## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

	pian joar zono or m	scal plan year beginning 01/01	/2016	and ending 07	7/05/2016				
A This retu	rn/report is for:	a single-employer plan			oyer) (Filers checking this box must attach a n in accordance with the form instructions.)				
71 11110 1010	111/10poit 10 101.	a one-participant plan	a foreign plan			,			
<b>B</b> This retur	n/report is	the first return/report	X the final return/repor	t					
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558	automatic extension	1	X DFVC program	1			
		special extension (enter des	cription)						
Part II	Basic Plan Info	rmation—enter all requested i	nformation						
1a Name o	f plan ANGE BANK RETIRE	EMENT PLAN			1b Three-digit plan numbe (PN) ▶	er 001			
			1c Effective da	te of plan 09/25/2008					
	onsor's name (emplo address (include roor			lentification Number 33-0071230					
	own, state or provinc ANGE BANK OF ALA	e, country, and ZIP or foreign pos BAMA	stal code (if foreign, see in	structions)	<b>2c</b> Sponsor's te	elephone number -687-1685			
					2d Business co	ode (see instructions)			
101 NORTH EUFAULA AVENUE EUFAULA, AL 36027-1513					522110				
3a Plan ad	3a Plan administrator's name and address X Same as Plan Sponsor.				<b>3b</b> Administrator's EIN				
					3c Administrator's telephone number				
					3C Administrate	or s telephone number			
<b>A</b> If the na	ame and/or FIN of the	a plan enoneor has changed since	e the last return/report file	I for this plan, enter the	Ah EINI 6	3-0071230			
name.	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report. EXCHANGE BANK	e the last return/report filed	f for this plan, enter the		33-0071230			
name, l	EIN, and the plan nur r's name FARMERS I	mber from the last return/report. EXCHANGE BANK	·	· 	4c PN	001			
name, la Sponsor	EIN, and the plan nures of same FARMERS In the same sumber of participants	mber from the last return/report. EXCHANGE BANK  at the beginning of the plan year	·			001			
name, la Sponsor  5a Total nu b Total nu c Numbe	EIN, and the plan nure's name FARMERS Is the sumber of participants are for participants of participants with the sumber of pa	at the end of the plan year at the end of the plan year account balances as of the end of	of the plan year (only define	ed contribution plans	4c PN 5a				
name, i a Sponsor 5a Total nu b Total nu c Numbe comple	EIN, and the plan nurr's name FARMERS Is umber of participants umber of participants of participants with the this item)	at the end of the plan year	of the plan year (only define	ed contribution plans	4c PN 5a 5b	001 42 0			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total	EIN, and the plan nurr's name FARMERS Is umber of participants umber of participants of participants with te this item)	at the end of the plan year account balances as of the end of	of the plan year (only define	ed contribution plans	4c PN 5a 5b 5c	001 42 0			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10	EIN, and the plan nurr's name FARMERS Is umber of participants umber of participants of participants with te this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year earear with accrued b	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	001 42 0 0 39			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A	EIN, and the plan nur r's name FARMERS I umber of participants umber of participants r of participants with te this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year ear ne plan year with accrued b	ed contribution plans  because of contribution plans  contribution plans  contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	001 42 0 0 39 0			
name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Scheo	EIN, and the plan nurr's name FARMERS Is umber of participants umber of participants of participants of participants with te this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year ear ne plan year with accrued be arn/report will be assesse uctions, I declare that I have	ed contribution plans  penefits that were less  d unless reasonable cau we examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	001  42  0  39  (  1.  pplicable, a Schedule			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Schee belief, it is tr	EIN, and the plan nur r's name FARMERS I umber of participants umber of participants r of participants with te this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year ear ne plan year with accrued be arn/report will be assesse uctions, I declare that I have	ed contribution plans  penefits that were less  d unless reasonable cau we examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	001  42  0  0  39  0  1.  pplicable, a Schedule			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Scheelelief, it is tr	EIN, and the plan nur r's name FARMERS I umber of participants umber of participants r of participants with te this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year ear ne plan year with accrued be irn/report will be assesse uctions, I declare that I have as well as the electronic v	penefits that were less d unless reasonable cau re examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	001  42  0  39  0  1.  pplicable, a Schedule of my knowledge and			
name, la Sponsor  5a Total nu  b Total nu  c Numbe comple  d(1) Total  d(2) Total  e Numbe than 10  Caution: A  Under penal SB or Scheolelief, it is tr	EIN, and the plan nurr's name FARMERS Is umber of participants umber of participants of participants of participants with a te this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year	penefits that were less  ad unless reasonable cau we examined this return/re version of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	001  42  0  39  0  1.  pplicable, a Schedule of my knowledge and			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Schee belief, it is tr	EIN, and the plan nure's name FARMERS Is umber of participants umber of participants of participants of participants with the this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year	penefits that were less  ad unless reasonable cau we examined this return/repor BLAIR OSMER  Enter name of individual	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if all t, and to the best of the bes	39  39  31.  pplicable, a Schedule of my knowledge and administrator			
name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Schee belief, it is tr	EIN, and the plan nure's name FARMERS Is umber of participants umber of participants of participants of participants with the this item)	at the beginning of the plan year at the end of the plan year	plan year (only define plan year	penefits that were less  ad unless reasonable cau we examined this return/repor BLAIR OSMER  Enter name of individual	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	39  39  31.  pplicable, a Schedule of my knowledge and administrator			

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		•						X Ye	es No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)						X Ye	es No
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not de	termined
Par	t III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		551043						0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)			551043	1					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) <sup>-</sup>	Γotal	
	Contributions received or receivable from:			20069						
	(1) Employers	8a(1)		26427						
	(2) Participants	8a(2)		20427						
	(3) Others (including rollovers)	8a(3)		6519						
	Other income (loss)	8b		0010	-				530	15
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							550	10
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		38456						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		75						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3853	31
i	Net income (loss) (subtract line 8h from line 8c)	8i					14484			
j	Transfers to (from) the plan (see instructions)	8j	-	-565527						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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 Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					3000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X				
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X				
h	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						

Page <b>3-</b>	1
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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and om 5500) and line 11a below)						Yes	No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C				f		Yes	No
	(lf "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						_	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		ns, and	d enter t Day		of the le		g 
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
	Subt	eract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of a	ì	12d				
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	∐ N/	/A
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	3	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	☐ No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident the assets or liabilities were transferred. (See instructions.)	ify the	plan(s)	) to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		s)
LANDF	RUM F	PROFESSIONAL EMPLOYER SERVICES RETIRMENT SAVINGS PLAN	59-23	45956	i		338	3	
Part	VIII	Trust Information							
		of trust			14b -	Trust's E	-IN		
174	INAITIC	of flust			140	1145151			
14c	Name	e of trustee or custodian					s or custone number		
Part	: IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-based narbor	<sup>†</sup> [	"Prior test	year" A	DP
	`			"Curre	ent year test	"	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio perce test	entage		verage enefit tes	t 🗌	N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		n letter	or advi	sory let	er, enter	the date	e of
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the m	nost rec	ent deter	mination	1
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep- ce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s [	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calenda	ır plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	07/05/20	)16			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) aployer information in a	•				
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report	X the final return/report						
		X an amended return/report	x a short plan year return	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		X DFVC program	1			
Part II	Rasic Plan Info	prmation—enter all requested inf	<u> </u>						
1a Name		THATIOH—enter all requested in	Officiation		1b Three-digit				
	·	Retirement Plan			plan numbe	1			
	•		1c Effective da 09/25/20	-					
Mailing	oonsor's name (emplo address (include roo		2b Employer Id (EIN)63-0	dentification Number					
-	town, state or provinc Exchange Bank	ce, country, and ZIP or foreign posta of Alabama	al code (if foreign, see insti	ructions)	<b>2c</b> Sponsor's t	elephone number			
101 North Eufaula Avenue						ode (see instructions)			
Eufaula		AL 36027-151	3						
3a Plan ac	lministrator's name a	nd address 🏻 Same as Plan Spor	nsor.		3b Administrati	or's EIN			
3						3c Administrator's telephone number			
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	<b>4b</b> EIN 63-0071230				
name, <b>a</b> Sponso		mber from the last return/report. Farmers Ex	change Bank		4c PN 001				
<del></del>		at the beginning of the plan year			5a	42			
		at the end of the plan year			5b	0			
		account balances as of the end of		,	5c	. 0			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	39			
٠,	· ·	articipants at the end of the plan yea			5d(2)	0			
than 1	100% vested	terminated employment during the	***************************************		5e	. 0			
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruction signed by an enrolled actuary, a plete.							
SIGN	FAL	and the second s	6-21-18	Blair Osmer					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	n administrator			
SIGN									
HERE	Signature of emple		Date		<del></del>	oloyer or plan sponsor			
Preparer's i	name (including firm i	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telept	ione number			

	Were all of the plan's assets during the plan year invested in eligib							X Yes No			
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be considered to the constant of the co	and cond	(tions.)								
C	If the plan is a defined benefit plan, is it covered under the PBGC in										
	rt III Financial Information				,		1	<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End of Year			
a	Total plan assets	7a	(a) Degiming	551,				(b) Liid or rear			
<del>-</del>	Total plan liabilities			++-,							
	Net plan assets (subtract line 7b from line 7a)	7c		551,	043			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total			
a	Contributions received or receivable from:  (1) Employers	. 8a(1)	(u) Parious	20,	069						
	(2) Participants	8a(2)		26,	427						
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	T		6,	519						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8с						53,015			
d		. 8d		38,	456						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f			75	5					
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			Reg			38,531			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				14,48					
j	Transfers to (from) the plan (see instructions)	. 8j	-	565,	527						
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature c	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instructions:			
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
- E	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		х					
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х			3,000,000			
(	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		Х					
•				10e		х					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х					
<u>c</u>	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		х					
	If this is an individual account plan, was there a blackout period?     2520.101-3.)	(See inst	ructions and 29 CFR	10g		х					
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 10	the require		10i							

Page 2

Form 5500-SF 2016

Page <b>3</b> -		

Part \	/I Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)			В	Ye	s 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 Co				Ye	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructions and	ontort	ho data	of the letter :	ulina
	granting the waiver	lonth	Day		Year	ulling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		12b			
b	Enter the minimum required contribution for this plan year				·········	
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leading amount)		12d		<del></del>	
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 Yes	☐ 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 broug control of the PBGC?			[	X Yes [	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Land	rum Professional Employer Services Retirment Savings Plan	59-23	4595	6	338	
				:		
Part	VIII Trust Information			<u> </u>		
14a i	Name of trust		14b	Trust's E	IN	
14c	Name of trustee or custodian				or custodia e number	า'ร
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe h	n-based arbor ant year	L	Prior yea test	r" ADP
		☐ ADP t		L	J N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage enefit test	□ N/A
16b	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	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number				* 1014 THE 101	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	nter the date	of the n	nost rece	ent determina	ution
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	arated from	Ye	s [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [	] No	