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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	n			
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01	1/2015	and ending 12	2/31/2015	
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) mployer information in ac		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558 special extension (enter des	automatic extension		DFVC	orogram
Part II	Basic Plan Info	ermation—enter all requested	information			
1a Name		Sinor all roquesta			1b Three-digit plan numbe (PN) ▶	or 001
					1c Effective da	te of plan 01/01/2002
Mailing	g address (include roor	yer, if for a single-employer plan m, apt., suite no. and street, or P e, country, and ZIP or foreign po	.O. Box)	tructions)	(EIN)	entification Number 05-0512311
TEXTILES 2		o, oo a,, aa <u>-</u> oo.o.g po	ota. 0000 (ii .o.o.g, 000 ii.o			elephone number 01-276-7900
PO BOX 778 CUMBERLAI	81 ND, RI 02864-0898					de (see instructions) 423990
3a Plan a		nd address Same as Plan Spo			3b Administrate	or's EIN 05-0512311
		CUMBI	ERLAND, RI 02864			or's telephone number
name	, EIN, and the plan nur	e plan sponsor has changed sind mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
	or's name				4c PN	2
5a Total i	number of participants	at the beginning of the plan year	r			3
		at the end of the plan year			5b	3
		account balances as of the end o	. , ,	•	5c	3
d(1) Tota	al number of active pa	rticipants at the beginning of the	plan year		5d(1)	3
d(2) Tot	al number of active pa	rticipants at the end of the plan y	/ear		5d(2)	3
		terminated employment during t			5e	0
Caution: A	A penalty for the late	or incomplete filing of this retu	irn/report will be assessed	l unless reasonable cai	use is established	l.
SB or Sche		her penalties set forth in the instr nd signed by an enrolled actuary plete.				
SIGN	Filed with authorized/	valid electronic signature.	03/04/2016	JOHN F. HAYES, JR.		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individ		· · · · · · · · · · · · · · · · · · ·
Preparer's	name (including firm n	name, if applicable) and address	(include room or suite numb	er)	Preparer's teleph	one number

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 Were all of the plan's assets during the plan year invested in elig 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 care 	of an indepen y and condition	dent qualified public a	account	ant (IQ	PA)			Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not	determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End of Yo	
a Total plan assets			1094	475				1089032
b Total plan liabilities			1004	1475				1000000
Net plan assets (subtract line 7b from line 7a)	7с	(a) A	1094	475				1089032
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)			0				
(2) Participants	8a(2)		3	8060				
(3) Others (including rollovers)	1 1							
b Other income (loss)			-3	198				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-138
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions).	8e							
f Administrative service providers (salaries, fees, commissions)	8f		5	305				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5305
i Net income (loss) (subtract line 8h from line 8c)	8i							-5443
j Transfers to (from) the plan (see instructions)	··· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	on feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions	S:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Am	ount
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-intere					X			
reported on line 10a.)			10b		^			
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 by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	other persons ome or all of t	by an insurance he benefits under			X			
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the p			10e					
			101	.,	X			
g Did the plan have any participant loans? (If "Yes," enter amount	•	,	10g	X				31263
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance				•				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum fundir						302 of El	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	t Identification information	10.2.10.2.2	management of the second of th	12/31/201	par
For calendar plan year 2015 or t	fiscal plan year beginning	01/01/2015	and ending	***************************************	
A This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer) oloyer information in acc	(Filers checking this to cordance with the form	oox must attach a m instructions)
A this returnieport is for.	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 mg	onths)	
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC prog	gram
	special extension (enter descr	ription)			
Part II Basic Plan Inf	ormation—enter all requested in	formation			
1a Name of plan TEXTILES 2 INC. 401	(K) PLAN			1b Three-digit plan number	001
				(PN) 10 Effective date	
				01/01/200	
Mailing address (include to	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)	(atlane)	2b Employer Iden (EIN) 05-05	12311
City or town, state or provin TEXTILES 2 INC.	ice, country, and ZIP or foreign post	ar code (ir foreign, see insire	ictions)	2c Sponsor's tele 401-276-7	•
Po Box 7781				2d Business code 423990	(see instructions)
Cumberland	RI 02864-08	98			
	and address Same as Plan Spon	sor.		3b Administrator's 05-051231	
TEXTILES 2 INC.				3c Administrator's	
PO BOX 7781				401-753-1	•
CUMBERLAND	RI 02864		the plan actor to	4b EIN	nda da kanana arang panggan sang di 1994, gaha da kanan Pangan bandan kanan sang di Indonésia di 1994, qa
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed to	or this plant, enter the	4c PN	
a Sponsor's name				5a	3
	ts at the beginning of the plan year.			5b	3
b Total number of participan	ts at the end of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ati mlana da mat		<u> </u>
c Number of participants wit complete this item)	h account balances as of the end of	the plan year (defined bene	ent plans do not	5c	3
•	participants at the beginning of the p			5d(1)	3
d(2) Total number of active	participants at the end of the plan ye	ear	*************	5d(2)	3
than 100% vected	at terminated employment during the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5e	0
Linden condition of parities and	e or incomplete filing of this retur other penalties set forth in the instru- rand signed by an enrolled actuary, molete.	ictions I declare that I have	examined this return/re	port, including, if app	licable, a Schedule ny knowledge and
$I = I \times I \times I \times I$	Ham	3/4/16	JOHN F. HAYES	, JR.	nana yayaya gaban basan akinik sani na 1991 (an man daki daki dagi galam sabayda wa 1990)
HERE Signature of plan	administrator	Date /	Enter name of individ	lual signing as plan a	dministrator
SIGN					
UEDE -	oloyer/plan sponsor	Date	Enter name of individ		
Preparer's name (including firm	n name, if applicable) and address (include room or suite numbe	er)	Preparer's telephor	ne number
				100	

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b	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 lift the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi iot use Fo	ndent qualified public itions.)orm 5500-SF and mus	account	tant (IC ad use	PA) Form	ı 5500.			X Yes X Yes	☐ No
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	7411	(a) Beginnin	g of Ye	ar			(b) Er	nd of	/ear	
a	Total plan assets	7a		10	9447	15				10	89032
<u>b</u>	Total plan liabilities	7b									
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		10	9447	75				10	89032
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		_	- CAR S - S - S	<u>(b</u>) Tota	<u> </u>	
а	Contributions received or receivable from: (1) Employers	8a(1)				0					
	(2) Participants	8a(2)			306	0					
****	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		444444	-319	8					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									-138
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d				+					
	Certain deemed and/or corrective distributions (see instructions)	8e			530	_					
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f			330	13 mm					
<u>g</u>	Other expenses	8g			Nester			3667364.33	1424463423	4.334.33	5305
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									-5443
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						Called St.			
,	t IV Plan Characteristics	8j					2010 18 10 18 1 ₃ 23 11	44.14(3.56)3	de Silver		
B	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature cod	les from the List of Pla	n Char	acteris	tic Coc	les in tr	e instru	ictions	:	
10	During the plan year:				Yes	No	N/A		Ar	nount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х					
С	Was the plan covered by a fidelity bond?		***************************************	10c	х						200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of	the benefits under	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			10g	х		14 .				31263
h		See instru	uctions and 29 CFR	10g 10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part			<u></u>		*					·	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "\	Yes," see instructions	and con	nplete	Sched	ule SB	(Form	[Yes	No
11a	Enter the unpaid minimum required contribution for all years from S						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Code	e or se	ction 3	302 of E	RISA?	[Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter th Day	e date of	the letter r Year	uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	·			
t	Enter the minimum required contribution for this plan year	12b	<u> </u>		
	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 of a 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?		Ye	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 brought under the of the PBGC?			Yes 🛭	No
С				·····	
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Pari	VIII Trust Information				
14a	Name of trust	14b 1	Trust's EIN	1	
14c	Name of trustee or custodian	1	Trustee's telephone	or custod number	ian's
14c		1			ian's
Par		1	telephone		ian's
Par 15a	t IX IRS Compliance Questions	Ye De	telephone	number	P/ACP
Par 15a 15b	Is the plan a 401(k) plan?	Ye De	s esign- ased safe arbor ethod	No AD	P/ACP
Par 15a 15b 15c	Is the plan a 401(k) plan?	Ye De ba ha me	s esign- sed safe arbor ethod s ercentage	No Avo	P/ACP
Par 15a 15b 15c	Is the plan a 401(k) plan?	Ye De ba ha me	s esign- ased safe arbor ethod s ercentage st	No Avo	P/ACP t
Par 15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	Yes Yes	s esign- ssed safe irbor ethod s atio ercentage st s	No Ave ber	P/ACP t erage nefit test
Par 15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	Ye ba ha me Ye Re pe tes Yes Yes	s esign- sed safe irbor ethod s atio ercentage st s	No Ave ber No See i	P/ACP t erage nefit test
Par 15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	Yes Personal Properties Propertie	s esign- ssed safe irbor ethod s atio ercentage st s	No Ave ber No (See i	P/ACP t erage nefit test
Par 15a 15b 15c 16a 16b 17a 17b 17c	Is the plan a 401(k) plan?	Yes Personal Properties Propertie	s esign- ssed safe irbor ethod s atio ercentage st s	No Ave ber No (See i	P/ACP t erage nefit test
Par 15a 15b 15c 16a 17a 17b 17c 17d	Is the plan a 401(k) plan?	Yes Personal Properties Propertie	s esign- sed safe arbor ethod s atio ercentage st s s vorable IR	No Ave ber No (See i	P/ACP t erage nefit test
Par 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	Yes Personal Properties Propertie	s esign- sed safe arbor ethod s atio ercentage st s s vorable IR	No ADDITES NO AVORDED NO NO Sopinion Orable	P/ACP t erage nefit test
Par 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	Per	s esign- sed safe arbor ethod s atio ercentage st s s vorable IR	No ADD tes No AVO Der No CSee i	P/ACP t erage nefit test