Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the E

Income Security Act of 1974 (ERISA), and sections 6057(b) and 609

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).

Short Form Annual Return/Report of Small Employee

▶ 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 Repor	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/	2017	and ending 11	/30/2017				
A This ret	urn/report is for:	X a single-employer plan		lan (not multiemployer) (F mployer information in acc	_				
D —		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	X the final return/report						
		an amended return/report	X a short plan year retu	rn/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC prograr	n			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name		·			1b Three-digit				
		GERS, LLC RETIREMENT PLAN			plan numb				
					(PN) ▶	001			
					1c Effective da	ate of plan 01/01/1992			
23 Plan or	ongor's name (omn	lover if for a single employer plan							
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)			dentification Number 65-0897824			
		nce, country, and ZIP or foreign pos		tructions)	, ,				
STRATEGIC PROGRAM MANAGERS, LLC			2c Sponsor's telephone number 941-753-3100						
					2d Business c	ode (see instructions)			
	560 BROADCAST CT.				524210				
SARASOTA,	FL 34240-8471					02.2.0			
30 Diam	destate to de la como				2h Adminintar	and a FINI			
Ja Plan ad	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrat	OFS EIN			
					3c Administrator's telephone number				
		he plan sponsor or the plan name h			4b EIN				
a Sponso		onsor's name, EIN, the plan name	and the plan number from	ine iasi retum/report.	4d PN				
C Plan N									
5a Total r	number of participant	ts at the beginning of the plan year.		<u>.</u>	5a	14			
		ts at the end of the plan year			5b	0			
		h account balances as of the end of			5c	0			
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	14			
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	0			
		no terminated employment during th			5e	0			
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau	se is establishe	d.			
Under pena	alties of perjury and o	other penalties set forth in the instru	ctions, I declare that I have	e examined this return/rep	ort, including, if	applicable, a Schedule			
	edule MB completed rue, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	, and to the best	of my knowledge and			
SIGN		ed/valid electronic signature.	05/18/2018	CHRISTINE Q. STANL	.EY				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN	J mare er prom				عام عند ق				
HERE	Cianatura of our	lover/plan eneman	Data	Enter name of institute	iol oigning == ==	playor or plan species			
	orgriature of emp	loyer/plan sponsor	Date	Enter name of individu	ıaı signing as em	pioyer or pian sponsor			

Form 5500-SF 2017 Page **2**

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	(PA		_	□ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann		,					. X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not deter	mined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		<u> </u>	(See instruc	tions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a	` `	07573			, ,	0	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	21	07573				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	:	21422					
	(2) Participants	8a(2)		51543					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1	92627					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						265592	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	23	71811					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1354					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2373165	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						-2107573	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		X			
b	Program) Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10a		X			
	reported on line 10a.)			10b 10c	X	^		50000	ın
d		fidelity bo	nd, that was caused	10d		X		30000	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g	<u> </u>	-		10g	X				0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
_						_		·	

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

Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou 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	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
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)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

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

Par		rt Identification Informatio	n		•					
For ca	lendar plan year 2017 or	fiscal plan year beginning 01/01/2	017	and ending 11/30/2	2017					
A Th	is return/report is for:	a single-employer plan		an (not multiemployer) (File						
B Thi	s return/report is	a one-participant plan	a foreign plan							
	•	the first return/report	the final return/report							
C Ch	eck box if filing under:	an amended return/report		n/report (less than 12 mont						
O CI	eck box ii lliing under:	Form 5558 special extension (enter des	automatic extension	Ц	DFVC program					
Parl	II Basic Plan Int	formation—enter all requested i	<u> </u>							
	ame of plan	Office the street of the street of	riiormation	14	h Theor digit	<u> </u>				
	ic Program Managers, LL	C Retirement Plan		! "'	b Three-digit plan number					
Oli Glog	o i rogiani managera, EE	o real chieff (lat)			(PN) ▶	001				
1c Effective date of plan 01/01/1992										
М	ailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		b Employer Ide (EIN) 65-089	ntification Number 7824				
	ty or town, state or provir c Program Managers, LL	nce, country, and ZIP or foreign pos C	stal code (if foreign, see insti	ructions)	C Sponsor's tel					
				20		e (see instructions)				
5560 Broadcast Ct.					524210	o (aco mandonaria)				
_	a, FL 34240-8471									
3a Pi	3a Plan administrator's name and address 🛛 Same as Plan Sponsor.			31	b Administrator	's EIN				
4 If	4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for									
th	is plan, enter the plan sp	onsor's name, EIN, the plan name	and the plan number from the	ne last return/report.	4b EIN					
a s	oonsor's name an Name		•		d PN					
		s at the beginning of the plan year			5a	14				
b T	otal number of participant	s at the end of the plan year	***************************************		5b	0				
C	omplete this item)	account balances as of the end o	***************************************		5c	0				
		articipants at the beginning of the p			id(1)	14				
d(2)	Total number of active p	articipants at the end of the plan ye	эаг	5	id(2)	0				
t t	nan 100% vested	o terminated employment during th			5e	0				
Under SB or S	n: A penalty for the late penalties of perjury and c	or incomplete filing of this retuing other penalties set forth in the instru- and signed by an enrolled actuary.	rn/report will be assessed uctions. I declare that I have	unless reasonable cause	including if any	licable, a Schedule ny knowledge and				
SIGN HERE	Christin	of Starley	5/18/18	Robert W. Schneebeck	Christine	2 (). Stanley				
	Signature of plan	administrator ()	Date	Enter name of individual s						
SIGN HERE	Simpature - 5									
Ear Day		oyer/plan sponsor	Date	Enter name of individual s	signing as emplo	yer or plan sponsor				

	Form 5500-SF 2017		Page 2	
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility at if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	an indeper and conditi ot use For surance pr	ident qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use For rogram (see ERISA section 4021)?) ∑ Yes ☐ No rm 5500.
Pa	rt III Financial Information	·		
,	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2107573	0
_	Total plan liabilities	7b		
	Net plan assets (subtract line 7b from line 7a)	7c	2107573	0

do

Part III Financial Information Plan Assets and Liabilities a Total plan assets..... 7a b Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a)..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 21422 (1) Employers 8a(1) 51543 (2) Participants..... 8a(2) (3) Others (including rollovers)...... 8a(3) 192627 b Other income (loss)..... 8b 265592 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)... 8c Benefits paid (including direct rollovers and insurance premiums 2371811 to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions)... 8e 1354 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 2373165 8h -2107573 Net Income (loss) (subtract line 8h from line 8c).. 81 Transfers to (from) the plan (see instructions) 81 Part IV | Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V **Compliance Questions** 10 During the plan year: Yes No Amount 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 х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10b Was the plan covered by a fidelity bond?..... 500000 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101

		~~	204	-
⊢orm.	5500	-SF	2U1	- /

	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 (Form 5500) and line 11a below)	Sche	edule !	SB		Yes	⊠ 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 set ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion	302	of		Yes	⊠ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and	enter Da			letter ru ear	ling
	ou 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		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
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)	.,	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	o []	N/A
Part \	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?				X Ye	s [] N	lo
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 13c	(2)	EIN(s)		1	3c(3) PI	V(s)