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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pa	ITTI	Annual Report	t identification information	1								
For c	calenda	dar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
A T	his retu	ırn/report is for:		er) (Filers checking this box must attach a n accordance with the form instructions)								
B Th	nis retu	rn/report is	a one-participant plan the first return/report		gn plan I return/report							
			an amended return/report	a short	plan year returr	n/report (less than 12 mo	onths)					
C 0	Check b	ox if filing under:	Form 5558	ш	atic extension			DFVC prog	ram			
	[special extension (enter descr									
Pai			ormation—enter all requested inf	formation			41-					
1a Name of plan OLNEYVILLE HOUSING CORP 401 K PROFIT SHARING PLAN TRUST							10	Three-digit plan number (PN)	001			
							1c	Effective date of	f plan 1/2012			
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)							2b Employer Identification Number (EIN) 22-3010422					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DLNEYVILLE HOUSING CORP						uctions)	2c Sponsor's telephone number 401-351-8719					
							2d Business code (see instructions)					
	AFFEE IDENC	E, RI 02909					531310					
3a Plan administrator's name and address Same as Plan Sponsor.							3b Administrator's EIN					
							3c	Administrator's t	telephone number			
			ne plan sponsor has changed since umber from the last return/report.	the last retu	rn/report filed fo	or this plan, enter the	4b EIN					
		r's name	imber from the last retain, report.				4c	PN				
	•		s at the beginning of the plan year				5	1	13			
							51		16			
Dotal number of participants at the end of the plan year						efit plans do not	5c					
		•	articipants at the beginning of the plant				5d((1)	12			
				-		Ì	5d(15			
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						5e 0						
Caut	tion: A	penalty for the late	or incomplete filing of this return	n/report wil	be assessed	unless reasonable cau	ıse is	established.				
SB o	r Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.									
SIGN		Filed with authorized	d/valid electronic signature.	07	/06/2016	ANN BACCARI						
HER	E	Signature of plan	administrator	Da	te	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN		•					0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
HERE		Signature of empl	oyer/plan sponsor	Da	te	Enter name of individu	of individual signing as employer or plan sponsor					

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver of the you answered "No" to either line 6a or line 6b, the p 	report of an independ eligibility and condition	ent qualified public ans.)	account	ant (IQ	PA)			X Yes	No No
C If the plan is a defined benefit plan, is it covered under the	PBGC insurance pro	gram (see ERISA se	ection 4	021)? .		Yes	No	Not deterr	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets			35	749				5970	
b Total plan liabilities			0.5	0				507	0
C Net plan assets (subtract line 7b from line 7a)	7c			749	-			5970	U1
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	8a(1)		3	915					
(2) Participants	8a(2)		22	462					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-2	425					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								239	52
Benefits paid (including direct rollovers and insurance pre- to provide benefits)									
e Certain deemed and/or corrective distributions (see instru-									
f Administrative service providers (salaries, fees, commission	ons) 8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i Net income (loss) (subtract line 8h from line 8c)	8i							239	52
j Transfers to (from) the plan (see instructions)	····· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable 2A 2E 2F 2G 2J 2K 2T 3D	pension feature code	es from the List of Plant	an Cha	racteris	stic Co	des in t	the instruc	tions:	
B If the plan provides welfare benefits, enter the applicable	welfare feature codes	s from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructi	ions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participan described in 29 CFR 2510.3-102? (See instructions and Program)	I DOL's Voluntary Fid	uciary Correction	10a		X				
b Were there any nonexempt transactions with any party-i									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					10000
d Did the plan have a loss, whether or not reimbursed by t by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, ager carrier, insurance service, or other organization that prov the plan? (See instructions.)	nts, or other persons l	by an insurance e benefits under	10e		X				
f Has the plan failed to provide any benefit when due under			10f		Χ				-
g Did the plan have any participant loans? (If "Yes," enter	· ·				X				
h If this is an individual account plan, was there a blackout			10g		^				
2520.101-3.)			10h	X					
i If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFR	·		10i	X					
j Did the plan trust incur unrelated business taxable incon	ne?	<u></u>	10j		L	X			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)								Yes	No
11a Enter the unpaid minimum required contribution for all ye	ears from Schedule Sl	B (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum	n funding requiremen	ts of section 412 of t	he Cod	e or se	ction	302 of E	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		
14c Name of trustee or custodian						4d Trustee's or custodian's telephone number			
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		

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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

2015

This Form is Open to **Public Inspection**

	Report Identification Informatio								
For calendar plan year 2	015 or fiscal plan year beginning	01/01/2015	and ending	12/31/2	015				
A This return/report is f	 X a single-employer plan or: □ a one-participant plan 		plan (not multiemployer) (Filers checking this box must attact mployer information in accordance with the form instructions)						
B This return/report is	the first return/report	the final return/report							
D This return/report is	an amended return/report								
		_ a short plan year retu	mineport (less than 12 h						
C Check box if filing un	der: Form 5558 special extension (enter des	automatic extension cription)		DFVC pr	rogram				
Part II Basic Pla	an Information—enter all requested i	2010/10/2007							
1a Name of plan	ING CORP 401 K PROFIT SH			1b Three-digit plan number (PN)	001				
				1c Effective date 01/01/20					
Mailing address (inc	e (employer, if for a single-employer plan) lude room, apt., suite no. and street, or P	.O. Box)		2b Employer Ide (EIN) 22-3	entification Number 010422				
Olneyville Hou	r province, country, and ZIP or foreign por using Corp	stal code (if foreign, see ins	ructions)	2c Sponsor's te 401-351-					
66 Chaffee St				2d Business coo 531310	de (see instructions)				
Providence	RI 02909)							
				3c Administrator	r's telephone number				
	EIN of the plan sponsor has changed sinc plan number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN 4c PN					
	ticipants at the beginning of the plan year				13				
	ticipants at the end of the plan year				16				
C Number of participa	nts with account balances as of the end of	of the plan year (defined ber	efit plans do not	5c					
d(1) Total number of a	active participants at the beginning of the	plan year		5d(1)	12				
	active participants at the end of the plan y			5d(2)	15				
e Number of participa	ants that terminated employment during the	ne plan year with accrued be	enefits that were less	5e	0				
Under penalties of perjur	the late or incomplete filing of this return y and other penalties set forth in the instruction pleted and signed by an enrolled actuary, and complete.	uctions, I declare that I have	e examined this return/re	eport, including, if ap	plicable, a Schedule				
SIGN HERE	(Buccan)	7-16-16	ANN BACCARI						
Signature of	of plan administrator	Date	Enter name of individ	dual signing as plan	administrator				
SIGN HERE Signature of	of employer/plan sponsor	Date	Enter name of individ	ividual signing as employer or plan spons					
	ng firm name, if applicable) and address			Preparer's telepho					
For Paperwork Reduction	Act Notice and OMB Control Numbers, see	the instructions for Form 550)-SF.		Form 5500-SF (2015)				

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib 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 contraction. 	an independe and condition	ent qualified public a	ccounta	ant (IQ	PA)				Yes [
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA se	ection 40	021)? .		Yes	No [Not d	etermine
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Yea	ır
a Total plan assets	7a		3 !	5,74	9				59,7
b Total plan liabilities	7b				0				
C Net plan assets (subtract line 7b from line 7a)	7c		3 !	5,74	9				59,7
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total	
Contributions received or receivable from: (1) Employers	8a(1)			3,91	5				
(2) Participants	8a(2)		2:	2,46	2				
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-:	2,42	5				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								23,9
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								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	8i								23,9
j Transfers to (from) the plan (see instructions)									
Transition to (morn) are plan (occomications)	8i								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension		es from the List of PI	an Chai	racteris	tic Co	des in th	ne instru	uctions:	
Part IV Plan Characteristics	feature code								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to	feature code								unt
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits.	feature codes	from the List of Pla		cterist	c Cod	es in the		etions:	unt
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Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan and participant contributed by the plan and participant contr	feature codes reature codes reature codes reature codes reature codes	the time period uciary Correction	n Chara	Yes	No X	es in the		etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan applicable welfare to the pl	feature codes feature codes feature codes feature codes feature codes feature codes	the time period uciary Correction	n Chara	cterist	No X	es in the		etions:	unt 10,
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan and participant contributed by the plan and participant contr	feature codes feature codes feature codes feature codes feature codes feature codes	the time period uciary Correction	10a	Yes	No X	es in the		etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	feature codes feature codes feature codes feature codes fittions within the foliation of the feature codes fittions within the fitting	the time period uciary Correction	10a 10b	Yes	No X	es in the		etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	feature codes reature codes reature codes reature codes reature codes reature codes	the time period uciary Correction clude transactions that was caused by an insurance e benefits under	10a 10b 10c 10d	Yes	No X X	es in the		etions:	
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Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	feature codes itions within to the fidelity bond the persons in the or all of the code instruction for the required repairs of the required repairs o	the time period uciary Correction clude transactions that was caused by an insurance e benefits under clude transactions and 29 CFR correction corrections and 29 CFR corrections are corrected as a correction of the corrections are corrected as a correction of the correct	10a 10b 10c 10d 10e 10f	Yes	No X X X X X	es in the		etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contributed benefits in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program). b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature codes itions within to the fidelity bond the persons in the or all of the code instruction for the required repairs of the required repairs o	the time period uciary Correction clude transactions that was caused by an insurance e benefits under clude transactions and 29 CFR correction corrections and 29 CFR corrections are corrected as a correction of the corrections are corrected as a correction of the correct	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X	N/A		etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram). b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond?	feature codes itions within to the fidelity bond the persons to the or all of the the fidelity bond the fidelity bond the fidelity bond the fidelity bond the required requir	the time period uciary Correction Clude transactions I, that was caused Oy an insurance e benefits under d.) Intions and 29 CFR Intions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X X x mplete	No X X X X X X X X X X X X X X X X X X X	N/A X	e instruc	etions:	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan and participant contributed bescribed in 29 CFR 2510.3-102? (See instructions and DOL's National Program) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plangual of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 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 2520.101. j Did the plan trust incur unrelated business taxable income?	feature codes itions within to the fidelity bond the persons to the or all of the the fidelity bond the fidelity bond the fidelity bond the fidelity bond the required requir	the time period uciary Correction Clude transactions I, that was caused Oy an insurance e benefits under d.) Tions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X X x mplete	No X X X X X X X X X X X X X X X X X X X	N/A X	e instruc	etions:	10,

	Form 5500-SF 2015	Page 3 -					
(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e bel	ow, as applicable.)					
a Ifaw	vaiver of the minimum funding standard for a prior year is bing the waiver.	peing amortized in this plan year, see ins		enter the		ne letter rui Year	ing
If you co	ompleted line 12a, complete lines 3, 9, and 10 of Scheo	dule MB (Form 5500), and skip to line	13.				
b Enter	the minimum required contribution for this plan year			12b			
C Enter t	the amount contributed by the employer to the plan for this	s plan year		12c			
d Subtr	act the amount in line 12c from the amount in line 12b. Entive amount)	ter the result (enter a minus sign to the	left of a	12d			
e Will th	he minimum funding amount reported on line 12d be met b	by the funding deadline?			Yes	No 📗	N/A
Part VII	Plan Terminations and Transfers of Assets						
13a Has a	a resolution to terminate the plan been adopted in any plan yea	ır?			Yes	X No	
If "Ye	es," enter the amount of any plan assets that reverted to th	e employer this year		13a			
b Were of the	e all the plan assets distributed to participants or beneficiar	ies, transferred to another plan, or brou	ght under the co	ontrol		Yes 🛚	No
C If dur which	ing this plan year, any assets or liabilities were transferred n assets or liabilities were transferred. (See instructions.)	I from this plan to another plan(s), identi	fy the plan(s) to				
13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) F	N(s)
				-			_
Part VIII	Trust Information						
14a Name	of trust			14b 1	rust's EIN		
14c Name	e of trustee or custodian				Trustee's telephone		an's
Part IX	IRS Compliance Questions						
15a Is the	plan a 401(k) plan?			Ye	S	No	
15b If "Yes match	s," how does the 401(k) plan satisfy the nondiscrimination ning contributions (as applicable) under sections 401(k)(3)	requirements for employee deferrals an and 401(m)(2)?	d employer	ba ha	esign- sed safe arbor ethod	ADF test	PACP
testing	ADP/ACP test is used, did the 401(k) plan perform ADP/A g method" for nonhighly compensated employees (Treas. c)(ii))?	Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	101(m)-	Ye		No	
	the box to indicate the method used by the plan to satisfy	And a straight of the straight			atio rcentage st		rage efit test
this pl	the plan satisfy the coverage and nondiscrimination tests an with any other plans under the permissive aggregation	rules?		Ye	s	No	
TOTAL DESIGNATION OF THE PARTY	ne plan been timely amended for all required tax law chang			Ye	S	No	□ N/A
for tax	the last plan amendment/restatement for the required tax I c law changes and codes).		. Enter the	70.7			nstructions
adviso	plan sponsor is an adopter of a pre-approved master and pory letter, enter the date of that favorable letter	and the letter's serial r	umber				or
deterr	plan is an individually-designed plan and received a favora mination letter			the plar	n's last favo	orable	
	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no), American Samoa, Guam, the Commonwealth of the Nor			Yes		No	
19 Were	in-service distributions made during the plan year?			Ye	s	No	
If "Yes	s," enter amount			19			
	required minimum distributions made to 5% owners who h	nave attained age 70 ½ (regardless of w	hether or not	Ye	s	No	□ N/A