## 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

Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending	
A a single employer plan	oyer) (Filers checking this box must attach a on in accordance with the form instructions.)
a one-participant plan a foreign plan  B This return/report is	
the first return/report	
an amended return/report a short plan year return/report (less than	n 12 months)
C Check box if filing under:  Form 5558  automatic extension  special extension (enter description)	DFVC program
Part II Basic Plan Information—enter all requested information	Ab. There also
1a Name of plan INSURANCE AND RISK MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 01/01/1995
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)	2b Employer Identification Number (EIN) 65-0087746
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Sponsor's telephone number
INSURANCE AND RISK MANAGEMENT SERVICES, INC.	239-649-1444
	2d Business code (see instructions)
8950 FONTANA DEL SOL WAY, SUITE 200 NAPLES, FL 34109	524210
3a Plan administrator's name and address X Same as Plan Sponsor.	<b>3b</b> Administrator's EIN
	20 11:11:11:11:11
	<b>3c</b> Administrator's 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 f	for <b>4b</b> EIN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/repo	
	ort.
a Sponsor's name	
	ort.
a Sponsor's name	ort. 4d PN 5a 45
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>	5a 45 5b 0
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	5a 45 5b 0 s 5c 0
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plan	5a 45 5b 0 0 5c 5c 5d(1) 0
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)	5a 45 5b 0 5 5c 0 5d(1) 0
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li></ul>	5a 45 5b 0 5 5c 0 5d(1) 0 5d(2) 0 ess 5e 0
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)  d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were lethan 100% vested  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	5a 45 5b 0 5 5c 0 5d(1) 0 5d(2) 0 ess 5e 0 ble cause is established.
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> <li>5a Total number of participants at the beginning of the plan year</li></ul>	5a 45 5b 0 5 5c 0 5d(1) 0 5d(2) 0 6s 5e 5e 0 6ble cause is established. 6turn/report, including, if applicable, a Schedule
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)  d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of active participants at the end of the plan year  e Number of participants who terminated employment during the plan year with accrued benefits that were lead to the plan year with accrued benefits that were lead to the plan year will be assessed unless reasonal Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.	5a         45           5b         0           5c         0           5d(1)         0           5d(2)         0           ess         5es           5es         0           ble cause is established.         0           turn/report, including, if applicable, a Schedule n/report, and to the best of my knowledge and
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	5a         45           5b         0           5c         0           5d(1)         0           5d(2)         0           ess         5es           5es         0           ble cause is established.         0           turn/report, including, if applicable, a Schedule n/report, and to the best of my knowledge and
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	5a 45  5b 0  5 5c 0  5d(1) 0  5d(2) 0  5ble cause is established.  turn/report, including, if applicable, a Schedule h/report, and to the best of my knowledge and

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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	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 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 No									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	Part III Financial Information								
7 Plan Assets and Liabilities (a) Beginning of Year (b) End 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)  Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			1000000	)
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)				X			114	
f						X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
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).

▶ 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** 

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Part I Annual Repo	rt Identification Information				
For calendar plan year 2017 o	fiscal plan year beginning	01/01/2018	and ending	03/02/	***************************************
A This return/report is for:	🗓 a single-employer plan		plan (not multiemployer) employer information in a		
D college of the second	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repor			
			urn/report (less than 12 i	months)	
C Check box if filling under:	Form 5558	automatic extension		DFVC program	n
Dentil Designation	special extension (enter descrip	·			
	formation—enter all requested info	rmation	***************************************	14h 75 10:0	
1a Name of plan	Management Services,	T va en		1b Three-digit	er
		(PN)	001		
401(k) Profit Sharing Plan and Trust					ate of plan
		01/01/	•		
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)			<b>1</b>	dentification Number
	om, apt., suite no. and street, or P.O.			(EIN)65-0	087746
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  Insurance and Risk Management			1	elephone number	
Services, Inc.					549-1444
				20 Business co	ode (see instructions)
8950 Fontana Del S	ol Way, Suite 200				
Naples			34109	524210	
3a Plan administrator's name	and address 🛛 Same as Plan Spons	or.		3b Administrate	or's EIN
				3c Administrate	or's telephone number
	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	•		4b EIN	
a Sponsor's name	and the second s	p	····	4d PN	***************************************
c Plan Name		,			
				<del> </del>	
	s at the beginning of the plan year			5a	45
	s at the end of the plan year			5b	0
	account balances as of the end of the			5c	0
d(1) Total number of active pa	articipants at the beginning of the plan	year	***************************************	5d(1)	0
	articipants at the end of the plan year.			5d(2)	0
Number of participants who than 100% vested	terminated employment during the p	lan year with accrued b	enefits that were less	5e	0
	or incomplete filing of this return/r			use is established	
Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and con	ther penalties set forth in the instruction and signed by an enrolled actuary, as applete.	ons, I declare that I have well as the electronic ve	e examined this return/re rision of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule f my knowledge and
SIGN AAAA	Z.	7/17/18	George C. Sch	melzle	
HERE Signature of plan	admip <del>i</del> ștrator	Date	Enter name of individ		administrator
SIGN /	1//	7/17/18	George C. Schi	melzle	

Date

Signature of employer/plan sponsor

Enter name of individual signing 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 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 indepen and conditi not use For nsurance pr	dent qualified public accountant ( ons.)	IQPA) se For	∑ Yes ☐ No m 5500. ☐ Yes ☐ No ☐ Not determined
Pa	rt III   Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
<u>a</u>	Total plan assets	7a	4,960,292		
<u>b</u>	Total plan liabilities	7b	0		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	4,960,292		(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers).	8a(3)	0	141	
<u>b</u>	Other income (loss)	8b	108,715		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			108,719
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5,068,893		
_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			5,069,007
i	Net income (loss) (subtract line 8h from line 8c)	8ì			-4,960,292
j	Transfers to (from) the plan (see instructions)	8j	0		
Par	t IV Plan Characteristics	<u> </u>		A	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature coo	les from the List of Plan Characte	ristic (	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Character	istic C	odes in the instructions:
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 contributed by the contribute	tions within oluntary Fi	the time period duciary Correction		

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 So (Form 5500) and line 11a below)	hedule S	SB	Yes 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 secti ERISA?		of	Yes X 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, a granting the waiver	nd enter Da		of the letter ruling Year
<u> </u>	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		
c	Enter the amount contributed by the employer to the plan for this plan year	12c		
d 		12d		
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?	[	X Yes	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 th control of the PBGC?	e		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( which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s): 13c(	2) EIN(s)		13c(3) PN(s)