-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4			2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		nternal	This Form is Open to
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 550	00-SF.	Public Inspection
Part I	Annual Report lo Ar plan year 2016 or fisc	dentification Information cal plan year beginning 12/01/20	016	and ending 11/	30/2017	
FUI Calenia	ai pian year 2010 or lisc	a single-employer plan				ing this box must attach a
A This ret	urn/report is for:	a one-participant plan		an (not malicinployer) (in aployer information in acc		-
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	nths)	
C Check	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram
Dawt II	Desis Dise Infor	special extension (enter descri	,			
Part II		mation—enter all requested info	ormation		16 Thurs	
<b>1a</b> Name REBECCA H		TIONS RETIREMENT PLAN			1b Three plan (PN)	number
					1c Effec	tive date of plan 01/01/2015
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta			2b Emplo (EIN)	oyer Identification Number 45-2091195
	IAGELIN COMMUNICA		2c Spon	sor's telephone number 703-915-7288		
P.O. BOX 49 PLACIDA, FL					2d Busin	ess code (see instructions) 541990
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN
					<b>3c</b> Admin	nistrator's telephone number
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
	or's name				<b>4c</b> PN	
5a Total I	number of participants a	t the beginning of the plan year			5a	2
		it the end of the plan year			5b	2
		ccount balances as of the end of t			5c	
<b>d(1)</b> Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	2
<b>d(2)</b> Tot	al number of active parti	icipants at the end of the plan yea	r		5d(2)	2
		erminated employment during the			5e	C
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable caus		
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	08/31/2018	REBECCA HAGELIN		
HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signing a	as plan administrator
SIGN HERE						
	Signature of employ		Date			as employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numbe	er ) 	Preparer's	telephone number
		and the Instructions for Form FEOO				Form 5500 SE (2046)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

i

j

9a

b

0

56558

6a												
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a											
	If you answered "No" to either line 6a or line 6b, the plan cann											
C	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes No Not determined											
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
a	Total plan assets	7a	400000	456558								
b	Total plan liabilities	7b	0	0								
C	Net plan assets (subtract line 7b from line 7a)	7c	400000	456558								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)	0									
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	56558									
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		56558								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions).	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 1D 1E

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	Durir	ng the plan year:		Yes	No	N/A	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
C	Was	s the plan covered by a fidelity bond?	10c	Х			50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
е	carrie	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		×		
f		the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					'	]	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s )	No	
		es," 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 brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 <b>c(2)</b> E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		<b>.</b>		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				<b>14d</b> ⊺		s or cu		ın's
		of trustee or custodian			<b>14d</b> ⊺	rustee'	s or cu		in's
14C Part					<b>14d</b> ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	<b>14d</b> ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t <b>IX</b> Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	<b>14d</b> T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t <b>IX</b> Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es resign- afe ha	<b>14d</b> ⊤ t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t <b>IX</b> Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage	ber or yea	ar" ADP
Part 15a 15b	t <b>IX</b> Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephor	s or cu ne num No Wri test	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha Curren DP tes Ratio percen	based rbor t year"	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section         (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan         Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes resign- afe ha Curren DP tes Ratio bercen est Yes	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri- test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section         (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan         Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes vesign- afe ha Curren DP tes Ratio bercen est Yes etter c	based rbor t year" tage	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian         IRS Compliance Questions         plan a 401(k) plan? If "No," skip b         tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:         testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:         te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)         a plan year by combining this plan with any other plan under the permissive aggregation rules?         plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F t F t t ter the c	Yes vesign- afe ha Curren DP tes Ratio Dercen est Yes etter co date of	based rbor t year" tage	rustee' elephor	s or cu ne num ] No ] "Pri test ] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP

	SCHEDULE SB	Single-Emplo	ver Define	d Be	nefit Plan		OMB N	lo. 1210-0110
	(Form 5500)		arial Inform					2016
	Department of the Treasury Internal Revenue Service						4	2010
_	Department of Labor	_ This schedule is required t Retirement Income Security	y Act of 1974 (ERI	SA) and	section 6059 of t		This Form	s Open to Public
_	Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (th	,				spection
F	For calendar plan year 2016 or fiscal p		achment to Form	5500 or	5500-SF. and ending	11/30	/2017	
	<ul> <li>Round off amounts to nearest do</li> </ul>		10			11/00	/2011	
	Caution: A penalty of \$1,000 will be	e assessed for late filing of this re	port unless reasor	nable ca	use is established			
Α	Name of plan				B Three-dig	it		
	REBECCA HAGELIN COMMUNICA	TIONS RETIREMENT PLAN			plan numl	ber (PN)		002
		_						
С	Plan sponsor's name as shown on li REBECCA HAGELIN COMMUNICA				D Employer I		ion Number (B	EIN)
	REBECCA HAGELIN COMMONICA	THOMS & MARKE HING, ELC				45-2091	195	
Е	Type of plan: 🛛 Single 🗌 Multiple	e-A Multiple-B	F Prior year pla	an size:	X 100 or fewer	101-5	00 More th	nan 500
	Part I Basic Information							
1	1 Enter the valuation date:	Month <u>11</u> Day <u>3</u>	30 Year_20	017	_			
2	2 Assets:							
	<b>a</b> Market value					2a		456558
	<b>b</b> Actuarial value			1		2b		456558
3	<b>3</b> Funding target/participant count b	reakdown		· · ·	Number of articipants		ed Funding arget	(3) Total Funding Target
	<b>a</b> For retired participants and ben	eficiaries receiving payment			0		0	0
	<b>b</b> For terminated vested participa	ints			0		0	0
	<b>C</b> For active participants				2		372646	372646
	<b>d</b> Total				2		372646	372646
4	If the plan is in at-risk status, check	ck the box and complete lines (a)	and (b)					
	<b>a</b> Funding target disregarding pre					4a		
	b Funding target reflecting at-risk status for fewer than five conse	assumptions, but disregarding tra ecutive years and disregarding load						
5						5		5.91 %
6	-					6		0
St	tatement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations combination, offer my best estimate of anticipat	. In my opinion, each other assumption is rea						
	SIGN HERE						08/30/201	8
	:	Signature of actuary					Date	
	ZACHARY D. KENNE, EA, MAAA, M	ISPA					17-07862	2
	Туре	e or print name of actuary				Most re	cent enrollme	nt number
	FOX, LALONDE & KENNE						574-273-17	
	P.O. BOX 310 EDWARDSBURG, MI 49112	Firm name			lei	ephone r	iumber (incluc	ing area code)
		Address of the firm						
	the actuary has not fully reflected any i structions	regulation or ruling promulgated u	under the statute in	comple	ting this schedule	, check tł	ne box and se	e
F	For Paperwork Reduction Act Notice	, see the Instructions for Form	5500 or 5500-SF.				Schedule S	B (Form 5500) 2016 v. 160205

P	Part II Beginning of Year Carryover and Prefunding Balances													
_							(a) (	Carryover balance	e	<b>(b)</b> F	Prefundi	ng bala	ance	
7					able adjustments (line 13 fro				0				0	
8				,	nding requirement (line 35 fr				0				0	
9	Amount	remaining	g (line 7 minus line	9 8)					0				0	
10	Interest	on line 9	using prior year's a	actual retu	rn of <u>0.00</u> %				0				0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Prese	nt value c	of excess contribut	ions (line 3	38a from prior year)							58	3102	
					a over line 38b from prior yea interest rate of <u>6.11</u> o								0	
	• •		•	•	edule SB, using prior year's a	actual							0	
				ent plan year to add to prefunding balance								51	3102	
	<b>d</b> Portio	n of (c) to	be added to prefu	Inding hals	ance									
										<u> </u>			0	
					or deemed elections				0				0	
·		-	• •		line 10 + line 11d – line 12) .				0				0	
	Part III		ding Percenta	-						ı				
											14		22.519	
											15	1	22.529	6
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									95.069	%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contribu	tions ma	de to the plan for t	he plan ye	ar by employer(s) and emplo	oyees:								
/	<b>(a)</b> Dat MM-DD-Y		(b) Amount p	-	(c) Amount paid by	• • •	Date D-YYYY)	(b) Amount		(c	) Amou	•	by	
(		111)	employer(	5)	employees		)-1111)	employe	51(5)	<u> </u>	empid	oyees		
			I			Totals ►	18(b)			0 18(c)				0
19	Discoun	ted emplo	over contributions -	– see instr	uctions for small plan with a	valuation da	ate after the	beginning of the	e year:		<u></u>			
			-		num required contributions f				19a				0	
					usted to valuation date				19b				0	
	<b>C</b> Contri	butions al	located toward mini	mum requi	red contribution for current ye	ar adjusted t	o valuation o	late	19c				0	
<ul> <li>C Contributions allocated toward minimum required contribution for current year adjusted to valuation date</li> <li>20 Quarterly contributions and liquidity shortfalls:</li> </ul>														
a Did the plan have a "funding shortfall" for the prior yea			e prior year?				L		X	Yes	No	, ,		
			-		installments for the current y							Yes		)
	<b>C</b> If line 20a is "Yes," see instructions				-				[					
Liquidity shortfall as of end of quarter of this plan year					year	I								
		(1) 1s	t		(2) 2nd		(3)	3rd		(4) 4th				

Page 3

21       Discount rate:       ist segment rate:       ist segmant rate:       ist segment rate: <th>F</th> <th>art V</th> <th>Assumpti</th> <th>ons Used to Determine</th> <th>e Funding Target and</th> <th>Target Normal Cos</th> <th>st</th> <th></th>	F	art V	Assumpti	ons Used to Determine	e Funding Target and	Target Normal Cos	st					
4.13%       5.81%       6.65%       UNA, hull yelds curve used         24       Weighted average ratioment age       21       0         23       Montally table(s) (see instructions)       Prescribed - combined       Prescribed - separate       Substrute         Part VI       Miscolar baceous thoms       24       File a subscription of the current plan year?       If "Yes," see instructions regarding required attachment.       Yes       No         24       Has a checked charge beam made for the current plan year?       If "Yes," see instructions regarding required attachment.       Yes       No         25       Is the plan required to provide a Schedule of Active Participants?       If "Yes," see instructions regarding required attachment.       Yes       No         26       Is the plan required to provide a Schedule of Active Participants?       If "Yes," see instructions regarding required attachment.       Yes       No         27       If the plan is builted to align on years       27       If a set of the animative magine and see instructions regarding required attachment.       Yes       No         28       Urpaid minimum required contributions for all pror years       28       0       0       0         29       Disclose assets (see instructions):       31a       0       0       0       0       0       0       0       0 <th>21</th> <th>Discount</th> <th>rate:</th> <th></th> <th></th> <th></th> <th></th> <th></th>	21	Discount	rate:									
22       62         23       Wordally table(s) (see instructions)       Prescribed - combined       Prescribed - separate       Substrute         Part VI       Miscellaneous Items		<b>a</b> Segm	ent rates:	-	-	-		N/A, full yield curve used				
23       Motality table(s) (see instructions)       Prescribed - combined       Prescribed - separate       Substrute         Part VI       Miscellaneous items       4       Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.       Yes       No         25       Has an ethod change been made for the current plan year? If "Yes," see instructions regarding required attachment.       Yes       No         26       Is the plan required to provide a Schedule of Active Panicipants? If "Yes," see instructions regarding required attachment.       Yes       No         27       Part VII       Reconciliation of Unpaid Minimum Required Contributions For Prior Years       28       0         28       Urpaid minimum required contributions for all prior years       29       0       0         30       Reconciliation of Unpaid Minimum Required Contributions from prior years       29       0       0         31       Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost and excess assets (see instructions):       a Target normal cost of this plan year, enter the nine 3		<b>b</b> Applic	able month (er	nter code)			21b	0				
Part VI       Miscellaneous Items	22	Weightee	d average retire	ement age			22	62				
24       Has a change been made in the non-prescribed actualial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.       Yes       No         25       Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.       Yes       No         26       Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.       Yes       No         27       It the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment.       Yes       No         28       Unpaid minimum required contributions for prior Years       28       0         29       Decourted employer contributions allocated toward unpaid minimum required contributions from prior years       29       0         30       o       0       0       0       0         31       Target normal cost line 6()       11       31       0       0         32       Amount of unpaid funimum required contributions (line 28 minus line 29)       33       0       0         34       Target normal cost line 6()       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11	23	Mortality	table(s) (see	instructions) X Pres	cribed - combined	Prescribed - separate	Substit	ute				
attachment.       Yes       No         25       Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.       Yes       No         26       Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.       Yes       No         27       If the plan is subject to attensitive funding rules, enter applicable code and see instructions regarding required attachment.       Yes       No         27       Part VII       Reconciliation of Unpaid Minimum Required Contributions For Prior Years       28       0         28       Unpaid minimum required contributions file 28 minus line 29       30       0       0         30       Remaining amount of unpaid Minimum Required Contributions file 28 minus line 29       31       0 <th>Pa</th> <th>art VI</th> <th>Miscellane</th> <th>ous Items</th> <th></th> <th></th> <th></th> <th></th>	Pa	art VI	Miscellane	ous Items								
26       is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.          Yes No         27       If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.          27         28       Unpaid minimum required contributions for all prory vers          28          0         0         0	24		-									
27       If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.       27         28       Unpaid minimum required contributions for all prior years	25	Has a me	ethod change l	been made for the current pla	n year? If "Yes," see instructi	ons regarding required a	ttachment	Yes 🛛 No				
attachment       0       27         Part VII       Reconciliation of Unpaid Minimum Required Contributions For Prior Years       28       0         28       Unpaid minimum required contributions for all prior years       28       0         29       Discounted employer contributions allocated toward unpaid minimum required contributions from prior years       29       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0       0         31       Target normal cost and excess assets (see instructions):       31a       0       0       0         31       Target normal cost and excess assets (see instructions):       31a       0       0       0       0         32       Amortization installments:       Outstanding Balance       Installment       0       0       0         33       If a waver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month) and the waived amount       33       34       0	26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see ins	tructions regarding requi	red attachmer	ntX Yes 🗌 No				
28       Unpaid minimum required contributions for all prior years       28       0         29       Discounted employer contributions allocated toward unpaid minimum required contributions from prior years       29       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0         31       Target normal cost and excess assets (see instructions):       31a       0       0         32       Arraget normal cost (line 6)       0       0       0         32       Amortization installment:       0       0       0         33       It arraget normal cost (line 6)       0       0       0         34       Total funding requirement cost on excess assets (see instructions):       31a       0       0       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       0       0       0       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       36       0       0       0       0       0       0       0       0       0       0       0       0       0       <	27	•		•		tructions regarding	27					
29       Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (ne 16a)       29       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0         31       Target normal cost and excess assets (see instructions):       31a       0         a Target normal cost (line 6)       31a       0       0         32       Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0       0         33       1       1       0       0       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         34       Total funding requirement line 34 minus line 35)       0       0       0       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       36       0       0       0       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 37       0       0       0       0       0       0	P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribu	tions For Prior Ye	ars					
(ine 19a)       2.9       0         30       Remaining amount of unpaid minimum required contributions (line 28 minus line 29)       30       0         31       Target normal cost and excess assets (see instructions):       31a       0         31       Target normal cost (line 6)       31a       0         32       Amortization installments:       Outstanding Balance       Installment         33       0       0       0       0         34       ta waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month	28	Unpaid n	ninimum requir	ed contributions for all prior ye	ears		28	0				
Part VIII       Minimum Required Contribution For Current Year         31       Target normal cost and excess assets (see instructions):       a Target normal cost (line 6)	29						23	0				
31       Target normal cost and excess assets (see instructions):       31a       0         b Excess assets, if applicable, but not greater than line 31a       31b       0         32       Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment.       0       0       0         33       0       0       0       0         34       ta waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line 2	9)	30	0				
a Target normal cost (line 6)       31a       0         b Excess assets, if applicable, but not greater than line 31a       31b       0         32 Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0         0       0       0       0         33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month	Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year							
b Excess assets, if applicable, but not greater than line 31a       31b       0         32       Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0       0         33       If a waiver amortization installment       0       0       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       0       0       0         36       0       0       0       0       0       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 37 to 196)       36       0         38       Present value of excess contributions for current year (see instructions)       38a       0       0         39       0       0       0       0       0       0         39       0       0       0       0       0       0       0         39       0       0       0       0 <th>31</th> <th colspan="11"></th>	31											
32       Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment       0       0       0         33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount       33         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0       0         40       Unpaid minimum required contributions for current year (excess, if any, of line 37 over line 36)       39       0         40       0       0       0       0       0         40       0       0       0       0       0         40       0       <												
a Net shortfall amortization installment       0       0         b Waiver amortization installment       0       0         33       0       0         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       36       0         36       Additional cash requirement (line 34 minus line 35)       36       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 37       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0       0         39       Unpaid minimum required contribution for current year (see instructions)       38a       0       0         39       Unpaid minimum required contributions for current year (see instructions)       39       0       0         40       0       0       0       0       0       0         40       0       0       0       0       0       0       0       0         40       0       0		<b>b</b> Excess	s assets, if app	licable, but not greater than li	ne 31a		31b	0				
b Waiver amortization installment       0       0         33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount       33         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       Carryover balance       Prefunding balance       Total balance         36       Additional cash requirement (line 34 minus line 35)       36       0       0         36       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0       0         39       Unpaid minimum required contribution for current year (see instructions)       38a       0       0         39       Unpaid minimum required contributions for all years       40       0       0         40       0       0       0       0       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years 15 years       2 plus 7 years 15 years         41       If an election was made to use PRA 201	32	Amortiza	tion installmen	its:		Outstanding	Balance	Installment				
33       If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Mont		<b>a</b> Net sh	ortfall amortiza	tion installment			0	0				
(Month Day Year) and the waived amount       33         34       Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)       34       0         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0         39       Unpaid minimum required contribution for current year (sees instructions)       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 37 over line 36)       38a       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         39       Unpaid minimum required contributions for all years       40       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years 15 years       15 years         42       Eligible plan year(s) for which the election in line 41a was made       2008 2009 2010 2011       2011 <th></th> <th><b>b</b> Waive</th> <th>r amortization i</th> <th>installment</th> <th></th> <th></th> <th>0</th> <th>0</th>		<b>b</b> Waive	r amortization i	installment			0	0				
Carryover balance       Prefunding balance       Total balance         35       Balances elected for use to offset funding requirement (line 34 minus line 35)       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 196)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0         a       Total (excess, if any, of line 37 over line 36)       38a       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       0       0       0       0       0         9       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       0       0       0       0       0         9       Inpaid minimum required contributions for all years       40       0       0         9       0       0       0       0       0       0         14       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years	33						33					
35       Balances elected for use to offset funding       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0         a Total (excess, if any, of line 37 over line 36)       38a       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 38 attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       2       2         41       If an election was made to use PRA 2010 funding relief for this plan:       2       2       2       2       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42	34	Total fun	ding requireme	ent before reflecting carryover.	/prefunding balances (lines 3	1a - 31b + 32a + 32b - 3	3) <b>34</b>	0				
requirement       0       0       0         36       Additional cash requirement (line 34 minus line 35)       36       0         37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0         a       Total (excess, if any, of line 37 over line 36)       38a       0         b       Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       15 years         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42					Carryover balance	Prefunding	balance	Total balance				
37       Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	35					)	0	0				
19c)       37       0         38       Present value of excess contributions for current year (see instructions)       38a       0         a Total (excess, if any, of line 37 over line 36)       38a       0         b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       0       0       0       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42	36	Additiona	al cash require	ment (line 34 minus line 35)			36	0				
38       Present value of excess contributions for current year (see instructions)       38a       0         a Total (excess, if any, of line 37 over line 36)       38a       0         b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       41         11       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42	37			•		•	<sup>ne</sup> 37	0				
a Total (excess, if any, of line 37 over line 36)       38a       0         b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances       38b       0         39       Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)       39       0         40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40       0         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42       42       42	38	Present	value of excess	s contributions for current yea	r (see instructions)		I					
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				· · · ·	,		38a	0				
40       Unpaid minimum required contributions for all years												
40       Unpaid minimum required contributions for all years       40       0         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       41         41       If an election was made to use PRA 2010 funding relief for this plan:       2 plus 7 years       15 years         b       Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42	39											
41       If an election was made to use PRA 2010 funding relief for this plan:         a Schedule elected       2 plus 7 years         b Eligible plan year(s) for which the election in line 41a was made       2008         42       Amount of acceleration adjustment	40											
a Schedule elected       2 plus 7 years       15 years         b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42	Pa											
b Eligible plan year(s) for which the election in line 41a was made       2008       2009       2010       2011         42       Amount of acceleration adjustment       42	41	41 If an election was made to use PRA 2010 funding relief for this plan:										
42 Amount of acceleration adjustment		a Schedule elected										
		<b>b</b> Eligible	e plan year(s) f	or which the election in line 4	1a was made			008 2009 2010 2011				
	42	12 Amount of acceleration adjustment										

### Rebecca Hagelin Communications Retirement Plan EIN: 45-2091195 Plan Number: 002 Schedule SB, Line 26 - Schedule of Active Participant Data

				Yea	ars of Cre	dited Serv	ice				
Age	<u>&lt;1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>35-39</u>	<u>35-39</u>	<u>40+</u>	<u>Totals</u>
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	1	0	0	0	0	0	0	0	0	1
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Totals	0	2	0	0	0	0	0	0	0	0	2

# ACTUARIAL ASSUMPTIONS

#### November 30, 2017 Valuation

Actuarial Cost Method		Unit Credit as required under the Pension Protection Act of 2006					
Valuation Interest Rates		IRC Section 430(h)	IRC Section 404(o)	IRC Section 417(e)			
	Segment I:	4.43%	1.77%	1.47%			
	Segment II:	5.91%	3.73%	3.34%			
	Segment III:	6.65%	4.60%	4.30%			
Valuation Mortality Tables	Pre-Retirement: N Post-Retirement: 7	None The 2016 Plan Year Appl	icable Mortality Table				
		pecified under IRC Sect					
Actuarial Equivalance		Interest Rate	Mortality Table				
	Pre-Retirement:	2.35%	None				
	Post- Retirement:	2.35%	2016 417(e)				
Plan Expenses		<b>\$</b> 0					
Actuarial Value of Assets		100% of the	e Market Value of Asset	S			
Assumed Form of Benefit		100% Lumj	o Sum Payout				
Effective Interest Rate for the	2016 Plan Year	5.91%					
Interest Crediting Rate for the	2.35%						
Assumed Future Interest Cred	iting Rate	5.50%					

Page 10

For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016			
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the		This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 5	500-SF.				
Part I		Identification Information	10/01/0010	and an allow a	11/2	0.0017			
For calenda	ar plan year 2016 or fis	cal plan year beginning	12/01/2016	and ending		30/2017			
A This ret	urn/report is for:	X a single-employer plan				king this box must attach a with the form instructions.)			
<b>B</b> This retu	rn/report is	the first return/report	☐ the final return/report ☐ a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:									
		special extension (enter descri							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		-				
<b>1a</b> Name Rebecca	•	nications Retirement	Plan		(PN) <b>1c</b> Effect	number 002 ▶ 002			
Mailing City or	oonsor's name (employ address (include room town, state or province Hagelin Comm	ructions)	2b Empl (EIN) 2c Spor	1/2015 oyer Identification Number 145-2091195 sor's telephone number					
	Rebecca Hagelin Communications & Marketing, LLC       703-915-7288         P.O. Box 493       2d Business code (see instructions)         541990								
Placida		FL 33946							
<b>3a</b> Plan a	lministrator's name an	d address ⊠ Same  as Plan Spon	isor.			nistrator's EIN nistrator's telephone number			
name,	EIN, and the plan nun	plan sponsor has changed since t nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Spons	or's name				<b>4c</b> PN				
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	2			
<b>b</b> Total r	number of participants	at the end of the plan year			5b	2			
		account balances as of the end of t			5c				
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	2			
e Numb	er of participants that	ticipants at the end of the plan yea terminated employment during the	plan year with accrued be	nefits that were less	5d(2) 5e	2			
		r incomplete filing of this return				0 blichod			
Under pena SB or Sche	Ities of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruc Id signed by an enrolled actuary, a plete.	tions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN		Ra-	Aug 31 2018	Rebecca Hagel:	in				
HERE	Signature of plan a	dministrator	Date	Enter name of individ		as plan administrator			
SIGN HERE									
	Signature of emplogen name (including firm na	<b>yer/plan sponsor</b> ame, if applicable) and address (in	Date clude room or suite numbe			as employer or plan sponsor s telephone number			

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									
а	Total plan assets	7a	400,000	456 <b>,</b> 558						
b	Total plan liabilities	7b	0	0						
С	<b>C</b> Net plan assets (subtract line 7b from line 7a)									
8	B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total									
а	a Contributions received or receivable from: (1) Employers									

	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	56 <b>,</b> 558	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		56 <b>,</b> 558
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		56 <b>,</b> 558
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: 1A 1C 1D 1E

IA IC ID IE**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:				N/A	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			50,00C
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		
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				

Form 5500-SF 2016

Page 3	-

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Part						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)			B 	X Yes	s No
-	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?				Yes	No 🛛
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		d enter t Day		of the letter ru Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 le negative amount)		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?			Yes	s X 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 broug control of the PBGC?				Yes 🛛 I	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s	) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> P	'N(s)
Devit						
Part			116 -		-1.1	
14a	Name of trust		140	Frust's E	LIN	
14c	Name of trustee or custodian				s or custodian ne number	's
				•		
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		in-basec narbor	1	"Prior year test	" ADP
	401(k)(3) for the plan year? Check all that apply:		ent year	"		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio		-		
iou	year? Check all that apply:		entage		verage 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	
	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					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	ter the date	of the m	iost rece	ent determinat	tion
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?		Ye:	6	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	

	SCHEDULE SB	Single-Emp	loyer Define	d Ben	efit Plan		OMB N	lo. 1210-0110
	(Form 5500)	Actuarial Information					2	2016
Department of the Treasury Internal Revenue Service This achieved up is required to be filled under eaction 104 of							-	
Department of Labor Employee Benefits Security Administration							This Form i	s Open to Public
	Pension Benefit Guaranty Corporation		nal Revenue Code (th	,			Ins	spection
For	calendar plan year 2016 or fiscal pla		attachment to Form 2/01/2016	5500 or :	5500-SF. and ending		11/30/20	)17
	Round off amounts to nearest dol		2/01/2010		and chaing		11/00/20	
	Caution: A penalty of \$1,000 will be	assessed for late filing of this	report unless reason	able cau	se is established.			
	ame of plan				B Three-digi	t		
	Rebecca Hagelin Commu	nications Retireme	ent Plan		plan numb	er (PN)	) 🕨	002
СР	lan sponsor's name as shown on lin	e 2a of Form 5500 or 5500-S	F		<b>D</b> Employer Io	dentifica	ation Number (E	EIN)
								,
	Rebecca Hagelin Commu	nications & Marke <sup>.</sup>	ting, LLC		45-2091195	)		
Εт	ype of plan: 🛛 Single 🗌 Multiple	A Multiple-B	<b>F</b> Prior year pla	an size: 🛛	100 or fewer	101-{	500 🗌 More th	nan 500
Pa	art I Basic Information							
1	Enter the valuation date:	Month <u>11</u> Day _	<u>    30        Year                            </u>	2017				
2	Assets:				г	-		
	<b>a</b> Market value					2a		456,558
	<b>b</b> Actuarial value					2b		456,558
3	Funding target/participant count br	eakdown		( )	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and bene	ficiaries receiving payment			0		0	0
	<b>b</b> For terminated vested participan	ts			0		0	0
	<b>c</b> For active participants				2		372 <b>,</b> 646	372,646
	<b>d</b> Total							372 <b>,</b> 646
4	If the plan is in at-risk status, check	the box and complete lines (	(a) and (b)		]			
	<b>a</b> Funding target disregarding pres	cribed at-risk assumptions				. 4a		
	<b>b</b> Funding target reflecting at-risk a					4b		
5	status for fewer than five consec Effective interest rate	utive years and disregarding				5		5.91%
6	Target normal cost					6		0
۲ a	ement by Enrolled Actuary of the best of my knowledge, the information sup coordance with applicable law and regulations. I ombination, offer my best estimate of anticipated	n my opinion, each other assumption is						
	SIGN	1						1.0
H	ERE Zachary D. Kenn						08/30/20	18
7.20	Signature of actuaryDateZachary D. Kenne, EA, MAAA, MSPA1707862							>
aac.	1 , ,	or print name of actuary				Most -	ecent enrollme	
Fox	, Lalonde & Kenne	or print name of actuary					574-273-1	
		Firm name			Tele		number (includ	
P.0	. Box 310						```	,
		9112						
LUW		Address of the firm			-			
	actuary has not fully reflected any re	egulation or ruling promulgate	d under the statute in	completi	ng this schedule,	check	the box and see	e
	Paperwork Peduction Act Notice	and the Instructions for Fe					Calcadada O	B (Form 5500) 2016

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

Schedule SB (Form 5500) 2016 v. 160205 Schedule SB (Form 5500) 2016

Page **2 -**

Pa	art II	Begir	nning of Year	Carryov	ver and Prefunding Ba	alanc	ces							
	·							<b>(a)</b> C	arryover balanc	e		<b>(b)</b> Pi	refundiı	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0			0	
	• •									0			0	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)0							0						
9											0			0
10					rn of0.00%						0			0
11					to prefunding balance:						-			-
••	-				88a from prior year)									58,102
				`	a over line 38b from prior yea									00,102
					e interest rate of $6.11$									0
	<b>b(2)</b> Inte	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's a	actual								0
														0
	<b>C</b> Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e								58,102
	<b>d</b> Portio	n of (c) to	be added to prefu	unding bala	ance									0
12	Other red	ductions	in balances due to	elections	or deemed elections						0			0
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12).						0			0
	art III		ding Percenta											
			-	-									14	122.51%
					)								15	122.52%
16			•		of determining whether carry									122.5270
													16	95.06%
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	fundin	g target,	enter suc	ch percentage				17	%
Ρ	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18	Contribut	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	oyees:	:							
(1	(a) Date		(b) Amount p		(c) Amount paid by		(a) Dat		(b) Amount			(c)		nt paid by
(1)	MM-DD-Y	rrr)	employer(	S)	employees	(17	1M-DD-Y	* * * )	employe	er(s)			emplo	byees
						Tota	als 🕨	18(b)			0	18(c)		0
40												.,		
19		-	-		uctions for small plan with a				r	•	1			
					num required contributions f					19a				0
					usted to valuation date				·	19b				0
					red contribution for current ye	ar adju	usted to va	aluation d	ate	19c				0
20			itions and liquidity											<u>,                                     </u>
			-		e prior year?									Yes No
					installments for the current y			timely m	anner?				X	Yes No
	<b>C</b> If line :	20a is "Y	es," see instructio	ns and cor	nplete the following table as									
		(1) 1s	+		Liquidity shortfall as of end (2) 2nd	d of qu I	uarter of t	-	year 3rd	1			4) 4th	
		(1) 18	ι					(3)	oru			(·	- <i>i</i> ) 40	

Page 3

F	Part V	Assumpti	ons Used to Determine	e Funding Target and Ta	rget Normal Cost			
21	Discount	rate:						
	<b>a</b> Segm			3rd segment: 6.65%		N/A, full yield curve used		
	b Applicable month (enter code)							
22	22 Weighted average retirement age							
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	scribed - separate	Substitu	ite	
Pa	art VI	Miscellane	ous Items					
24		-		arial assumptions for the current				
25	Has a me	ethod change b	peen made for the current plar	year? If "Yes," see instructions	regarding required attack	nment	Yes 🛛 No	
26	ls the pla	in required to p	provide a Schedule of Active P	articipants? If "Yes," see instruc	tions regarding required a	attachmen	t X Yes 🗌 No	
27	If the plan attachme		alternative funding rules, ente	applicable code and see instruc	tions regarding	27		
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years			
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28	0	
29				Inpaid minimum required contrib		29	0	
30	Remainir	ng amount of u	npaid minimum required conti	ibutions (line 28 minus line 29)		30	0	
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year				
31	Target n	ormal cost and	l excess assets (see instructio	ns):				
	a Target	normal cost (lir	ne 6)	,		31a	0	
				ne 31a		31b	0	
32		tion installmen	-		Outstanding Bala	nce	Installment	
	a Net sh	ortfall amortiza	tion installment			0	0	
	<b>b</b> Waiver	r amortization i	nstallment			0	0	
33	If a waive	er has been ap	proved for this plan year, ente	r the date of the ruling letter gram ) and the waived amount	nting the approval	33		
34	Total fun	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0	
				Carryover balance	Prefunding balar	nce	Total balance	
35			e to offset funding		0	0	0	
36	Additiona	al cash require	ment (line 34 minus line 35)			36	0	
37								
38	Present	value of excess	s contributions for current year	(see instructions)				
	<b>a</b> Total (e	excess, if any,	of line 37 over line 36)			38a	0	
	<b>b</b> Portion	n included in lin	e 38a attributable to use of pr	efunding and funding standard c	arryover balances	38b	0	
39	Unpaid m	ninimum requir	ed contribution for current yea	r (excess, if any, of line 36 over	line 37)	39	0	
40	Unpaid m	ninimum requir	ed contributions for all years.			40	0	
Ра	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 201	0 (See Instructions	5)		
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:				
	a Schedu	ule elected					2 plus 7 years	
	<b>b</b> Eligible	e plan year(s) f	or which the election in line 41	a was made		20	08 2009 2010 2011	
42	Amount c	of acceleration	adjustment			42		
43	Excess installment acceleration amount to be carried over to future plan years							

## Rebecca Hagelin Communications Retirement Plan EIN: 45-2091195 Plan Number: 002 Schedule SB, Line 22 - Weighted Retirement Age

All participants are assumed to retire at Age 62 with 5 Years of Participation

Normal Retirement Age	Number of Participants	Weights
62	2	124
Total	2	124
Average	62	

# SUMMARY OF PLAN PROVISIONS

#### November 30, 2017 Valuation

Plan Effective Date	January 01, 2015
Plan Year	December 01, 2016 through November 30, 2017
Plan Eligiblity	Minimum Age: 21 Minimum Services: One Year of Service
Plan Entry	Enter on the 12/1 or 6/1 following the Eligiblity Requirements
Normal Retirement Age	Age 62 with 5 Years of Participation
Normal Retirement Date	First of the Month Following or Coincident with NRA
Benefit Formula	Group One: 415(b) Limit, plus 5% of Compensation
	Group Two: 3% of Compensation
	All participants subject to concurrent offset calculated using the Hypothetical Offset Account, which is the greater of 3% or the lowest accrual for any participant for the plan year in any employer sponsored Defined Contribution Plan.
	Accrued Benefits are Frozen as of November 30, 2016
Death Benefit	Actuarial Equivalent of the Accrued Benefit to the Date of Death
Compensation	W-2 Compensation not to exceed \$265,000
Vesting Schedule	3 Year Cliff
Vesting Service	One year after working 1000 hours during the Plan Year