-	m 5500-SF	Short Form Annual	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 u	nder sections 104 and 4			2017				
	partment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to Public Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 5	500-SF.	Fublic hispection				
Part I		dentification Information	7	and an diam. At	0/04/0047					
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/201			2/31/2017 Filoro obcol	king this box must attach a				
A This ret	urn/report is for:	a single-employer plan				vith the form instructions.)				
B This retu	rn/roport is	a one-participant plan	a loreigh plan							
		the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	box if filing under:	× Form 5558	automatic extension		DFVC p	rogram				
Part II	Basic Plan Infor	mation—enter all requested inform	nation							
1a Name (•				1b Thre					
ELECTRONE	ET INTERMEDIA CON	SULTING, INC. 401(K) PLAN			plan (PN)	number 001				
				tive date of plan 01/01/2001						
	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)				-	Employer Identification Number				
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ECTRONET BROADBAND COMMUNICATIONS, INC.			uctions)	(EIN) 20-4330350 2c Sponsor's telephone number					
LEEOTRONE	ECTRONET BROADBAND COMMUNICATIONS, INC.				850-222-0229					
3411 CAPITA	11 CAPITAL MEDICAL BOULEVARD			2d Business code (see instructions)						
	EE, FL 32308					518210				
					26					
3a Plan ad	dministrator's name and	d address 🗙 Same as Plan Sponso	r.		3b Administrator's EIN					
					3c Administrator's telephone number					
		plan sponsor or the plan name has			4b EIN					
this pla a Sponso		sor's name, EIN, the plan name and	the plan number from th	e last return/report.	4d PN					
C Plan N										
5a Total n	number of participants a	at the beginning of the plan year			5a	5				
		at the end of the plan year			5b	5				
		ccount balances as of the end of the		•	5c	5				
d(1) Tota	al number of active part	ticipants at the beginning of the plan	year		5d(1)	0				
d(2) Tota	al number of active par	ticipants at the end of the plan year.			5d(2)	0				
		terminated employment during the p			5e	0				
Caution: A	penalty for the late o	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau						
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as y lete								
SIGN		rate. valid electronic signature.	10/04/2018	PAUL V WATTS						
HERE	Signature of plan ac	-	Date	Enter name of individ	ual signing	as plan administrator				
SIGN			Dale		aai siyiliily	ao pian aunimisiraitti				
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				
	Signature of employ		Duit		aar orginnig	as simpleyer of plain sponsol				

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib		,	
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			
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 th			
De	rt III Financial Information			
				<u> </u>
7	Plan Assets and Liabilities	_	(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	71027	<u>68647</u> 0
	Total plan liabilities	7b		
	Net plan assets (subtract line 7b from line 7a)	7c	71027	68647
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)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	8382	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8382
d	Benefits paid (including direct rollovers and insurance premiums		10440	
	to provide benefits)	8d	10412	
	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	350	
<u> </u>	Other expenses	8g	0	40700
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10762
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i		-2380
	Transfers to (from) the plan (see instructions)	8j	0	
	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Characteristic	Codes in the instructions:
Par	t V Compliance Questions			
1 0				

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	х		265000
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		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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	🛛	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the dat ay	te of the le Yea		ling
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		ΧY	es	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?			Yes	XN	lo
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(5)	130	:(3) P	N(s)
			<u>) = : ((</u>	,		<u>(()</u>	

Form 5500-SF	Short Form Annu	t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Ret	tirement	2017		
Department of Labor Employee Benefits Security Administratio		4 (ERISA), and sections 60 Revenue Code (the Code		Th	is Form is Open to Public Inspection		
Pension Benefil Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 550		done mapeonon		
	t Identification Information						
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20			
A This return/report is for:	X a single-employer plaл	list of participating er	lan (not multiemployer) (F mployer information in acc				
	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 retu	rn/report (less than 12 mo	nths)			
C Check box if filing under:	X Form 5558	automatic extension	Г	DFVC program	1		
0	special extension (enter desc		L				
Part II Basic Plan Int	ormation—enter all requested in						
1a Name of plan	official reducided in			1b Three-digit			
				plan numbe	er 001		
LECTRONET INTERMED.	IA CONSULTING, INC. 4	UI(K) PLAN	Ļ	(PN)			
				1c Effective da 01/01/20			
	loyer, if for a single-employer plan)			2b Employer Identification Number (EIN) 20-4330350			
	om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		tructions)				
ELECTRONET BROADBAND COMMUNICATIONS, INC.			2c Sponsor's telephone number 850-222-0229				
3411 CAPITAL MEDICA				2d Business code (see instructions)			
JAIL CRITICH MEDICA	II DOULIVIND			518210			
TALLAHASSEE	FL 32308						
3a Plan administrator's name	and address 🛛 Same as Plan Spo	insor.		3b Administrat	or's EIN		
			-	3c Administrat	or's telephone number		
A 100		an charged since the last	roturn/roport filed for	4b EIN			
4 If the name and/or EIN of t this plan, enter the plan sp	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	and the plan number from t	the last return/report.				
a Sponsor's name				4d PN			
C Plan Name							
5a Total number of participant	s at the beginning of the plan year.			5a	E		
	s at the end of the plan year			5b			
c Number of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c			
	articipants at the beginning of the p			5d(1)			
•	articipants at the end of the plan ye			5d(2)			
	o terminated employment during the			5e			
than 100% vested					(1		
Inder penalties of periury and c	or incomplete filing of this retur the penalties set forth in the instru and signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/repo	ort, including, if a	pplicable, a Schedule		
SB or Schedule MB completed	ANNER.		E D	V. Wa	<i>k</i> ts		
SB or Schedule MB completed belief, it is true, correct(and cor		2. 1.1/1	1 L				
SB or Schedule MB completed belief, it is true, correct, and correct	×,	10/4/1	F Pau		51 91 15 B		
SB or Schedule MB completed belief, it is true, correct and correct SIGN	×,	Date	Enter name of individua	al signing as plar	administrator		
SB or Schedule MB completed belief, it is true, correct and correct SIGN	×,			al signing as plan \mathcal{A} V. \mathcal{W}^{a}	administrator HS		

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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.	
с	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.)
_		
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	71,027	68,647
b	Total plan liabilities	7b	0	C
¢	Net plan assets (subtract line 7b from line 7a)	7c	71,027	68,647
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	8,382	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8,382
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10,412	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	350	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10,762
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2,380
j	Transfers to (from) the plan (see instructions)	8)	0	
Pa	t IV Plan Characteristics			
Ja	If the plan provides pension benefits, enter the applicable pension $2E$ 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Plan Characteristic C	Codes in the Instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Characteristic Co	odes 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	
с	Was the plan covered by a fidelity bond?	10c	X		265,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
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	
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		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			

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Page 🕻	3-
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Part '						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (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 secti ERISA?				Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			6 41 - 1 -		11
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructions, an granting the waiver	Id enter Da		Yea	iter ru	uing
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
	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?	. L	Yes	No	Π.	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?		X 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 th control of the PBGC?		[] Yes	X	10
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
1		(2) EIN(s)		130	c(3) P	N(s)
				_		
			1			