# Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110
1210-0089

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BLUE WING OLIVE 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2012

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FILLMORE WEST INVESTMENT TRUST

221 N. HOGAN ST. / SUITE 403
JACKSONVILLE, FL 32202

**2b** Employer Identification Number (EIN) 32-6234101

**2c** Sponsor's telephone number 904-807-8204

**2d** Business code (see instructions) 525920

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 96 |
| **b** Total number of participants at the end of the plan year | **5b** | 100 |
| **c** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **5c** | 19 |
| **d(1)** Total number of active participants at the beginning of the plan year | **5d(1)** | 93 |
| **d(2)** Total number of active participants at the end of the plan year | **5d(2)** | 95 |
| **e** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **5e** | 0 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2018 | RICK HAWTHORNE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)..... [X] Yes [ ] No

**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

**c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [ ] No [ ] Not determined

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

## Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| a Total plan assets | 7a | 421377 | 546477 |
| b Total plan liabilities | 7b | 0 | 447 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 421377 | 546030 |
| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 0 | |
| (2) Participants | 8a(2) | 143076 | |
| (3) Others (including rollovers) | 8a(3) | 7710 | |
| b Other income (loss) | 8b | 74402 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 225188 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 51877 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 48101 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 557 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 100535 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 124653 |
| j Transfers to (from) the plan (see instructions) | 8j | 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 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

| 10 During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 50000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | | 2427 |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

## Part VI Pension Funding Compliance

| | | |
|---|---|---|
| **11** | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | ☐ Yes ☐ No |
| **11a** | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |
| **12** | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | ☐ Yes ☒ No |
| **a** | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____ | |

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

| | | | |
|---|---|---|---|
| **b** | Enter the minimum required contribution for this plan year | **12b** | |
| **c** | Enter the amount contributed by the employer to the plan for this plan year | **12c** | |
| **d** | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | **12d** | |
| **e** | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | ☐ Yes ☐ No ☐ N/A |

## Part VII Plan Terminations and Transfers of Assets

| | | | |
|---|---|---|---|
| **13a** | Has a resolution to terminate the plan been adopted in any plan year? | | ☐ Yes ☒ No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | **13a** | |
| **b** | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | ☐ Yes ☒ No |
| **c** | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | |

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

**From:** Valeri Dedich <valeri@retiresolutions.net>
**Subject: Blue Wing Olive - Form 5500-SF & Filing Authorization ready for signature - URGENT ACTION IS REQUIRED**
**Date:** October 8, 2018 at 6:30:54 AM MDT
**To:** Andrea Schumacher <andrea@grassycreek.nl>

Good morning,

Please find attached the following items:

1. **2017 Filing Authorization Form** - this form allows RSS to file the 2017 Form 5500 on your behalf.

2. **2017 Trust Summary** - this is the summary of activity that occurred in the Plan during the 2017 Calendar Year.

3. **2017 Form 5500-SF** - this is the IRS form that is used to report to the IRS.

4. **2017 Summary Annual Report (SAR)** - this is the Report that is provided to the participants by ***December 15, 2018***.

***I am sending an additional email to address some items that came up with the review and reconciliation of the Plan.***

*Please sign and date the 2017 Filing Authorization and the 2017 Form 5500-SF and return both to me to upload to the IRS on your behalf.* ***The Deadline for filing is October 15, 2018.***

Please provide the Summary Annual Report to your participants.

Put all the above into the binder that was previously provided to you.

Sincerely,

Valeri R. Dedich, ERPA, QPA, QKA
Senior Pension Plan Administrator
**Retirement Solutions Specialists**
Main Office:904-287-4749 x 108
Direct Dial: 904-862-6543
Fax: 904-287-2745
valeri@retiresolutions.net

EFAST2 Filing Authorization
for the 2017 Form 5500

Name of Plan: Blue Wing Olive 401(k) Plan

EIN: 32-6234101 PN: 001

Plan Year Ending: December 31, 2017

## Authorization of Practitioner to Electronically Sign and File

I hereby authorize Retirement Solutions Specialists ("RSS") to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

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

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

Plan Administrator: _____ Date: 10/9/18

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

**TRUST SUMMARY FOR**
**Blue Wing Olive 401(k) Plan**
**PLAN YEAR 1/1/2017 - 12/31/2017**

| | |
|---|---|
| ASSETS | |
| JOHN HANCOCK - PARTICIPANT ACCOUNTS | $545,717.94 |
| EMPLOYEE DEFERRAL RECEIVABLES | $759.17 |
| **TOTAL** | **$546,477.11** |
| | |
| LIABILITIES | |
| EXCESS EMPLOYEE DEFERRALS | (446.71) |
| **TOTAL** | **($446.71)** |
| | |
| **NET ASSETS** | **$546,030.40** |
| | |
| INCOME | |
| EMPLOYEE DEFERRALS - 2017 | $143,076.15 |
| EMPLOYEE ROLLOVERS | $7,709.60 |
| GAIN/LOSS ON INVESTMENTS | $74,402.50 |
| **TOTAL** | **$225,188.25** |
| | |
| EXPENSES | |
| BENEFITS PAID | $51,876.97 |
| CORRECTIVE DISTRIBUTIONS | $48,101.10 |
| FEES | $557.00 |
| **TOTAL** | **$100,535.07** |
| | |
| **NET INCREASE IN ASSETS** | **$124,653.18** |
| | |
| NET ASSETS: | |
| BEGINNING OF THE PLAN YEAR (PER 5500) | $421,377.22 |
| NET CHANGE IN ASSETS | 124,653.18 |
| END OF THE PLAN YEAR | **$546,030.40** |

# Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110
1210-0089

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BLUE WING OLIVE 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2012

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FILLMORE WEST INVESTMENT TRUST

221 N. HOGAN ST. / SUITE 403

JACKSONVILLE FL 32202

**2b** Employer Identification Number (EIN) 32-6234101

**2c** Sponsor's telephone number 904-807-8204

**2d** Business code (see instructions) 525920

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 96 |
| **b** Total number of participants at the end of the plan year | **5b** | 100 |
| **c** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **5c** | 19 |
| **d(1)** Total number of active participants at the beginning of the plan year | **5d(1)** | 93 |
| **d(2)** Total number of active participants at the end of the plan year | **5d(2)** | 95 |
| **e** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **5e** | 0 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Signature of plan administrator | Date 10/9/18 | RICK HAWTHORNE<br>Enter name of individual signing as plan administrator |
| **SIGN HERE** | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ Yes ☐ No

**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

**c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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

## Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| a Total plan assets | 7a | 421,377 | 546,477 |
| b Total plan liabilities | 7b | 0 | 447 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 421,377 | 546,030 |
| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 0 | |
| (2) Participants | 8a(2) | 143,076 | |
| (3) Others (including rollovers) | 8a(3) | 7,710 | |
| b Other income (loss) | 8b | 74,402 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 225,188 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 51,877 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 48,101 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 557 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 100,535 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 124,653 |
| j Transfers to (from) the plan (see instructions) | 8j | 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 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

| 10 During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 50,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | | 2,427 |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

## Part VI Pension Funding Compliance

| | | | |
|---|---|---|---|
| **11** | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | ☐ Yes ☐ No |
| **11a** | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | |
| **12** | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | ☐ Yes ☒ No |
| **a** | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____ | | |
| **If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.** | | | |
| **b** | Enter the minimum required contribution for this plan year | **12b** | |
| **c** | Enter the amount contributed by the employer to the plan for this plan year | **12c** | |
| **d** | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | **12d** | |
| **e** | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | ☐ Yes ☐ No ☐ N/A |

## Part VII Plan Terminations and Transfers of Assets

| | | | |
|---|---|---|---|
| **13a** | Has a resolution to terminate the plan been adopted in any plan year? | | ☐ Yes ☒ No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | **13a** | |
| **b** | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | ☐ Yes ☒ No |

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

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

**SUMMARY ANNUAL REPORT FOR**
**BLUE WING OLIVE 401(K) PLAN**

This is a summary of the annual report for the BLUE WING OLIVE 401(K) PLAN (Employer Identification Number 32-6234101, Plan Number 001) for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

## Basic Financial Statement

Plan expenses were $100,535. These expenses included $557 in administrative expenses and $51,877 in benefits paid to participants and beneficiaries, and $0 in other expenses. A total of 100 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $546,030 as of the end of the plan year, compared to $421,377 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $124,653. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $225,188, including employer contributions of $0, employee contributions of $143,076, other contributions/other income of $7,710 and earnings from investments of $74,402.

## Information Regarding Plan Assets

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning 01/01/2017 and therefore has not had an audit performed.

The plan's assets were held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually and other qualifying assets.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at http://www.dol.gov/ebsa under the heading "Frequently Asked Questions."

## Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of RICK HAWTHORNE, who is a representative of the plan administrator, at 221 N. HOGAN ST. / SUITE 403, JACKSONVILLE, FL 32202 and phone number, 904-807-8204.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 221 N. HOGAN ST. / SUITE 403, JACKSONVILLE, FL 32202, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.