Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information							
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/20	2017 and ending 12/31/2017						
A This ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
	·	a one-participant plan	a foreign plan						
B This retu	urn/report is								
C Check	box if filing under:	X Form 5558	automatic extension	DFVC program					
		special extension (enter descri	,						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name LORIA FINA	of plan NCIAL GROUP 401(K) PLAN			1b Three-digiting plan number (PN) ▶				
						1c Effective date of plan 01/01/2010			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)		2b Employer Identification Number (EIN) 36-4312353				
City or	town, state or province	e, country, and ZIP or foreign posta		uctions)	(EIN) 36-4312353 2c Sponsor's telephone number				
LORIA FINA	NCIAL GROUP, LLC				630-887-4404				
7500 OOUT!	LOOUNTY LINE DOA	5			2d Business code (see instructions)				
7500 SOUTE BURR RIDG	H COUNTY LINE ROA E, IL 60527	ט			523900				
3a Plan a	dministrator's name ar	nd address X Same as Plan Spons	sor.		3b Administrator's EIN				
				-	3c Administrator's telephone number				
					7 Administre	tor a telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					4b EIN				
a Sponsor's name					4d PN				
C Plan Name									
5a Total number of participants at the beginning of the plan year					5a	9			
b Total number of participants at the end of the plan year					5b	9			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			-	5c	8				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	9				
d(2) Total number of active participants at the end of the plan year				5d(2)	9				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0					
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau					
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.							
SIGN	Filed with authorized	valid electronic signature.	04/03/2018	RICK T. LORIA	· ·				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN	Filed with authorized	/valid electronic signature.	04/03/2018	RICK T. LORIA					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor				

Form 5500-SF 2017 Page **2**

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No						. X Yes No		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year		(b) End of Year			
а	Total plan assets	7a	2	30001		309824			
b	Total plan liabilities	7b		0			0		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2	230001		309824		309824	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total		Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		38520					
	(3) Others (including rollovers)	8a(3)	,	00020					
	Other income (loss)	8b		43102					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43102			81622		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						3.022	
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1799					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1799		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				79823			
j	Transfers to (from) the plan (see instructions)	sfers to (from) the plan (see instructions)							
Pa	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:								
Par	t V Compliance Questions					T	1		
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
С	C Was the plan covered by a fidelity bond?			X			500000		
d					X				
е					X				
f	f Has the plan failed to provide any benefit when due under the plan? 10f				X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year					
C Enter the amount contributed by the employer to the plan for this plan year					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	13c(1) Name of plan(s): 13c(2)			13c(3) PN(s)	