Form 5500-SF	Short Form Annu	•	•	oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retiremen							
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporatio	Complete all entries in		nstructions to the Form 55	500-SF.	Public Inspection				
Part IAnnual RepoFor calendar plan year 2015 or	rt Identification Information		and ending 07	7/31/2016					
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers checkin	0				
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)					
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	on	DFV	/C program				
Part II Basic Plan In	formation—enter all requested in	1)							
1a Name of plan BEN TRE, LTD. 401(K) PROFI				1b Three-di plan nur (PN) ▶	nber 003				
				1c Effective	08/01/2000				
Mailing address (include r	bloyer, if for a single-employer plan) boom, apt., suite no. and street, or P.		netructions)	2b Employe (EIN)	r Identification Number 05-0416380				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BEN TRE, LTD.					2c Sponsor's telephone number 401-724-6530				
318 LAFAYETTE STREET PAWTUCKET, RI 02860-6016				2d Business	s code (see instructions) 453920				
3a Plan administrator's name	and address XSame as Plan Spor	sor		3b Administ	rator's FIN				
				3c Administ	rator's telephone number				
	the plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN					
name, EIN, and the plan i a Sponsor's name	number from the last return/report.			4c PN					
	nts at the beginning of the plan year.			5a	3				
• · · · ·	nts at the end of the plan year			5b	3				
	th account balances as of the end of			5c	3				
d(1) Total number of active	participants at the beginning of the p	lan year		5d(1)	3				
	participants at the end of the plan ye			5d(2)	3				
than 100% vested	at terminated employment during th			5e	0				
Under penalties of perjury and	other penalties set forth in the instru- and signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, including,	if applicable, a Schedule				
SIGN Filed with authorize	ed/valid electronic signature.	01/04/2017	HOWARD BEN TRE						
HERE Signature of plan	n administrator	Date	Enter name of individ	ual signing as p	olan administrator				
SIGN HERE Signature of emi	bloyer/plan sponsor	Date	Enter name of individ	ual signing as e	employer or plan sponsor				
	n name, if applicable) and address (i				ephone number				
For Paperwork Reduction Act No	tice and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)				

b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		1510				1514549
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		1510	134			1514549
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		1	002			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		14	078			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15080
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		10	665			
	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10665
	Net income (loss) (subtract line 8h from line 8c)	8i				_		4415
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu 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.)	•		10b		х		
С	Was the plan covered by a fidelity bond?			10c	x			100000
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		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j			Х	
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions	and cor	nplete	Scheo	dule SB	(Form

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schero 5500) and line 11a below)	dule SB	(Form	Yes No
11a	Enter the unpaid minimum required contribution 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 E	RISA?	Yes X No

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					1					
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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									
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	Part VII Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est	e Average benefit test				
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

,	rm 5500-SF	Short Form Annu		of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan ad under sections 104 and 4	4065 of the Employee R	etirement	2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Put									
		Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection			
For calenda	Annual Report	Identification Information scal plan year beginning							
		x a single-employer plan		and ending		/31/2016			
A This return/report is for: a one-participant plan A This return/report is for: a one-participant 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 retu	is return/report is the first return/report the final return/report								
		an amended return/report		n/report (less than 12 m	onths)	,			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter desc	iption)						
Part II	Basic Plan Info	rmation-enter all requested in	formation						
1a Name BEN TRE	of plan	PROFIT SHARING PLAN			(PN) 1c Effect	tive date of plan			
2a Plan s	nonsor's name (omale	yer, if for a single-employer plan)				01/2000			
Mailing	address (include roo	m, apt., suite no. and street, or P.C). Box)			oyer Identification Number			
City or	town, state or provinc	e, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	. ,	05-0416380 sor's telephone number			
	2.					-724-6530			
318 LA	AFAYETTE STREE	T			2d Business code (see instructions) 453920				
PAWTUC	CKET	RI 02860-60	16						
3a Plan administrator's name and address XSame as Plan Sponsor.						 3b Administrator's EIN 3c Administrator's telephone number 			
name,	, EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponso					4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	3			
		at the end of the plan year			5b	3			
C Numbe comple	er of participants with ete this item)	account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	3			
		rticipants at the beginning of the pla			5d(1)	3			
		rticipants at the end of the plan yea			5d(2)	3			
e Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less		3			
than 1	100% vested	ar incomplete filing of this return			5e	0			
Under pena SB or Sche	alties of perjury and otl	or incomplete filing of this return ner penalties set forth in the instruct nd signed by an enrolled actuary, a plete.	tions. I declare that I have	examined this return/ren	ort includin	a if applicable a Schedule			
SIGN	X Have		KUCHAF	HOWARD BEN TRE	Ξ				
HERE	Signature of plan a	- AUMAN				- along ad a fait fait at			
SIGN	orginature of platta		Date	Enter name of individu	ial signing a	s pian administrator			
HERE	Signature of any	vor/slas and							
Preparer's	Signature of emplo	yer/plan sponsor ame, if applicable) and address (in	Date	Enter name of individu		s employer or plan sponsor			
				- ,		telephone number			
For Papanua	ark Roduction Act Natio	e and OMB Control Numbers, see the							

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Ρ	ag	е	2
	- 0		

6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes Yes Under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
c	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	orm 5500-SF and mus	st inste	ad use	Forn	n 5500.		_		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	4021)?		Yes	No [Not deter	mined	
	rt III Financial Information			_	_						
7	Plan Assets and Liabilities	11 A	(a) Beginnin	ig of Ye	ar			(b) End o	of Year		
	Total plan assets	7a		1,51	.0,13	34			1,51	4,549	
<u>b</u>	Total plan liabilities	. 7b									
8	Net plan assets (subtract line 7b from line 7a)	7c		1,510,134 1,514						4,549	
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	1.1.1	(a) Amo	(a) Amount (b) Total							
u	(1) Employers	8a(1)		1,002							
	(2) Participants	8a(2)	-	1,002							
	(3) Others (including rollovers)	8a(3)					1.1.1	2.35			
b	Other income (loss)	8b		1	4,07	8	1		201		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.1					1	5,080	
d	Benefits paid (including direct rollovers and insurance premiums		_				1	1.11		5,000	
	to provide benefits)	8d				_			Sec. in		
	Certain deemed and/or corrective distributions (see instructions)	8e						1.1	14. JA		
	Administrative service providers (salaries, fees, commissions)	8f		1	0,66	5			14 6 14		
	Other expenses	8g				_			2 - 0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second secon	-		_			1	0,665	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i	· · · · · · · · · · · · · · · · · · ·			_				4,415	
-		8j							1.12	6	
		6	1								
u	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $3D$	feature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in	the instruct	ons:		
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructio	ns:		
Par											
10	During the plan year:				Yes	No	N/A		Amount	-	
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		x					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10b		x					
С	Was the plan covered by a fidelity bond?			10c	х				1	00,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's the plan's the plan's fraud or dishonesty?	fidelitv bor	d, that was caused	100		х					
e	LANK AND	er persons	by an insurance	10e		x					
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					x					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g		x			*)		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10h 10i							
j	Did the plan trust incur unrelated business taxable income?			10i 10j		_	х				
Part	VI Pension Funding Compliance			.,							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and com	plete \$	Sched	ule SB	(Form	Ves	 ∏ No	
11a	Enter the unpaid minimum required contribution for all years from S	Schedule S	SB (Form 5500) line 40	0			11a				
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Yes	X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and	skip	to lin	ne 13.					
b	b Enter the minimum required contribution for this plan year									
	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 negative amount)					12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?					Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets					23				
13a	Has a resolution to terminate the plan been adopted in any plan year?						Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another	plan, o	or bro	ought under the co	ontrol		Yes X	No	
С										
1	13c(1) Name of plan(s):				13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	t 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				
Par	t IX IRS Compliance Questions									
15a	I Is the plan a 401(k) plan?					Ye:	S	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ba ba	esign- sed safe rbor ethod		ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the testing method" for nonhighly compensated employees (Treas. Reg sections 1.40 2(a)(2)(ii))?	1(k)-2(a)	(2)(ii)	and 1	1.401(m)-	Ye:		No		
	Check the box to indicate the method used by the plan to satisfy the coverage req				. 76 (176)	. Ratio percentage test		e Average benefit test		
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) this plan with any other plans under the permissive aggregation rules?	and 401((a)(4)	by co	ombining	Yes	5	No		
	Has the plan been timely amended for all required tax law changes?					Yes		No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was a for tax law changes and codes).	_			Enter the a		-		nstruction	
		ind the le	tter's	serial	I number				ог	
- 021	If the plan is an individually-designed plan and received a favorable determination determination letter					the plan	i's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isla					Yes		No		
19	Were in-service distributions made during the plan year?					Yes	3	No		
	If "Yes," enter amount	·····				19				
20	Were required minimum distributions made to 5% owners who have attained age retired), as required under section 401(a)(9)?	70 ½ (reg	jardle	ss of	whether or not	Yes	3	No	N/A	

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