

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____
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 If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>THE SWIFT 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<u>005</u>
	1c Effective date of plan	<u>01/01/2015</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>SCOTT CYNAMON TEXTILES, INC.</u> <u>7-11 LEGION DROVE</u> <u>VALHALLA, NY 10595</u>	2b Employer Identification Number (EIN) <u>11-2861597</u>	2c Plan Sponsor's telephone number <u>914-742-4922</u>
	2d Business code (see instructions) <u>314000</u>	

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 accompanying schedules, statements and attachments, 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.	08/18/2016	T R BICK
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor FIDUCIARY DOCTORS, LLC 2487 SOUTH GILBERT ROAD SUITE 106-455 GILBERT, AZ 85295	3b Administrator's EIN 45-1427680
	3c Administrator's telephone number 714-331-2623
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 4
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 4
a(2) Total number of active participants at the end of the plan year	6a(2) 3
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 2
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 5
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 4
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan THE SWIFT 401K PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 SCOTT CYNAMON TEXTILES, INC.	D Employer Identification Number (EIN) 11-2861597	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information		
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.			
1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a		443196
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	0	443196
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)	2682	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	-1893	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		789
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k Net income (loss) (subtract line 2j from line 2d)	2k		789
l Transfers to (from) the plan (see instructions)	2l		442407
3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.			
		Yes	No
a Partnership/joint venture interests	3a		X
b Employer real property	3b		X
c Real estate (other than employer real property)	3c		X
d Employer securities	3d		X
e Participant loans	3e	X	
			36707

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....		X		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....		X		
e Was the plan covered by a fidelity bond?	X			45000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X		
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
o Did the plan trust incur unrelated business taxable income?			X	
p Were in-service distributions made during the plan year?		X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☐ No Amount:**5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c 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	Trust Information
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6a Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>THE SWIFT 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCOTT CYNAMON TEXTILES, INC.</u>	D Employer Identification Number (EIN) <u>11-2861597</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

The Swift 401k

Multiple Employer Plan



THE SWIFT 401K PLAN

PRESENTED BY



SWIFT ADVISERS, LLC

About the Plan Adviser - Swift Advisers, LLC

Swift Advisers, LLC is an independent investment company offering a full suite of investment solutions for corporate and private investors. We are a Registered Investment Adviser in the state of New York and we concentrate on 3 specific financial areas: retirement plans for small and mid-sized employers, wealth management for clients' taxable and tax deferred assets, and insurance planning. Swift is not affiliated with any major brokerage house, giving us the freedom and objectivity to survey a wider universe of investment vehicles that are most advantageous for our clients in either an up or down market cycle. We believe that a globally diversified investment strategy increases portfolio returns while minimizing downside risk. We adhere to the following investment principles:

- Disciplined Research
- Global Diversification
- Low & Transparent Fees
- Tax Efficiency
- Client Communication

Duties as Plan Adviser of the Swift 401k Plan

As the plan adviser, Swift Advisers is responsible for ongoing participant support services. We have the experience and expertise to educate and guide plan participants towards creating a successful retirement. Swift Advisers also oversees the implementation of the plan and assists with initial enrollments.

Contact Swift Advisers, LLC

John Magaletti
Swift Advisers, LLC
62 Waller Avenue
White Plains, NY 10605
Tel: 914-332-4800
Fax: 914-358-0519
Email: john@swiftadvisers.com

PLAN STRUCTURE

Multiple Employer Plan (MEP) Structure

The Swift 401k plan uses the Multiple Employer Plan (MEP) structure, which for over 30 years has been common among same industry groups and trade associations. The IRS recognizes that the MEP structure, including the unaffiliated employer variation utilized in the Swift 401k plan, is a valid 401(k) construction. The Department of Labor simply requires, as it does for all plans, that each individual employer (a) submits its own DOL Form 5500 (done on your behalf by the Swift 401k plan administrator), (b) have an ERISA/Fidelity bond (purchased on your behalf by the Swift 401k plan fiduciary), and (c) have an annual audit if you have more than 100 employees in the MEP (the audit is also optionally arranged by the Swift 401k plan administrator).

A participating employer in the Swift 401k plan can mitigate their fiduciary responsibilities by outsourcing nearly all plan functions to the MEP providers and trustees.

The Unbundled-Bundled Approach to 401k Plan Management

When it comes to picking service providers for a 401(k) plan, there have typically been two choices that a plan sponsor could make. Choose a bundled provider for a pre-packaged, easy to implement, one stop shopping experience, or choose separate providers to handle investment, recordkeeping, administration, custodial and education services for their plan.

Using modern technology the Swift 401k plan streamlines operations, bringing together elements of best in class unbundled retirement plan service providers, while providing the ease of use found in a bundled plan.

KEY PARTIES AND RESPONSIBILITIES

The Swift 401k plan bundles the services of the following industry leading professional service groups to offer best in class fiduciary protection, compliance, and ease of use.



Plan Fiduciary & Trustee

Fiduciary Doctors, LLC is the fiduciary and trustee of the Swift 401k plan. As fiduciary and trustee they assume the responsibilities and liabilities of ERISA sections 3(16), 3(21), 3(38), 404(c), and 408(b). They are responsible for identifying, analyzing and appointing the administrative, custodial and investment management service providers to the Swift 401k plan.



Plan Administrator & Recordkeeper

Future Benefits of America is the administrator and recordkeeper of the Swift 401k plan. FBA processes payroll data, tracks participant eligibility and produces both online and paper statements for participants and employers. FBA is also responsible for the plan testing and the preparation of form 5500 for each adopting employer.



Plan Custodian

Mid Atlantic Trust Company is the custodian of the plan assets in the Swift 401k plan and responsible for making all transactions for the plan. Mid Atlantic has over \$50 billion in assets under custody and administration, and over 75,000 brokerage and trust customer accounts.



Plan Legal Architect

The legal construction of the Swift 401k plan was guided by the Wagner Law Group and its managing director, Ms. Marcia Wagner. A national leader in ERISA and employee benefits law, The Wagner Law Group brings unparalleled expertise to the Swift 401k plan. Ms. Wagner was voted one of the 100 most influential persons in the 401k world in 2008, 2009, 2010, 2011, 2012, 2013 and 2014 by 401kWire.

PRESENTED BY

DISTRIBUTION OF DUTIES

Duties Fulfilled By Plan Providers

- ✓ 3(16) Fiduciary Liability: Plan Administration and Operation
- ✓ 3(21) Fiduciary Liability: Hiring/Firing/Reviewing Service Provider
- ✓ 3(38) Fiduciary Liability: Investment Management/Fund Selection
- ✓ Create and Maintain the Formal Plan Document
- ✓ Name a Trustee
- ✓ Form committees to review, monitor, hire & fire service providers
- ✓ Obtain ERISA/Fidelity Bond
- ✓ Provide annual Summary Plan Description to Participants
- ✓ Maintain Beneficiary Forms
- ✓ Provide Educational Materials
- ✓ Monitor Participation Eligibility for all Employees
- ✓ Generate and Distribute Participant Statements
- ✓ Insure Contributions are Maintained with IRS Limits
- ✓ Perform all Compliance Testing (ADP Test, Top Heavy, 410(b))
- ✓ Execute and Collect Participant Loans
- ✓ Administer Hardship Withdrawals
- ✓ Handle Qualified Domestic Relations Orders (QDRO's)
- ✓ Determine and Administer Required Minimum Distributions
- ✓ Handle Terminations, Rollovers In, and Rollovers Out of the Plan
- ✓ Issue 1099's for Distributions to Participants
- ✓ Periodically Review/Remove/Replace Investment Lineup Members
- ✓ Prepare Form 5500
- ✓ Sign and Electronically Deliver Form 5500

Adopting Employer Duties

- ✓ Exercise due diligence in the selection of the Swift 401k plan
- ✓ Select auditor for annual Plan audit (Applicable if plan has over 100 participants)
- ✓ Upload contribution file after each payroll

ETF INVESTMENT OPTIONS

The Swift 401k plan includes the following Exchange Traded Fund (ETFs) options. Participants can pick funds from this investment lineup to build their own diversified portfolios.

	ER	AOE*	Total
● Emerging Market Stocks Vanguard FTSE Emerging Index ETF (VWO)	.15	.80	.95
● International Developed Stocks Vanguard FTSE Developed Market Index ETF (VEA)	.09	.80	.89
● U.S. Small Cap Value Stocks Vanguard U.S. Small Cap Value Index ETF (VBR)	.09	.80	.89
● U.S. Mid Cap Value Stocks Vanguard U.S. Mid Cap Value Index ETF (VOE)	.09	.80	.89
● U.S. Large Cap Value Stocks Vanguard U.S. Large Cap Value Index ETF (VTV)	.09	.80	.89
● Real Estate Schwab U.S. REIT ETF (SCHH)	.07	.80	.87
● U.S. Dividend Stocks Schwab U.S. Dividend Equity ETF (SCHD)	.07	.80	.87
● U.S. Large Cap Blend Stocks Vanguard S&P 500 ETF (VOO)	.05	.80	.85
● U.S. Total Stock Market Vanguard U.S. Total Stock Market Index ETF (VTI)	.05	.80	.85
● Emerging Market Bonds Vanguard Emerging Market Government Bond Index ETF (VWOB)	.35	.80	1.15
● International Developed Bonds Vanguard Total International Bond Index ETF (BNDX)	.20	.80	1.00
● U.S. Corporate Bonds iShares Corporate Bond Index U.S. ETF (LQD)	.15	.80	.95
● U.S. High Quality Bonds Vanguard Total Bond Market Index ETF (BND)	.08	.80	.88
● Inflation Protected Bonds Schwab U.S. TIPS ETF (SCHP)	.07	.80	.87
● Short-Term Treasuries iShares Short Term Treasury Bond Index ETF (SHV)	.15	.80	.95
● Stable Value Fund Met Life Stable Value - Class J (971803143)	.47	.80	1.27
Investment Lineup Averages	.14	.80	.94

TARGET DATE FUNDS



Vanguard Target Retirement Funds

Vanguard Target Retirement Funds give you a straightforward approach to a sophisticated problem: how to invest successfully for retirement. Each fund is designed to help manage risk while trying to grow your retirement savings.

Each of the Target Retirement Funds invests in Vanguard's broadest index funds, giving you access to thousands of U.S. and international stocks and bonds, including exposure to the major market sectors and segments.

The funds' managers gradually shift each fund's asset allocation—to fewer stocks and more bonds—making the fund more conservative the closer you get to retirement. The managers then maintain the current target mix, freeing you from the hassle of ongoing rebalancing.

	Ex Ratio	AOE*	Total
● Target Date 2050 Vanguard Target Retirement 2050 Fund (VFIFX)	.18	.80	.98
● Target Date 2045 Vanguard Target Retirement 2045 Fund (VTIVX)	.18	.80	.98
● Target Date 2040 Vanguard Target Retirement 2040 Fund (VFORX)	.18	.80	.98
● Target Date 2035 Vanguard Target Retirement 2035 Fund (VTTHX)	.18	.80	.98
● Target Date 2030 Vanguard Target Retirement 2030 Fund (VTHR)	.17	.80	.97
● Target Date 2025 Vanguard Target Retirement 2025 Fund (VTTVX)	.17	.80	.97
● Target Date 2020 Vanguard Target Retirement 2020 Fund (VTWNX)	.16	.80	.96
● Target Date 2015 Vanguard Target Retirement 2015 Fund (VTXVX)	.16	.80	.96
Investment Lineup Averages	.17	.80	.97



Horizon Investments

Horizon Investments is an SEC-registered investment adviser with a global perspective and flexible investment capabilities. Horizon believes the active and unpredictable market creates opportunity for experienced and disciplined managers to capture value for their clients and consider themselves a leading ETF strategist actively researching, constructing and managing ETF portfolios.



3D Asset Management

3D Asset Management is an Independent Global Investment Manager and SEC-registered investment adviser. Through rigorous portfolio construction and monitoring, 3D designs and manages diversified portfolios that control cost, manage risk and simplify global investing. 3D's globally diversified risk-based and target date portfolios and Collective Investment Trusts (CIT's), are a low cost, transparent and fiduciary-friendly managed solution for plan sponsors and plan participants.

SUMMARY OF IMPLEMENTATION COSTS

Plan Costs Paid By Adopting Employer

Initial Set Up Fee: One time set up fee billed to Employer.	\$350.00
Annual Plan Management Fee: Plan Management fee billed to Employer. (Allocated as \$250.00 per quarter and billed on 3/31, 6/30, 9/30, and 12/31.)	\$1000.00
ERISA/Fidelity Bond: ERISA Bond maintained by Fiduciary Doctors, LLC.	\$0.00

Plan Costs Paid From Plan Assets

Annualized Operating Expenses (AOE*): Asset based fee deducted by Mid Atlantic Trust to cover MEP provider fees. (Allocated as 0.1375% per quarter.)	0.55%
Annualized Plan Adviser Fee Swift Advisers, LLC - (Allocated as 0.0625% per quarter.)	0.25%
Annual Participant Maintenance Fee: Recordkeeping fee deducted from each eligible participant with an account balance. (Allocated as \$8.75 per quarter.)	\$35.00

Potential Additional Plan Costs

Termination and Withdrawals: Fee charged to a participant's account when money must be moved out of the plan for a termination or withdrawal.	\$50.00
Loan Set Up Fee: Fee charged to a participant account when a loan is set up for that participant.	\$50.00
Loan Annual Fee: Annual maintenance fee charged to a participant account when that participant has an existing loan.	\$0.00

Please refer to the funds prospectus for underlying expenses of each specific fund. There are also implicit transaction costs that can only be estimated in advance. Transaction costs are incurred when a fund manager buys or sells the underlying securities within the fund. Participants will also have the option of investing with one of the professional portfolio strategists on the platform. The professional portfolio strategists charge an additional fee for their services. Their fee does not include the underlying fund expenses associated with the investments they include in their managed portfolios.