## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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 Repor	t identification information	1								
For calend	lar plan year 2017 or	fiscal plan year beginning 01/01/	2018	and ending 03	/02/2018						
A This re	turn/report is for:	X a single-employer plan			lan (not multiemployer) (Filers checking this box must attach a mployer information in accordance with the form instructions.)						
D =1.1	· · · · · · · · · · · · · · · · · · ·	a one-participant plan	a foreign plan								
D This ret	urn/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	box if filing under:	Form 5558	automatic extension	[	DFVC progra	ım					
		special extension (enter desc	. ,								
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation								
1a Name		EMENT SERVICES, INC.			1b Three-dig plan numl (PN) ▶						
			1c Effective date of plan 01/01/1995								
	ponsor's name (emp		2b Employer Identification Number								
	`	om, apt., suite no. and street, or P.0	,	tructions)	(EIN) 65-0087746						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  INSURANCE AND RISK MANAGEMENT SERVICES, INC.						s telephone number 39-649-1444					
					2d Business	code (see instructions)					
8950 FONTANAPLES, FL	ANA DEL SOL WAY, 34109	SUITE 200				524210					
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
				ļ —	<b>3c</b> Administra	ator's telephone number					
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name			4b EIN						
	sor's name				4d PN						
C Plan N	Name										
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	45					
		s at the end of the plan year			5b						
		account balances as of the end of		-	5c	0					
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1) 5d(2)	0					
d(2) Total number of active participants at the end of the plan year						0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
Caution: A	A penalty for the late	or incomplete filing of this reture	n/report will be assessed	d unless reasonable cau							
SB or Scho		other penalties set forth in the instru and signed by an enrolled actuary, aplete.									
SIGN	Filed with authorize	d/valid electronic signature.	07/17/2018	GEORGE C. SCHMEL	ZLE						
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pl	an administrator					
SIGN											
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of individu	ıal signing as er	nployer or plan sponsor					

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
b	<b>b</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.)								No
	If you answered "No" to either line 6a or line 6b, the plan cann							X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determ	ined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r		. <u>–</u>	(See instruction	ons.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	nd of Year	
a	Total plan assets	. 7a		60292			<u> </u>	0	
	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	496	60292				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	) Total	
а	Contributions received or receivable from:								
	(1) Employers	. 8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)	4/	0					
	Other income (loss)	. 8b	10	08715	_			100715	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						108715	
u	to provide benefits)	. 8d	506	68893					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		114					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						5069007	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-4960292	
j	Transfers to (from) the plan (see instructions)	- 8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Coc	les in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		~			
b	Program)			10a		X			
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			1000000	)
d	<b>d</b> 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			114	
f				10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X			
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					
			<del></del>						

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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?	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> 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).

2047

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefil Guaranty Corporation	➤ Complete all entries in	accordance with the in	structions to the Form 5	5500-SF.	1 and dispection		
Part I	Annual Report	Identification Information						
For calen	dar plan year 2017 or f	scal plan year beginning	01/01/2018	and ending	03,	/02/2018		
A This re	eturn/report is for:	a single-employer plan	list of participating			king this box must attach a vith the form instructions.)		
D 76:	hi sana fara sa mak ta	a one-participant plan	a foreign plan					
D Inis re	turn/report is	the first return/report	the final return/repo					
		an amended return/report		turn/report (less than 12 n	nonths)			
<b>C</b> Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter description)				***************************************		
Part II		rmation—enter all requested in	formation		T 4 %			
1a Name	,	diamental Committee	T va co		1b Thre	e-aigit number		
insura	ince and Kisk i	Management Services,	I.HC.		(PN)			
					1c Effec	tive date of plan		
					01/	01/1995		
Mailin	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)				1	oyer Identification Number 65-0087746		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Insurance and Risk Management			structions)	2c Spor	nsor's telephone number		
	Services, Inc.					9) 649-1444		
					20 Busir	ness code (see instructions)		
8950 F	ontana Del Sol	l Way, Suite 200						
	Naples FL 34109					524210		
<b>3a</b> Plan administrator's name and address ∑ Same as Plan Sponsor.						3b Administrator's EIN		
					3c Admi	nistrator's telephone number		
4 If the this p	name and/or EIN of the lan, enter the plan spor	plan sponsor or the plan name ha	as changed since the last nd the plan number from	return/report filed for the last return/report.	4b EIN			
•	or's name		•		4d PN			
C Plan N	Name							
5a Total	number of participants	at the beginning of the plan year			5a	45		
		at the end of the plan year			5b			
<b>c</b> Numb	per of participants with a	account balances as of the end of t	the plan year (only define	ed contribution plans	5c	C		
•	•	ticinants at the beginning of the pla			5d(1)	0		
d(1) Total number of active participants at the beginning of the plan year					5d(2)	0		
e Number of participants who terminated employment during the plan year with accrued benefits that were less				5e				
than	100% vested	or incomplete filing of this return	dranart will be accept	d unlace researable ca		<u>()</u>		
Under pena SB or Sche	alties of perjury and othe edule MB completed an	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I hav	re examined this return/re	port, includir	ng, if applicable, a Schedule		
belief, it is SIGN	true, correct, and comp	JETE.	7/17/18	George C. Schn	nelzle			
HERE	Sightfure of pile a	Insinieteator	Date	Enter name of individ	ual elanina s	se nian administrator		
CICN	Signature of plan as	main pirator	7//7/18	George C. Schn		AS STAIL COLLEGE (LOV)		
SIGN HERE	Signature of employ	Addition sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor		

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c	Were all of the plan's assets during the plan year invested in eligible. 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 can report 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 indepe and condi not use Fo nsurance p	endent qualified public accountant itions.) orm 5500-SF and must instead i program (see ERISA section 402	(IQF  use I 1)?	PA)  Form	Yes No Not determined
Pa	rt III   Financial Information	T				
	Plan Assets and Liabilities		(a) Beginning of Year	4		(b) End of Year
	Total plan assets	7a	4,960,29	2		0
<u>b</u>	Total plan liabilities	7b		0		0
	Net plan assets (subtract line 7b from line 7a)	7с	4,960,29	2		0
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		اا		
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)		n i		
b	Other income (loss)	8b	108,71	5		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		╁	·········	108,715
d		8d	5,068,89	3		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f	11	4		
g	Other expenses	8g		0	7.17	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5,069,007
i	Net income (loss) (subtract line 8h from line 8c)	8i				-4,960,292
j	Transfers to (from) the plan (see instructions)	8j		0		
Pa	rt IV Plan Characteristics	······································				
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Characte	ristic	: Coc	des in the instructions:
Pai	t V Compliance Questions					
10	During the plan year:		Ye	s	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 Program)	oluntary F	Fiduciary Correction		Х	

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)	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	Х		1,000,000
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		Х	
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	Х		114
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	
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	VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
<u>11a</u>		1					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 c	f	Yes 🛚	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	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	d enter Da		of the letter ruling Year			
If	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	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					
e	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?		X Yes	s No			
<b></b>	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 the 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), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to					
	3c(1) Name of plan(s): 13c(2	EIN(s)		<b>13c(3)</b> PN(s)			