6) Total additions **7c(6)** 26436**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 591977**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 274336(2) Administration charge made by carrier..... **7e(2)** 4067(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)**

▶

(5) Total deductions **7e(5)** 278403**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 313574

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 AFSA 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FIRE SPRINKLER ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-1054750

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 TRANSAMERICA FINANCIAL LIFE INS CO.

36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

TRANSAMERICA FINANCIAL LIFE INS. CO

36-6071399

(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?
15 37 52 62 64 67	RECORD KEEPER		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PINNACLE FINANCIAL SERVICES

59-2438373

(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?
15 37 64	RECORD KEEPER		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

3(16) FIDUCIARY SERVICES

45-4813650

(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?
14	PLAN ADMINISTRATOR		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)

MESIROW FINANCIAL, INC.

36-3194849

(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?
27	INVESTMENT ADVISORY-PLAN		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 <u>AFSA 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN FIRE SPRINKLER ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>06-1054750</u>	

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: <u>SSGA INTL INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25436</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P MID CAP INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-438</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103670</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSS SM CP VAL IND RET ACT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-355</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103796</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRSA SM/MD CP VAL RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-124</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63690</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VAN REIT INX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40266</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VNG SM CP INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-132</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>56476</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA TOT STK MK INDX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA</u>				
c EIN-PN <u>36-6071399-166</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78424</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBOTT TOT RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-584	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30502
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PR EQ INC RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-600	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73465
a Name of MTIA, CCT, PSA, or 103-12 IE: TRAN INTL EQTY RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-603	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151215
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CH 2055 PT RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-624	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83684
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CHOICE 2035 RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-436	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288545
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CHOICE 2040 RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677444
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CHOICE 2045 RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 240289
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CHOICE 2050 RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-363	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77218
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT ONE CHOICE IN RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-364	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177458
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE CO.		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142648

a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAP APP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101827
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FD BAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15551
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FD WASH MUT INV RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219450
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT INFL ADJ BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-262	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3642
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUD JENN NAT RES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-268	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1382
a Name of MTIA, CCT, PSA, or 103-12 IE: FID ADV NEW INSGT RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-327	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85011
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN COIRE BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-329	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72050
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN HIGH YIELD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-330	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32166
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-334	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44846
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 36-6071399-349	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79641

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMER CENT ONE CHOICE 2020 RET ACT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA](#)

c EIN-PN 36-6071399-415	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 358851
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMER ONE CHOICE 2025 RET ACCT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA](#)

c EIN-PN 36-6071399-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 615923
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMER CENT ONE CHOICE 2030 RET ACCT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA](#)

c EIN-PN 36-6071399-435	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 778670
--	--	--

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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**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**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 AFSA 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FIRE SPRINKLER ASSOCIATION, INC.	D Employer Identification Number (EIN) 06-1054750	

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)	6341	5499
(2) Participant contributions	1b(2)	19613	10982
(3) Other.....	1b(3)	4476	0
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)	317839	213272
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6317650	4823256
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	565541	322959
(15) Other	1c(15)		

		(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	7231460 5375968
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	12087 21386
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	12087 21386
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7219373 5354582

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	225201
	(B) Participants	2a(1)(B)	584878
	(C) Others (including rollovers)	2a(1)(C)	10428
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	820507
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)	15395
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	15395
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)	0
(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)	0

		(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)		370444
(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)		
c Other income.....	2c		2041
d Total income. Add all income amounts in column (b) and enter total.....	2d		1208387

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	186167	
(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)		186167
f Corrective distributions (see instructions)	2f		21386
g Certain deemed distributions of participant loans (see instructions)	2g		3953
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	6575	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	39402	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		45977
j Total expenses. Add all expense amounts in column (b) and enter total	2j		257483

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		950904
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		2815695

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: SALMON SIMS THOMAS & ASSOCIATES PLL

(2) EIN: 05-0568611

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:

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.).....

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.)

	Yes	No	Amount
4a	X		84073
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)
FOOS FIRE, INC.	26-3899575	333
ANCHOR FIRE PROTECTION CO.	23-2074559	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>AFSA 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN FIRE SPRINKLER ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>06-1054750</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
a	The current year	14a	
b	The plan year immediately preceding the current plan year	14b	
c	The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year	15a	
b	The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a	Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
b	Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c	What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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
22a 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	
22b 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 / / .	

AFSA 401(K) PLAN
FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2016

**AFSA 401(K) Plan
Table of Contents
December 31, 2016**

Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits December 31, 2016 and 2015	3
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2016	4
Notes to Financial Statements	5-12
Supplemental Schedules	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2016	13-14
Schedule H, Line 4i – Schedule of Assets Held at December 31, 2016	15



SALMON SIMS THOMAS

Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
of AFSA 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AFSA 401(K) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 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 (DOL) 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 4, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian 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.

Emphasis of Matter

As discussed in Note 9 to the financial statements, the Plan adopted an amendment subsequent to year-end to terminate the Plan effective December 31, 2017. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets Held at December 31, 2016 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2016 are required by the DOL'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 required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Salmon Sims Thomas & Associates
A Professional Limited Liability Company

January 31, 2018

AFSA 401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value:		
General account	\$ 322,959	\$ 565,541
Pooled separate accounts	<u>4,823,256</u>	<u>6,317,650</u>
Total Investments	<u>5,146,215</u>	<u>6,883,191</u>
Receivables:		
Participant contributions	10,982	19,613
Employer contributions	5,499	6,341
Other	-	4,476
Notes receivable from participants	<u>213,272</u>	<u>317,839</u>
Total Receivables	<u>229,753</u>	<u>348,269</u>
Total Assets	5,375,968	7,231,460
Liabilities		
Excess contributions payable	<u>21,386</u>	<u>12,087</u>
Net Assets Available For Benefits	<u><u>\$ 5,354,582</u></u>	<u><u>\$ 7,219,373</u></u>

The accompanying notes are an integral part of these financial statements.

AFSA 401(K) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2016

Additions:

Investment Income (Loss):	
Net appreciation (depreciation) in the fair value of investments	\$ 370,444
Other income	2,041
Total Investment Income (Loss)	<u>372,485</u>
Interest Income on Notes Receivable from Participants	<u>15,395</u>
Contributions:	
Participants	563,492
Employers	225,201
Rollover	10,428
Total Contributions	<u>799,121</u>
Total Additions	<u>1,187,001</u>

Deductions:

Benefits paid to participants	186,167
Deemed distributions	3,953
Administrative expenses	<u>45,977</u>
Total Deductions	<u>236,097</u>
Increase (Decrease) in Net Assets	950,904

Net Assets Available for Benefits

Beginning of the year	7,219,373
Transfers out (See Note 8)	<u>(2,815,695)</u>
End of the year	<u><u>\$ 5,354,582</u></u>

The accompanying notes are an integral part of this financial statement.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 1. Description of Plan

The following description of the AFSA 401(K) Plan (the Plan) provides only general information. American Fire Sprinkler Association, Inc. (Company) is the Plan management and sponsor and Transamerica Life Insurance Company (Transamerica) is the custodian of Plan assets. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established as a defined contribution plan on January 1, 2014 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code of 1986 (IRC). The Plan utilizes a standardized prototype profit sharing plan developed by Pinnacle Financial Services, Inc. dated December 15, 2009.

Funding

The Plan is a multi-employer defined contribution plan for the eligible employees of association members. Excluded classes of employees include: union members, nonresident aliens, and leased employees. Participants can elect to reduce their compensation and have such reductions contributed to the Plan on their behalf. Participants direct their investments in numerous investment options managed by Transamerica. Below is a list of the association members and their respective eligibility requirements:

<u>Association Member</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
A-1 Sprinkler Co., Inc.	21 years old	None
Alliance Fire Protection, Inc.	21 years old	1 year with 1,000 hours
Anchor Fire Protection Co.	21 years old	1 year
Central Fire Protection Contractors, Inc.	21 years old	1 year with 1,000 hours
Crawford Sprinkler Co. of SC, Inc.	21 years old	1 year with 1,000 hours
Fire Service Group, LLC.	18 years old	3 months
FOOS Fire, Inc.	18 years old	6 months
Lund Pearson, Inc.	21 years old	3 months
TNT Fire Protection, Inc.	21 years old	1 year with 1,000 hours

During 2016, Anchor Fire Protection Co. and FOOS Fire, Inc. left the Plan. See Note 8. In November 2017, A-1 Sprinkler Co., Inc. left the Plan. See Note 9.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 1. Description of Plan (Continued)

Funding (Continued)

Employer discretionary and nondiscretionary matching contributions are calculated and funded each pay period as follows:

<u>Association Member</u>	<u>Discretionary Contribution</u>	<u>Nondiscretionary Contribution</u>
A-1 Sprinkler Co., Inc.	N/A	100% of first 2%, 75% of next 2%, 50% of next 2%
Alliance Fire Protection, Inc.	50% up to 4%	N/A
Anchor Fire Protection Co.	N/A	N/A
Central Fire Protection Contractors, Inc.	N/A	N/A
Crawford Sprinkler Co. of SC, Inc.	N/A	N/A
Fire Service Group, LLC.	100% up to 3%	N/A
FOOS Fire, Inc.	N/A	N/A
Lund Pearson, Inc.	N/A	N/A
TNT Fire Protection, Inc.	N/A	N/A

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, and allocations of the Plan's earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances, as defined. Investment income or loss is allocated daily based on the ratio of each participant's account balance at the end of each day. The participant contributions are made each pay period.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or beneficiary (in the case that the participant is deceased) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or have the payment paid as a direct rollover to an IRA account or another employer's tax qualified plan.

Vesting

Participants are 100% vested in salary deferrals contributed to the Plan. Depending on the association member, Company matching contributions are vested on a straight-line basis over periods ranging between three and six years.

Forfeitures

Forfeitures may be used to pay administrative expenses of the Plan or to reduce any employer contributions. The Plan used \$457 from forfeitures to pay for administrative expenses and reduce employer contributions during the year ended December 31, 2016. The Plan maintained a balance of \$6,282 and \$9,675 in the forfeiture account at December 31, 2016 and 2015, respectively.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 1. Description of Plan (Continued)

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. A participant may have one loan outstanding at a time. Loan transactions are treated as a transfer to (from) the investment fund and from (to) the participant loan fund. Loan terms range from one to five years or within a reasonable time if the purpose of the loan is to acquire a primary residence. The loans are secured by the balance in the participants' accounts. The interest rate charged on participant loans was 4.25% to 9% during the current year. Principal and interest are paid ratably through weekly, bi-weekly, or semimonthly payroll deductions.

Plan Termination

Upon termination, the Company may elect to distribute to each participant, or his or her beneficiary, the proportionate share of the Plan's assets as determined by the individual account balances on the date of termination, or continue the existence of the trust for the purpose of paying benefits as they become due under the terms of the Plan. In addition, upon termination of the Plan, participants' vested interest in employer contributions shall be 100%.

Subsequent to year end, the Plan adopted an amendment to terminate the Plan effective December 31, 2017.

Administration of the Plan

Certain administrative expenses of the Plan may be paid by the Company. The Plan is not required to reimburse the Company for any administrative expenses paid by the Company. Expenses not paid by the Company are paid by the Plan.

Note 2. Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America (GAAP) and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Uses of Estimates

Preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 2. Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values 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.

Investments Valuation and Income Recognition

The Plan's pooled separate accounts are stated 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. See Note 6 for fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan holds a stable value fund with Transamerica. The contributions are maintained in a general account. The stable value fund option issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the stable value fund is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. At December 31, 2016 and 2015, contract value approximated the fair market value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsor events (for example divestiture or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exempt under ERISA. The plan administrator does not believe any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The interest crediting rate of the investment contract was 1.40% and 1.50% at December 31, 2016 and 2015, respectively. The average yield was 1.40% and 1.55% for 2016 and 2015, respectively.

Payment of Benefits

Benefit payments are recorded when paid.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 2. Summary of Significant Accounting Policies (Continued)

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 as they are incurred. No allowance for credit losses had been recorded as of December 31, 2016 and 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2015 excess contributions to the applicable participants prior to March 15, 2016. The Plan distributed the 2016 excess contributions to the applicable participants prior to March 15, 2017, with the exception of member A-1 Sprinkler Co., Inc., who had not distributed the excess contributions at the time they left the Plan in November 2017.

Date of Management's Review

Subsequent events have been evaluated for potential recognition or disclosure through January 31, 2018, which is the date the financial statements were available to be issued.

Note 3. Income Tax Status

The Plan has received a determination letter from the IRS dated December 15, 2009, stating that the Plan is qualified under the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that all years are still subject to income tax examinations, as the Plan was started on January 1, 2014.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 4. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2016 and 2015, and net appreciation (depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Transamerica.

Note 5. Party-in-Interest

The Plan invests in units of pooled separate accounts managed by Transamerica, who acts as custodian of the Plan's assets, as defined by the Plan. The Plan has also utilized the services of Lincoln Financial Advisors during the Plan year. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules.

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, 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 the 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 6. Fair Value Measurements (Continued)

The asset's 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.

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.

Pooled separate accounts – The fair value of the Plan's interest in the pooled separate accounts is based on the fund's daily net asset value (NAV), which is considered by Plan management to be the best approximation of fair value.

General account – Valued at contract value based on the initial investment plus deposits or earnings less any withdrawals or fees.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

<i>Assets at Fair Value as of December 31, 2016</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
General account	\$ -	\$ 322,959	\$ -	\$ 322,959
Pooled separate accounts	4,439,120	384,136	-	4,823,256
Investments at fair value	<u>\$ 4,439,120</u>	<u>\$ 707,095</u>	<u>\$ -</u>	<u>\$ 5,146,215</u>

<i>Assets at Fair Value as of December 31, 2015</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
General account	\$ -	\$ 565,541	\$ -	\$ 565,541
Pooled separate accounts	5,907,258	410,392	-	6,317,650
Investments at fair value	<u>\$ 5,907,258</u>	<u>\$ 975,933</u>	<u>\$ -</u>	<u>\$ 6,883,191</u>

Note 7. Delinquent Participant Contributions

During the year ended December 31, 2016, employee withholdings in the amount of \$84,073 were not remitted within the appropriate timeframe by the Company. These transactions constitute prohibited transactions as defined by ERISA. The employee withholdings were remitted to the Plan between January 25, 2016 and January 11, 2017. See supplemental schedule.

It was also noted during the year ended December 31, 2015, employee withholdings in the amount of \$119,730 were not remitted within the appropriate timeframe by the Company. The employee withholdings were remitted to the Plan on August 5, 2016.

AFSA 401(K) Plan
Notes to Financial Statements
December 31, 2016

Note 8. Transfers Out

During the year ended December 31, 2016, net assets totaling \$2,815,695 were transferred out of the Plan to other retirement plans as a result of two association members leaving the Plan.

Note 9. Subsequent Events

Subsequent to December 31, 2016, the net assets for A-1 Sprinkler Co., Inc. were transferred to a different retirement plan.

Additionally, the Plan adopted an amendment to terminate the Plan effective December 31, 2017.

SUPPLEMENTAL SCHEDULES

AFSA 401(K) Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2016
EIN# 06-1054750
Plan Number: 333

Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒						
Amount Withheld	Date Withheld	Date Remitted				
\$ 1,234	1/2/2015	8/5/2016	\$	\$	1,234	\$
\$ 1,287	1/9/2015	8/5/2016	\$	\$	1,287	\$
\$ 1,963	1/16/2015	8/5/2016	\$	\$	1,963	\$
\$ 1,432	1/24/2015	8/5/2016	\$	\$	1,432	\$
\$ 1,294	1/30/2015	8/5/2016	\$	\$	1,294	\$
\$ 1,382	2/6/2015	8/5/2016	\$	\$	1,382	\$
\$ 1,103	2/13/2015	8/5/2016	\$	\$	1,103	\$
\$ 1,130	2/20/2015	8/5/2016	\$	\$	1,130	\$
\$ 896	2/25/2015	8/5/2016	\$	\$	896	\$
\$ 1,136	2/27/2015	8/5/2016	\$	\$	1,136	\$
\$ 1,251	3/6/2015	8/5/2016	\$	\$	1,251	\$
\$ 1,085	3/14/2015	8/5/2016	\$	\$	1,085	\$
\$ 1,150	3/20/2015	8/5/2016	\$	\$	1,150	\$
\$ 1,162	3/27/2015	8/5/2016	\$	\$	1,162	\$
\$ 1,660	4/3/2015	8/5/2016	\$	\$	1,660	\$
\$ 1,874	4/10/2015	8/5/2016	\$	\$	1,874	\$
\$ 897	4/15/2015	8/5/2016	\$	\$	897	\$
\$ 1,171	4/17/2015	8/5/2016	\$	\$	1,171	\$
\$ 898	4/22/2015	8/5/2016	\$	\$	898	\$
\$ 1,720	4/24/2015	8/5/2016	\$	\$	1,720	\$
\$ 530	5/1/2015	8/5/2016	\$	\$	530	\$
\$ 1,342	5/2/2015	8/5/2016	\$	\$	1,342	\$
\$ 898	5/6/2015	8/5/2016	\$	\$	898	\$
\$ 530	5/8/2015	8/5/2016	\$	\$	530	\$
\$ 1,045	5/9/2015	8/5/2016	\$	\$	1,045	\$
\$ 1,632	5/15/2015	8/5/2016	\$	\$	1,632	\$
\$ 901	5/20/2015	8/5/2016	\$	\$	901	\$
\$ 602	5/22/2015	8/5/2016	\$	\$	602	\$
\$ 1,242	5/23/2015	8/5/2016	\$	\$	1,242	\$
\$ 1,621	5/29/2015	8/5/2016	\$	\$	1,621	\$
\$ 902	6/3/2015	8/5/2016	\$	\$	902	\$
\$ 2,054	6/5/2015	8/5/2016	\$	\$	2,054	\$
\$ 1,683	6/12/2015	8/5/2016	\$	\$	1,683	\$
\$ 882	6/17/2015	8/5/2016	\$	\$	882	\$
\$ 530	6/19/2015	8/5/2016	\$	\$	530	\$
\$ 1,020	6/20/2015	8/5/2016	\$	\$	1,020	\$
\$ 901	6/24/2015	8/5/2016	\$	\$	901	\$
\$ 1,743	6/26/2015	8/5/2016	\$	\$	1,743	\$
\$ 1,580	7/3/2015	8/5/2016	\$	\$	1,580	\$
\$ 1,571	7/10/2015	8/5/2016	\$	\$	1,571	\$
\$ 1,563	7/17/2015	8/5/2016	\$	\$	1,563	\$
\$ 1,353	7/24/2015	8/5/2016	\$	\$	1,353	\$
\$ 906	7/29/2015	8/5/2016	\$	\$	906	\$
\$ 1,546	7/31/2015	8/5/2016	\$	\$	1,546	\$
\$ 873	8/5/2015	8/5/2016	\$	\$	873	\$
\$ 1,452	8/7/2015	8/5/2016	\$	\$	1,452	\$
\$ 1,590	8/14/2015	8/5/2016	\$	\$	1,590	\$
\$ 1,394	8/21/2015	8/5/2016	\$	\$	1,394	\$
\$ 875	8/26/2015	8/5/2016	\$	\$	875	\$
\$ 916	8/28/2015	8/5/2016	\$	\$	916	\$
\$ 334	9/4/2015	8/5/2016	\$	\$	334	\$
\$ 334	9/11/2015	8/5/2016	\$	\$	334	\$
\$ 530	9/18/2015	8/5/2016	\$	\$	530	\$
\$ 530	9/25/2015	8/5/2016	\$	\$	530	\$
\$ 530	10/2/2015	8/5/2016	\$	\$	530	\$
\$ 909	10/8/2015	8/5/2016	\$	\$	909	\$
\$ 7,049	10/9/2015	8/5/2016	\$	\$	7,049	\$
\$ 7,411	10/16/2015	8/5/2016	\$	\$	7,411	\$
\$ 5,428	10/23/2015	8/5/2016	\$	\$	5,428	\$
\$ 5,395	10/30/2015	8/5/2016	\$	\$	5,395	\$
\$ 6,220	11/6/2015	8/5/2016	\$	\$	6,220	\$
\$ 5,803	11/13/2015	8/5/2016	\$	\$	5,803	\$
\$ 6,439	11/20/2015	8/5/2016	\$	\$	6,439	\$
\$ 6,091	11/27/2015	8/5/2016	\$	\$	6,091	\$
\$ 535	12/4/2015	8/5/2016	\$	\$	535	\$
\$ 915	12/9/2015	8/5/2016	\$	\$	915	\$
\$ 535	12/11/2015	8/5/2016	\$	\$	535	\$
\$ 563	12/18/2015	8/5/2016	\$	\$	563	\$
\$ 563	12/24/2015	8/5/2016	\$	\$	563	\$
\$ 842	12/30/2015	8/5/2016	\$	\$	842	\$
\$ 1,371	12/31/2015	8/5/2016	\$	\$	1,370	\$

See independent auditors' report.

AFSA 401(K) Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions (Continued)
For the Year Ended December 31, 2016
EIN# 06-1054750
Plan Number: 333

Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒						
Amount Withheld	Date Withheld	Date Remitted				
\$ 339	1/8/2016	1/25/2016	\$ 339	\$	\$	\$
\$ 950	1/13/2016	1/25/2016	\$ 950	\$	\$	\$
\$ 950	1/20/2016	2/18/2016	\$ 950	\$	\$	\$
\$ 1,128	1/22/2016	2/3/2016	\$ 1,128	\$	\$	\$
\$ 563	1/22/2016	2/9/2016	\$ 563	\$	\$	\$
\$ 264	1/22/2016	2/25/2016	\$ 264	\$	\$	\$
\$ 950	1/27/2016	2/23/2016	\$ 950	\$	\$	\$
\$ 563	1/29/2016	2/16/2016	\$ 563	\$	\$	\$
\$ 264	1/29/2016	2/25/2016	\$ 264	\$	\$	\$
\$ 529	2/5/2016	2/23/2016	\$ 529	\$	\$	\$
\$ 264	2/5/2016	2/25/2016	\$ 264	\$	\$	\$
\$ 563	2/5/2016	2/29/2016	\$ 563	\$	\$	\$
\$ 950	2/11/2016	2/29/2016	\$ 950	\$	\$	\$
\$ 264	2/12/2016	2/25/2016	\$ 264	\$	\$	\$
\$ 6,089	2/12/2016	3/3/2016	\$ 6,089	\$	\$	\$
\$ 564	2/12/2016	3/4/2016	\$ 564	\$	\$	\$
\$ 564	2/19/2016	3/15/2016	\$ 564	\$	\$	\$
\$ 941	2/25/2016	3/29/2016	\$ 941	\$	\$	\$
\$ 564	2/26/2016	3/21/2016	\$ 564	\$	\$	\$
\$ 7,761	3/4/2016	3/17/2016	\$ 7,761	\$	\$	\$
\$ 564	3/4/2016	3/22/2016	\$ 564	\$	\$	\$
\$ 6,117	3/11/2016	3/28/2016	\$ 6,117	\$	\$	\$
\$ 603	3/11/2016	3/29/2016	\$ 603	\$	\$	\$
\$ 564	3/18/2016	4/12/2016	\$ 564	\$	\$	\$
\$ 941	3/24/2016	4/14/2016	\$ 941	\$	\$	\$
\$ 603	3/25/2016	4/18/2016	\$ 603	\$	\$	\$
\$ 814	3/31/2016	4/14/2016	\$ 814	\$	\$	\$
\$ 575	4/1/2016	5/4/2016	\$ 575	\$	\$	\$
\$ 788	4/7/2016	4/19/2016	\$ 788	\$	\$	\$
\$ 603	4/8/2016	4/20/2016	\$ 603	\$	\$	\$
\$ 754	4/14/2016	5/4/2016	\$ 754	\$	\$	\$
\$ 407	4/22/2016	5/9/2016	\$ 407	\$	\$	\$
\$ 196	4/22/2016	5/23/2016	\$ 196	\$	\$	\$
\$ 604	4/29/2016	5/23/2016	\$ 604	\$	\$	\$
\$ 719	5/5/2016	5/23/2016	\$ 719	\$	\$	\$
\$ 604	5/6/2016	6/16/2016	\$ 604	\$	\$	\$
\$ 604	5/13/2016	6/16/2016	\$ 604	\$	\$	\$
\$ 6,066	5/20/2016	6/8/2016	\$ 6,066	\$	\$	\$
\$ 604	5/20/2016	6/30/2016	\$ 604	\$	\$	\$
\$ 604	5/27/2016	8/19/2016	\$ 604	\$	\$	\$
\$ 1,220	6/3/2016	6/20/2016	\$ 1,220	\$	\$	\$
\$ 719	6/9/2016	6/28/2016	\$ 719	\$	\$	\$
\$ 604	6/10/2016	7/8/2016	\$ 604	\$	\$	\$
\$ 407	7/1/2016	7/26/2016	\$ 407	\$	\$	\$
\$ 196	7/1/2016	8/5/2016	\$ 196	\$	\$	\$
\$ 708	7/7/2016	7/25/2016	\$ 708	\$	\$	\$
\$ 556	7/8/2016	7/28/2016	\$ 556	\$	\$	\$
\$ 47	7/8/2016	8/5/2016	\$ 47	\$	\$	\$
\$ 556	7/15/2016	8/1/2016	\$ 556	\$	\$	\$
\$ 47	7/15/2016	8/5/2016	\$ 47	\$	\$	\$
\$ 47	7/22/2016	8/5/2016	\$ 47	\$	\$	\$
\$ 556	7/22/2016	8/19/2016	\$ 556	\$	\$	\$
\$ 556	7/29/2016	9/8/2016	\$ 556	\$	\$	\$
\$ 689	8/4/2016	8/16/2016	\$ 689	\$	\$	\$
\$ 6,807	8/5/2016	8/22/2016	\$ 6,807	\$	\$	\$
\$ 604	8/5/2016	9/8/2016	\$ 604	\$	\$	\$
\$ 603	8/12/2016	9/21/2016	\$ 603	\$	\$	\$
\$ 728	8/19/2016	9/28/2016	\$ 728	\$	\$	\$
\$ 728	8/26/2016	10/14/2016	\$ 728	\$	\$	\$
\$ 532	9/2/2016	10/31/2016	\$ 532	\$	\$	\$
\$ 728	9/9/2016	10/11/2016	\$ 728	\$	\$	\$
\$ 728	9/16/2016	10/19/2016	\$ 728	\$	\$	\$
\$ 689	9/22/2016	10/14/2016	\$ 689	\$	\$	\$
\$ 532	9/23/2016	11/04/2016	\$ 532	\$	\$	\$
\$ 95	9/23/2016	11/21/2016	\$ 95	\$	\$	\$
\$ 347	9/28/2016	10/03/2016	\$ 347	\$	\$	\$
\$ 689	9/28/2016	10/17/2016	\$ 689	\$	\$	\$
\$ 580	9/30/2016	11/25/2016	\$ 580	\$	\$	\$
\$ 580	10/07/2016	12/05/2016	\$ 580	\$	\$	\$
\$ 580	10/14/2016	12/05/2016	\$ 580	\$	\$	\$
\$ 689	10/20/2016	11/03/2016	\$ 689	\$	\$	\$
\$ 6,578	10/21/2016	11/07/2016	\$ 6,578	\$	\$	\$
\$ 580	10/21/2016	12/07/2016	\$ 580	\$	\$	\$
\$ 580	10/28/2016	12/09/2016	\$ 580	\$	\$	\$
\$ 580	11/04/2016	12/21/2016	\$ 580	\$	\$	\$
\$ 580	11/11/2016	12/12/2016	\$ 580	\$	\$	\$
\$ 580	11/18/2016	12/14/2016	\$ 580	\$	\$	\$
\$ 580	11/25/2016	12/28/2016	\$ 580	\$	\$	\$
\$ 329	12/02/2016	12/23/2016	\$ 329	\$	\$	\$
\$ 360	12/09/2016	12/23/2016	\$ 360	\$	\$	\$
\$ 112	12/10/2016	12/28/2016	\$ 112	\$	\$	\$
\$ 863	12/16/2016	12/28/2016	\$ 863	\$	\$	\$
\$ 486	12/23/2016	12/28/2016	\$ 486	\$	\$	\$
\$ 360	12/23/2016	1/11/2017	\$ 360	\$	\$	\$

See independent auditors' report.

AFSA 401(K) Plan
Schedule H, Line 4i - Schedule of Assets Held at December 31, 2016
EIN# 06-1054750
Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, part, maturity value	(d) Cost	(e) Current Value
*	Transamerica Financial Life Insurance Company	Alger Capital Appreciation Ret Acct	**	\$ 101,827
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond Ret Acct	**	3,642
*	Transamerica Financial Life Insurance Company	American Century One Choice 2020 Ret Acct	**	358,851
*	Transamerica Financial Life Insurance Company	American Century One Choice 2025 Ret Acct	**	615,923
*	Transamerica Financial Life Insurance Company	American Century One Choice 2030 Ret Acct	**	778,670
*	Transamerica Financial Life Insurance Company	American Century One Choice 2035 Ret Acct	**	288,545
*	Transamerica Financial Life Insurance Company	American Century One Choice 2040 Ret Acct	**	677,444
*	Transamerica Financial Life Insurance Company	American Century One Choice 2045 Ret Acct	**	240,289
*	Transamerica Financial Life Insurance Company	American Century One Choice 2050 Ret Acct	**	77,218
*	Transamerica Financial Life Insurance Company	American Century One Choice 2055 Portfolio Ret Acct	**	83,684
*	Transamerica Financial Life Insurance Company	American Century One Choice In Retirement Ret Acct	**	177,458
*	Transamerica Financial Life Insurance Company	American Funds Balanced Ret Acct	**	15,551
*	Transamerica Financial Life Insurance Company	American Funds Washington Mutual Investors Ret Acct	**	219,450
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights Ret Acct	**	85,012
*	Transamerica Financial Life Insurance Company	Janus Triton Ret Acct	**	142,648
*	Transamerica Financial Life Insurance Company	JPMorgan Core Bond Ret Acct	**	72,050
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield Ret Acct	**	32,166
*	Transamerica Financial Life Insurance Company	JPMorgan U.S. Equity Ret Acct	**	44,846
*	Transamerica Financial Life Insurance Company	Lord Abbett Total Return Ret Acct	**	30,502
*	Transamerica Financial Life Insurance Company	PIMCO Total Return Ret Acct	**	79,641
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources Ret Acct	**	1,382
*	Transamerica Financial Life Insurance Company	State Street International Index Ret Acct	**	25,436
*	Transamerica Financial Life Insurance Company	State Street Russell Small Cap Value Index Ret Acct	**	103,796
*	Transamerica Financial Life Insurance Company	State Street S&P Mid Cap Index Ret Acct	**	103,689
*	Transamerica Financial Life Insurance Company	T. Rowe Price Equity Income Ret Acct	**	73,465
*	Transamerica Financial Life Insurance Company	TA Vanguard REIT Index Ret Acct	**	40,266
*	Transamerica Financial Life Insurance Company	TA Vanguard Small-Cap Index Ret Acct	**	56,476
*	Transamerica Financial Life Insurance Company	TA Vanguard Total Stock Market Index Ret Acct	**	78,424
*	Transamerica Financial Life Insurance Company	Transamerica International Equity Ret Acct	**	151,215
*	Transamerica Financial Life Insurance Company	Transamerica Small/Mid Cap Value Ret Acct	**	63,690
		Total Pooled Separate Accounts		4,823,256
*	Transamerica Financial Life Insurance Company	Transamerica Stable Value Advantage Acct	**	322,959
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 9%	-0-	213,272
				<u>\$ 5,359,487</u>
*	Denotes a party-in-interest			
**	Cost omitted for participant directed investments			

See independent auditors' report.

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATIONPLAN NAME : **AFSA 401(K) PLAN**EIN: **06-1054750**PN: **333**

NAME OF PARTICIPATING EMPLOYER (a)	EIN (b)	PERCENT OF TOTAL CONTRIBUTIONS (c)
AFS/A-1 SPRINKLER CO., INC.	311059456	56.12%
AFS/FOOS FIRE, INC.	263899575	3.92%
AFS/ALLIANCE FIRE PROTECTION, LLC	481243793	14.36%
AFS/ANCHOR FIRE PROTECTION CO.	232074559	3.24%
AFS/CENTRAL FIRE PROTECTION CONTRACTORS, INC.	840939315	3.07%
AFS/CRAWFORD SPRINKLER CO. OF SC, INC.	570470554	2.27%
AFS/FIRE SERVICE GROUP, LLC	275493449	12.50%
AFS/LUND PEARSON, INC	942541517	2.00%
AFS/TNT FIRE PROTECTION, INC.	264227276	2.52%

AFSA 401(K) Plan
Schedule H, Line 4i - Schedule of Assets Held at December 31, 2016
EIN# 06-1054750
Plan Number: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, part, maturity value	(d) Cost	(e) Current Value
*	Transamerica Financial Life Insurance Company	Alger Capital Appreciation Ret Acct	**	\$ 101,827
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adjusted Bond Ret Acct	**	3,642
*	Transamerica Financial Life Insurance Company	American Century One Choice 2020 Ret Acct	**	358,851
*	Transamerica Financial Life Insurance Company	American Century One Choice 2025 Ret Acct	**	615,923
*	Transamerica Financial Life Insurance Company	American Century One Choice 2030 Ret Acct	**	778,670
*	Transamerica Financial Life Insurance Company	American Century One Choice 2035 Ret Acct	**	288,545
*	Transamerica Financial Life Insurance Company	American Century One Choice 2040 Ret Acct	**	677,444
*	Transamerica Financial Life Insurance Company	American Century One Choice 2045 Ret Acct	**	240,289
*	Transamerica Financial Life Insurance Company	American Century One Choice 2050 Ret Acct	**	77,218
*	Transamerica Financial Life Insurance Company	American Century One Choice 2055 Portfolio Ret Acct	**	83,684
*	Transamerica Financial Life Insurance Company	American Century One Choice In Retirement Ret Acct	**	177,458
*	Transamerica Financial Life Insurance Company	American Funds Balanced Ret Acct	**	15,551
*	Transamerica Financial Life Insurance Company	American Funds Washington Mutual Investors Ret Acct	**	219,450
*	Transamerica Financial Life Insurance Company	Fidelity Advisor New Insights Ret Acct	**	85,012
*	Transamerica Financial Life Insurance Company	Janus Triton Ret Acct	**	142,648
*	Transamerica Financial Life Insurance Company	JPMorgan Core Bond Ret Acct	**	72,050
*	Transamerica Financial Life Insurance Company	JPMorgan High Yield Ret Acct	**	32,166
*	Transamerica Financial Life Insurance Company	JPMorgan U.S. Equity Ret Acct	**	44,846
*	Transamerica Financial Life Insurance Company	Lord Abbett Total Return Ret Acct	**	30,502
*	Transamerica Financial Life Insurance Company	PIMCO Total Return Ret Acct	**	79,641
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources Ret Acct	**	1,382
*	Transamerica Financial Life Insurance Company	State Street International Index Ret Acct	**	25,436
*	Transamerica Financial Life Insurance Company	State Street Russell Small Cap Value Index Ret Acct	**	103,796
*	Transamerica Financial Life Insurance Company	State Street S&P Mid Cap Index Ret Acct	**	103,689
*	Transamerica Financial Life Insurance Company	T. Rowe Price Equity Income Ret Acct	**	73,465
*	Transamerica Financial Life Insurance Company	TA Vanguard REIT Index Ret Acct	**	40,266
*	Transamerica Financial Life Insurance Company	TA Vanguard Small-Cap Index Ret Acct	**	56,476
*	Transamerica Financial Life Insurance Company	TA Vanguard Total Stock Market Index Ret Acct	**	78,424
*	Transamerica Financial Life Insurance Company	Transamerica International Equity Ret Acct	**	151,215
*	Transamerica Financial Life Insurance Company	Transamerica Small/Mid Cap Value Ret Acct	**	63,690
		Total Pooled Separate Accounts		4,823,256
*	Transamerica Financial Life Insurance Company	Transamerica Stable Value Advantage Acct	**	322,959
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 9%	-0-	213,272
				<u>\$ 5,359,487</u>
*	Denotes a party-in-interest			
**	Cost omitted for participant directed investments			

See independent auditors' report.

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		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		

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)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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		

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
---	-----------	--	--

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
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:

(2) EIN:

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:

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.).....

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.)

	Yes	No	Amount
4a			
4b			

		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			
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			
e Was this plan covered by a fidelity bond?	4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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

Attachment to 2016 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name AFSA 401(K) PLAN

EIN: 06-1054750

Plan Sponsor's Name AMERICAN FIRE SPRINKLER ASSOCIATION, INC.

PN: 333

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	84,073	119,730		

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 _____ and ending _____	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b Three-digit plan number (PN) ▶</td> <td></td> </tr> <tr> <td>1c Effective date of plan</td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan	
1b Three-digit plan number (PN) ▶					
1c Effective date of plan					
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)	2b Employer Identification Number (EIN)				
	2c Plan Sponsor's telephone number				
	2d Business code (see instructions)				

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			
	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	3b Administrator's 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 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
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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(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)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **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 _____

Attachment to 2016 Form 5500
Form 5500 Administrative Penalties - Explanation of Reasonable Cause for Late Filing

Plan Name AFSA 401(K) PLAN

EIN: 06-1054750

Plan Sponsor's Name AMERICAN FIRE SPRINKLERASSOCIATION, INC.

PN: 333

Explanation:

As noted on Form 5500, Part I, Section D, box Special Extension, please accept our request for relief pursuant to the Presidential Declaration 7508A. Our form preparer and transmitter, Pinnacle Financial Services, Inc. (TCC - 60759) is located in Palm Beach County, Florida. Pinnacle is located in the area described in FL-2017-04, and they had to shut down their operations as a result of Hurricane Irma. Pinnacle Financial Services, Inc. provided to the IRS a bulk listing of clients affected by this devastating catastrophe. Thank you for your consideration.