

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 10/26/2016

A This return/report is for:

☒ a single-employer plan
☐ a one-participant 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 foreign plan

B This return/report is:

☐ the first return/report
☐ an amended return/report

☒ the final return/report
☒ a short plan year return/report (less than 12 months)

C Check box if filing under:

☐ Form 5558
☐ special extension (enter description)

☐ automatic extension

☐ DFVC program

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>LLOYD D SPRAGUE & SON INC. SAVINGS PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>
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) <u>LLOYD D SPRAGUE & SON INC.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>34 W MARKET ST</u> <u>CORNING, NY 14830-2617</u> </div> <div style="width: 45%;"> <u>34 W MARKET ST</u> <u>CORNING, NY 14830-2617</u> </div> </div>		
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		
5a Total number of participants at the beginning of the plan year		
b Total number of participants at the end of the plan year.....		
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		
d(1) Total number of active participants at the beginning of the plan year.....		
d(2) Total number of active participants at the end of the plan year		
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		

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. Signature of plan administrator	11/07/2018 Date	CHRISTINE SPRAGUE 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

Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>CHRISTINE SPRAGUE</u> <u>LLOYD D SPRAGUE</u> <u>34 W. MARKET ST.</u> <u>CORNING, NY 14830</u>	Preparer's telephone number <u>607-937-8371</u>
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2016)
v.160927

- 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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1834831	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1834831	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	11769	
(2) Participants	8a(2)	51924	
(3) Others (including rollovers)	8a(3)	4443	
b Other income (loss)	8b	90275	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		158411
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1989396	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	3846	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1993242
i Net income (loss) (subtract line 8h from line 8c)	8i		-1834831
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 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			200000
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		
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			0
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	X			

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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
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 separated from service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Lloyd D Sprague & Son, Inc.
C/o The Keller Group
34 W. Market St.
Corning, NY 14830
FEIN# 16-0903464

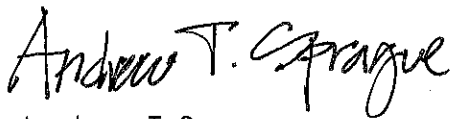
Re: Reasonable Cause Letter for late 5500 filing

To Whom It May Concern:

In June 2016 we sold our agency to the Keller Group Inc. In closing our 401K benefit plan we completed the 5500 paperwork and submitted it to Principal Financial. At that time, we believed that Principal Financial would be filing our 5500 and we were unaware that we were delinquent until we received the IRS notice September 2018.

Lloyd D Sprague has never been delinquent in the past and I am requesting consideration for this oversight in the closing of our agency. Any consideration would be greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Andrew T. Sprague". The signature is written in a cursive, flowing style.

Andrew T. Sprague
President
Cell: 607-368-5381

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NUMBER OF THIS NOTICE: CP-403
 DATE OF THIS NOTICE: 08-20-2018
 TAXPAYER IDENT. NUM: 16-0903464
 FORM: 5500SF PLAN #: 002
 PLAN YEAR ENDING: 12-31-2016

LLOYD D SPRAGUE & SON INC
 34 W MARKET ST
 CORNING NY 14830-2617341



000499

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification
 Number (EIN) 16-0903464

Plan Year Ending 2016

Date filed with EBSA and Acknowledgement Plan Number
 number: 715276

Section II

Not Required to file

Please check the box that applies to you, a form was not filed
 because:

- ☐ Plan in question is a Savings Incentive Match Plan for
 Employees of Small Employers (SIMPLE) that involves
 SIMPLE IRAs.
- ☒ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must
 still file a "Final" return showing zero end-of-year assets,
 zero participants, and mark "the final return filed for
 the plan" box in part 1 of the form.
- ☒ Other: Filed

Section III

Reason for not filing on time

Explain why you did not file on time:

It was my understanding that we did file through Principal Financial. Please see attached.

Please feel free to call me if you have further questions. I appreciate your assistance.

Sincerely,

Christine L Sprague
 607-937-8375 x 136

General Questions

Your Organization

Business Codes

Your Business Code: 524210

Your Plan

Filing Extension

Will you be filing an extension? No - I will not be filing an extension

Fidelity Bond

Do you have a fidelity bond for the plan year being reported? Yes
Amount of Fidelity Bond: 200000
Bonding Company Name: Travelers Ins. Co.
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? No
Amount: 0

Blackout Periods

Was there a blackout period during the plan year? Yes
Did you provide the required notice or are you covered under one of the exceptions to providing the notice applied under blackout notice final rules(29 CFR 2520.101-3)? Yes

Self Employed Individual

Does your plan cover Self Employed Individuals? No

Leased Employees Services

Does your plan receive services of Leased Employees Services? No

Compliance

Non Exempt Transactions

Were there any nonexempt transactions with any party-in-interest? No

Failed Benefits Paid

Has your plan failed to provide any benefit when due under the plan? No

Outside Assets

Outside Assets Question

Did you hold Outside Assets at any time from 01/01/2016 - 10/26/2016? No