Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Allilual Repor	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in ac	_				
D		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)				
C Check b	box if filing under:	X Form 5558	automatic extension	[DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				1b Three-digit	t			
	GE INSURANCE 40	1(K) PLAN			plan numb	er			
				_	(PN) ▶	001			
					1c Effective d	ate of plan 01/01/2014			
2a Plan sr	nonsor's name (emn	loyer, if for a single-employer plan)				dentification Number			
Mailing	g address (include ro	om, apt., suite no. and street, or P.C				26-1142149			
		nce, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	2c Sponsor's	telephone number			
STONEHEN	GE INSURANCE SC	DLUTIONS, INC.				1-746-0527			
				-	2d Business of	code (see instructions)			
	OF THE CHAMPIC	DNS				524210			
SUITE 222 PALM BEAC	H GARDENS, FL 33	418							
3a Plan a	dministrator's name	and address 🔀 Same as Plan Spo	nsor.		3b Administra	tor's EIN			
				-	3c Administra	tor's talanhana numbar			
					JC Auministra	tor's telephone number			
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN				
this pl	an, enter the plan sp	onsor's name, EIN, the plan name a							
•	or's name				4d PN				
C Plan N	lame								
5a Total r	number of participan	ts at the beginning of the plan year.			5a	12			
b Total r	number of participan	ts at the end of the plan year			5b	0			
C Number	er of participants with	h account balances as of the end of	the plan year (only define	d contribution plans	5c	0			
	,	participants at the beginning of the p		T T	5d(1)	12			
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	0			
e Numb	per of participants wh	no terminated employment during the	e plan year with accrued b	enefits that were less	5e	0			
Caution: A	100% vested	e or incomplete filing of this retur	n/ranart will be assessed	d unless reasonable cau		ad .			
		other penalties set forth in the instru							
SB or Sche	edule MB completed	and signed by an enrolled actuary,							
	true, correct, and cor		00/04/00:5	IEEED TV DEVICE:					
SIGN HERE	Filed with authorize	d/valid electronic signature.	09/24/2018	JEFFREY RENDEL					
TILIXE	Signature of plan	administrator	Date	Enter name of individu	individual signing as plan administrator				
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor			

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Part III Financial Information Financial Information		 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 								
7 Plan Assets and Liabilities 7a 279324 0 DE And of Year 279324 0 DE Total plan assets 7a 279324 0 DE Total plan assets 7a 279324 0 DE Total plan assets (subtract line 7b from line 7a) 7b 2 DE Total plan assets (subtract line 7b from line 7a) 7c 279324 0 DE TOTAL plan assets (subtract line 7b from line 7a) 7c 279324 0 DE TOTAL plan assets (subtract line 7b from line 7a) 7c 279324 0 DE TOTAL plan assets (subtract line 7b from line 7a) 7c 279324 0 DE TOTAL plan assets (subtract line 7b from line 7a) 7c 279324 0 DE TOTAL plan assets (subtract line 7b from line 7a) 8a(1) 41393 (2) Participants (3) Others (including rollovers) 8a(1) 41393 (2) Participants 8a(2) 98558 (3) DE TOTAL plan assets (3) Others (including rollovers) 8a(3) DE TOTAL plan assets (3) Others (including rollovers) 8b 67668 0 DE TOTAL plan assets (3) DE TOTAL plan assets	С	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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								etermined
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year	•		(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	. 7a	27	79324)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	. 7b							
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	27	79324)
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(2) Participants	а				44000					
(3) Others (including rollovers)										
b Other income (loss)					98558					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8		• • •	. 8b	(67668					
e Certain deemed and/or corrective distributions (see instructions)			. 8c						20761	9
f Administrative service providers (salaries, fees, commissions)	a		. 8d			_				
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	. 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g							
Part IV Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
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: 2E 2F 2G 2J 2K 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: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d 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 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 10h X 10h X 10h X	i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						20761	9
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Example 2	j	Transfers to (from) the plan (see instructions)	- 8j	-4	86943					
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	Pa	rt IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: 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)	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the in	structions:	
10 During the plan year: 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)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	les in the ins	tructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • The sthe plan failed to provide any benefit when due under the plan? • The plan have any participant loans? (If "Yes," enter amount as of year-end.) • The plan have any participant loans? (If "Yes," enter amount as of year-end.) • The plan have any participant loans? (See instructions and 29 CFR 2520.101-3.) • The plan have any participant loans? (See instructions and 29 CFR 2520.101-3.)	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) HIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d		•	·			X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under	10e		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)			X			
	h	·	•		10h		X			
exceptions to providing the notice applied under 29 CFR 2520.101-3	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					

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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 (Form 5500) and line 11a below)		edule S	В		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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	🔲 '	Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.			the date		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 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 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	s X N	lo
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 bro control of the PBGC?	ught under the			X Yes	No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)
MEMBERS 401(K) ADVANTAGE	46-1357384	,		001	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

	identification information						
For calendar plan year 2017 or fi	iscal plan year beginning	01/01/2017	and ending	12/31/			
A This return/report is for:	X a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) (F aployer information in ac				
D This actions to the	a one-participant plan	a foreign plan			,		
B This return/report is	the first return/report	X the final return/report					
	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check box if filing under:	X Form 5558	automatic extension	۱	DFVC progra	am		
	special extension (enter desc	⊔ '	Ļ	_ 5, 40 p.og			
Part II Basic Plan Info	ormation—enter all requested in						
1a Name of plan	orner an requestion in	normation .		1b Three-dig	sit		
Stonehenge Insurance	401 (Ir) Dlan			plan num	•		
beomenenge insurance	401(K) Plan			(PN) >			
				1c Effective 01/01/2			
2a Plan sponsor's name (emplo	oyer, if for a single-employer plan)				Identification Number		
City or town, state or province	om, apt., suite no. and street, or P.0 ce. country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instr	ructions)	(EIN) 26	-1142149		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Stonehenge Insurance Solutions, Inc.			400.01.0)	· ·	s telephone number		
			-	561-746	code (see instructions)		
300 Avenue of the Ch	nampions			524210	code (acc matractions)		
Suite 222	TT 00.440	-					
Palm Beach Gardens	FL 33418						
3a Plan administrator's name a	ind address 🛛 Same as Plan Spo	ensor.		3b Administr	ator's EIN		
4 If the name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last re-	eturn/report filed for	4b EIN	ator's telephone number		
this plan, enter the plan spo	onsor's name, EIN, the plan name	and the plan number from the	ne last return/report.				
a Sponsor's name				4d PN			
C Plan Name							
5a Total number of participants	s at the beginning of the plan year.			5a	12		
	s at the end of the plan year			5b	0		
C Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0		
	articipants at the beginning of the p		· · · · · · · · · · · · · · · · · · ·	5d(1)	12		
	articipants at the end of the plan ye			5d(2)	C		
	terminated employment during the			5e			
than 100% vested	or ipeomplete filing of this retur	n/roport will be assessed	unless responsble sou	l l	0		
Under penalties of perium and of	the penalties set forth in the instru	ctions, I declare that I have	examined this return/rep	ort, includina, i	applicable, a Schedule		
SB or Schedule MB completed a belief, it is true, confect and com	and signed by an enrolled actuary, and	as well as the electronic ver	sion of this return/report	, and to the bes	t of my knowledge and		
SIGN /	11/1		Jeffrey Rendel				
HERE Ignature of play a	administrator	Date 9/24/18	Enter name of individu	al signing as pl	an administrator		
SIGN/	11/		Jeffrey Rendel				
HERE Signature of emplo	yer/plan sponsor	Date 1/24/18	Enter name of individu	ıal signing as er	nployer or plan sponsor		
	ce, see the Instructions for Form 550			2.3	Form 5500-SF (2017)		

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	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 be a second to the plan cannot be a sec						
С	If 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						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
a	Total plan assets	. 7a		279,	324		0
b	Total plan liabilities	. 7b					
c	Net plan assets (subtract line 7b from line 7a)	. 7c		279,	324		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		41,	393		
	(2) Participants	8a(2)		98,	558		
	(3) Others (including rollovers)	. 8a(3)					
<u>b</u>	Other income (loss)	. 8b		67,	668	Simple of the second	
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			3.44		207,619
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f_	Administrative service providers (salaries, fees, commissions)	. 8f					
<u>g</u>	Other expenses	. 8g				1000	Park House, 1975
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0
_ i	Net income (loss) (subtract line 8h from line 8c)	. 8i					207,619
j	Transfers to (from) the plan (see instructions)	8j		486,	943		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f						
Par 10					l v	l Na	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itiono uith	in the time period		Yes	No	Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's N	Voluntary	Fiduciary Correction	10a		x	
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х	
C	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity be	ond, that was caused	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all o	ns by an insurance f the benefits under	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х	
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•••••		10h		х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			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 cor (Form 5500) and line 11a below)	nplete Sch	edule S	В		Yes	☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				•		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	e or sectio	n 302 of			Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	d enter t		of the le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
<u>b</u>	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	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	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 brought control of the PBGC?	under the		X Yes	X Yes No		
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	l(s)
MEME	ERS 401(k) Advantage	46-13	5738	1	0	01	
				İ			