Descent Notes Books         2017           Descent videt         This form is required to be filed under sections 140 and 4065 of the Employee Reference in the core Security Act of 1574 (ERSA), and sections 2007(b) and 6058(a) of the Internal Network Case (attra Network Case (at	_	n 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089					
Limited break base Advirture         Revenue Code (the Code).         This Point is 0 been to Public Instructions to the Form 5500-SF.           Part L1         Annual Report Identification Information         Complete all thrists in accordance with the instructions to the Form 5500-SF.         This Point is 0 been to Public Instructions to the Form 5500-SF.           For calandar plan year 2017 of financial pary year Beginning 01500/2017         and ending 0250/2017         and ending 0250/2017         Concentration 1050/2017           B         This return/report is to:         a single-employer plan         a foreign plan         Be finit attrun/report         and ending 0250/2017         Concentration           B         This return/report is to:         Perm 6558         a uncomplic extension         DrVC program           Special extension (enter description)         Perm 600         Permise 02000         Permise 02000         Permise 020000           Part II         Basic Plan Information—enter all requested information         Information         Information         Information           A This return/report         and single-employer plan (off the single-employer plan)         Information         Information         Information           A This return/report         a and memory off the single-employer plan (off the single-employer plan)         Information         Information           A This return/report         a and memory off the single-employ							2017				
Part I         Annual Report (dammation         Somplete all entries in accordance with the instructions to the Form 5500 SF.           Part I         A multiple apport (dam year 2012 or fiscal data year beginning         010/2017         and ending         1221/2017           A         This return/report is to::::::::::::::::::::::::::::::::::::	Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of										
For calendar plan year 2017 or fiscal plan year beginning       01012017       and ending       12012017         A This return/report is for: <ul> <li>a single-employer plan</li> <li>a sint of participating employer information in accordance with the form instructions.)</li> <li>B This return/report is</li> <li>a one-participant plan</li> <li>a for eign plan</li> </ul> <ul> <li>a foreign plan</li> <li>a short plan year return/report</li> <li>b The e-digit plan year return/report</li>             &lt;</ul>	Pension Be	nefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	500-SF.	Public Inspection				
A This return/report is for: <ul> <li>a single-amployer plan</li> <li>a triction employer plan (not multismolycer) (Return the box must attach a last of participating employer information in accordance with the form instructions.)</li> <li>B This return/report is</li> <li>a one-participant plan</li> <li>a toreign plan</li> <li>a toreign plan</li> <li>b the first return/report</li> <li>a an ameliad return/report</li> <li>a short plan year return/report</li> <li>b first return/report</li> <li>c C check box if filing under:</li> <li>p form 5550</li> <li>a duroatic extension</li> <li>DFVC program</li> <li>special extension (enter description)</li> </ul> Part II         Easic Plan Information—enter all requested information         1         1         1         The return/report         0/f         1         Effective date of plan           FLORIDA RELIABILITY COORDINATING COUNCIL, INC. 401(K) RETIREMENT AND         1         Determine and/or flan on the return and address (inclust rown, and, subte no. and steep. or P.O. Box)         2         Expression flan on the return and address (inclust rown, and, subte no. and steep. or P.O. Box)         2         Expression flan on the return and address (inclust rown, and steep. or P.O. Box)         2         2         Subter and addression (addression and steep. and p.O. Box)         2         2         Subter and addression (a				017							
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B       This return/report is       In the first return/report       In the first return/report       In the first return/report         C       Check box if filing under:       In the first return/report       In the first return/report       In the first return/report         Part II       Basic Plan Information—enter all requested information       Inter-cliqit       Inter-cliqit         Part II       Basic Plan Information—enter all requested information       Inter-cliqit       Inter-cliqit         10       Encitive data of plan       Odd       Odd       Odd         11       CBIC Plan Information—enter all requested information       Inter-cliqit       Inter-cliqit         11       Description       Encitive data of plan       Odd       Odd         12       Encitive data of plan       Odd       Odd       Odd         13       Rame of plan       Encitive data of plan       Odd       Odd       Odd         14       Materia state or province country, and 2P of foreign postal code (if foreign, see instructions)       22       Sponsor's telephone number         14       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report       4d       EN         32       Ponsor's stelephone number       5a       65       66         33       Total	A This ret	urn/report is for:		list of participating e							
Image: Second Secon		, , ,	a one-participant plan	a foreign plan							
C Check box if filing under:	<b>B</b> This retu	irn/report is	the first return/report								
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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       55         5a       Total number of participants at the beginning of the plan year       5a       55         b       Total number of participants at the end of the plan year       5b       56         c       Number of participants with account balances as of the end of the plan year       5d(1)       47         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       47         d(2)       Total number of active participants at the end of the plan year       5d(2)       47         d(2)       Total number of active participants at the end of the plan year with accrued benefits that were less       5e       3         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, if applicable, a Schedule BS or Schedule BMS completed and signed by an enrolled actuary, 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.       06/26/20						3c Admi	inistrator's telephone number				
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e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       3         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.       06/26/2018       STACY DOCHODA         SIGN HERE       Filed with authorized/valid electronic signature.       06/26/2018       STACY DOCHODA						. ,					
than 100% vested       Jee         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.       06/26/2018       STACY DOCHODA         SIGN HERE       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator						. ,					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Filed with authorized/valid electronic signature.       06/26/2018       STACY DOCHODA         SIGN       Filed with authorized/valid electronic signature.       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Lener name of individual signing as plan administrator       Lener name of individual signing as plan administrator	than 100% vested										
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SIGN HERE       Filed with authorized/valid electronic signature.       06/26/2018       STACY DOCHODA         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Image: Signature of plan administrator       Date       Image: Signature of plan administrator	SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and										
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN     HERE				06/26/2018	STACY DOCHODA						
HERE	HERE	Signature of plan ad	dministrator	Date	Enter name of individual signing as plan administrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
East Description of the provide sea for East 5500 SE	HERE			Date	Enter name of individu	r name of individual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	Are you claiming a waiver of the annual examination and report of 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 cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
	If "Yes" is checked, enter the My PAA confirmation number from th							
De	rt III Financial Information							
<b>-</b> 7				<i></i>				
	Plan Assets and Liabilities	_	(a) Beginning of Year	(b) End of Year				
<u> </u>	Total plan assets	7a	11790766	14468343				
	Total plan liabilities	7b	2088	11100010				
	Net plan assets (subtract line 7b from line 7a)	7c	11788678	14468343				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	879012					
	(2) Participants	8a(2)	539739					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1828657					
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3247408				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	564951					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2792					
q	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		567743				
i	Net income (loss) (subtract line 8h from line 8c)	8i		2679665				
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Plan Characteristic	Codes in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan Characteristic (	Codes in the instructions:				
Par	t V Compliance Questions							
Fai								

10	During the plan year:				Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	X		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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		35934			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		158768			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		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 Code or section ERISA?					f	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "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 🔀 No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)