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

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

B This return/report is
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LABARRE/OKSNEE INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LABARRE/OKSNEE INSURANCE AGENCY, INC.

30 ENTERPRISE, SUITE 180
ALISO VIEJO, CA 92656

2b Employer Identification Number (EIN) 33-0734333

2c Sponsor's telephone number 949-588-0711

2d Business code (see instructions) 524210

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c 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 for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	44
b Total number of participants at the end of the plan year	**5b**	47
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	44
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	41
d(2) Total number of active participants at the end of the plan year	**5d(2)**	42
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.	08/10/2018	SCOTT D. OKSNEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2018	SCOTT D. OKSNEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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)..... [X] Yes [ ] 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 [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4916532	5861194
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4916532	5861194
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	232356	
(2) Participants	8a(2)	228763	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	756251	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1217370
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	263502	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	9206	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		272708
i Net income (loss) (subtract line 8h from line 8c)	8i		944662
j Transfers to (from) the plan (see instructions)	8j		

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:
2A 2E 2F 2G 2J 2T 3D

b 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
a 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		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c 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	
e 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		15981
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			

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)	☐ 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 section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a	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. Month _____ Day _____ 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**	
c	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?		☐ Yes ☒ No
	If "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

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(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

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Part II Basic Plan Information --- enter all requested information

1a Name of plan
LaBarre/Oksnee Insurance Agency, Inc. 401(K) Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/2004

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LaBarre/Oksnee Insurance Agency, Inc.

30 Enterprise, Suite 180

US Aliso Viejo CA 92656

2b Employer Identification Number (EIN) 33-0734333

2c Sponsor's telephone number (949) 588-0711

2d Business code (see instructions) 524210

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c 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 for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
- **a** Sponsor's name
- **c** Plan Name

4b EIN

4d PN

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b Total number of participants at the end of the plan year	**5b**	47
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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	Signature of plan administrator	8-10-18 Date	Scott D. Oksnee Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer or plan sponsor	8-10-18 Date	Scott D. Oksnee Enter 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)
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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.) [X] Yes [ ] 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 [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year _____ (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4,916,532	5,861,194
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4,916,532	5,861,194
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	232,356	
(2) Participants	8a(2)	228,763	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	756,251	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,217,370
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	263,502	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	9,206	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		272,708
i Net income (loss) (subtract line 8h from line 8c)	8i		944,662
j Transfers to (from) the plan (see instructions)	8j		

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:
2A 2E 2F 2G 2J 2T 3D

b 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	N/A	Amount
a 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		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			500,000
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		X		
e 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			15,981
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
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				

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)		☐ 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 section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		☐ Yes ☒ No
a	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		Month _____ Day _____ 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	
c	Enter the amount contributed by the employer to the plan for the 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?		☐ Yes ☒ No
	If "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

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

FILING AUTHORIZATION
FOR THE 2017 FORM 5500-SF

Name of Plan: LaBarre/Oksnee Insurance Agency, Inc. 401(k) Profit Sharing Plan

EIN / PN: 33-0734333/001

Plan Year Ending: 12/31/17

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Dissinger Associates Plan Administration & Design, Inc. ["Practitioner"] to electronically sign and file the Annual Return Report through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of Form 5500-SF and provide a scanned copy of that signature page to the Practitioner before the electronic filing can be initiated;
- The Practitioner will retain a copy of this written authorization in its records;
- The Practitioner will notify the individual signing below as Plan Administrator about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this Annual Return Report; and
- A copy of my signature, as it appears on page 1 of Form 5500-SF, will be included with the Annual Return Report posted by the Department of Labor on the Internet for public disclosure.
- The Practitioner shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

The authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: _____ 8-10 ,2018
Signature Date

Scott D. Oksnee
Print Name

Part II Acknowledgement of Receipt of Authorization

On behalf of Dissinger Associates Plan Administration & Design, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Practitioner: _____ Date: 8/3/18
Signature

Third Party Administrator
Title

The Practitioner must retain this authorization.
Do not submit this form to the DOL unless requested to do so.

RESOLUTIONS ADOPTED IN LIEU OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS OF LA BARRE/OKSNEE INSURANCE AGENCY, INC.

The Board of Directors, in lieu of a special meeting, hereby adopts the following Resolutions:

WHEREAS, a 401(k) Profit Sharing Plan providing benefits for the corporation's qualified employees was adopted, effective January 1, 2004, as amended and restated; and

WHEREAS, the Plan provides for Profit Sharing contributions to be determined at the discretion of the corporation, and for allocations to each Participant in their own Class, to be at the discretion of the corporation.

THEREFORE, IT IS RESOLVED, that the corporation shall contribute $102,347.10 to the Profit Sharing Plan for the plan year ending on December 31, 2017, and that the contribution shall be in the form of cash.

RESOLVED FURTHER, that the allocation of the total contribution to each Class shall be as follows:

- Class A: $55,800.00 (Shareholders)
- Class B: $18,336.86 (All others)
- Class C: $21,495.72 (Management)
- Class D: $0.00 (HCE's that made over $120,000 in 2016)
- Class E: $6,714.52 (Other Shareholders)

Dated: December 30, 2017

President: _____
Scott D. Oksnee