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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit TEXTILES 2 INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 05-0512311 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number TEXTILES 2 INC. 401-276-7900 2d Business code (see instructions) PO BOX 7781 423990 CUMBERLAND, RI 02864-0898 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year 3 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 3 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 02/06/2017 JOHN F. HAYES, JR. SIGN

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

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s Π No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							3 📙 110
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	_	_	Not det	ermined
Pa	rt III Financial Information								<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		089032					118769	9
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	089032	2				118769	9
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1)		3180						
	(3) Others (including rollovers)	8a(2) 8a(3)		0.00						
	Other income (loss)	8b		100891						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10407	1
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	8d			_					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		5404						
<u>g</u>	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							540	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i		98667					7	
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g				10g	X					38563
h	2520.101-3.)	` 		10h		X				
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			10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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2016

OMB Nos. 1210-0110 1210-0089

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Repor	t Identification Information		didetions to the Folin	3300-31.	
	dar plan year 2016 or		1/01/2016	and ending	12/31/	2016
				plan (not multiemployer)		
A This n	eturn/report is for:		list of participating e	employer information in a	coordance with t	this box must attach a
		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,	accordance man	ric ionii instructions.)
		,	•			
B This re	turn/report is	the first return/report	the final return/report	1		
		an amended return/report	a short plan year retu	ım/report (less than 12 r	months)	
C Check	box if filing under:		1			
	and an action.	Form 5558	automatic extension		DFVC progr	am
	***	special extension (enter description				
Part II	Basic Plan Info	ormation—enter all requested inform	nation			
1a Name					1b Three-dig	git
TEXTILE	S 2 INC. 401(K) PLAN			plan num	
					(PN) ▶	
					1c Effective	
2a Plan	snonsor's name /empl	oyer, if for a single-employer plan)		·	01/01/	
Mailir	ig address (include roc	om, apt., suite no, and street, or P.O. Bo	ox)			Identification Number
City o	r town, state or provinc	ce, country, and ZIP or foreign postal c	ode (if foreign, see ins	structions)		-0512311
TEXTIL	ES 2 INC.			•	2c Sponsor	s telephone number
					401-276	
Po Box	7781				423990	code (see instructions)
					423990	
Cumber		RI 02864-0898				
3a Plan	administrator's name a	nd address X Same as Plan Sponsor			3b Administr	ator's EIN
					3c Administr	ator's telephone number
					3c Administr	ator's telephone number
					3c Administr	ator's telephone number
A 15.11-					3c Administr	ator's telephone number
4 If the	name and/or EIN of th	e plan sponsor has changed since the	last return/report filed	for this plan, enter the	3c Administr	ator's telephone number
name	;, ⊏iiv, and the pian nu	e plan sponsor has changed since the imber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	ator's telephone number
a Spons	er's name	mber from the last return/report.			4b EIN 4c PN	ator's telephone number
a Spons	e, Elly, and the plan hu sor's name number of participants	mber from the last return/report. s at the beginning of the plan year			4b EIN 4c PN	ator's telephone number
a Spons 5a Total b Total	number of participants	at the beginning of the plan year			4b EIN 4c PN	ator's telephone number 3
a Spons 5a Total b Total c Numb	e, EIN, and the plan hu sor's name number of participants number of participants per of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of the	Dian year (only define	d contribution plane	4b EIN 4c PN 5a 5b	3
a Spons 5a Total b Total c Numb	ent, and the plan nu sor's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	plan year (only defined	d contribution plans	4b EIN 4c PN 5a 5b 5c	3
a Spons 5a Total b Total c Numb comp d(1) Total	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with elete this item)	at the beginning of the plan year	plan year (only defined	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	3
a Spons 5a Total b Total c Number comp d(1) Total d(2) To	number of participants or of participants of participants of participants with olete this item)	s at the beginning of the plan year	plan year (only defined	d contribution plans	4b EIN 4c PN 5a 5b 5c	3
a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num	number of participants per of participants per of participants per of participants with plete this item)	at the beginning of the plan year	plan year (only defined	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	3
a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A	number of participants or of participants or of participants or of participants with elete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	3 3 3 3
a Spons 5a Total b Total c Number comp d(1) Total d(2) Total e Num than Caution: A	number of participants or of participants or of participants or of participants with elete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans enefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish	3 3 3 3 0
a Spons 5a Total b Total c Number Comp d(1) Total d(2) Total e Num than Caution: A Under pen SB or Schi	number of participants or of participants or of participants or of participants with elete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans enefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish	3 3 3 3 0
a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Num than Caution: / Under pen SB or Sch- belief, it is	number of participants or of participants or of participants or of participants with elete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establish aport, including, if t, and to the besi	3 3 3 3 0
a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Num than Caution: Under pen SB or Sch belief, it is	number of participants over of participants over of participants over of participants over of participants with olete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans enefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establish aport, including, if t, and to the besi	3 3 3 3 0
a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Num than Caution: / Under pen SB or Sch- belief, it is	number of participants or of participants or of participants or of participants with elete this item)	at the beginning of the plan year	plan year (only defined rear	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establish eport, including, if rt, and to the best , JR.	3 3 3 3 3 9 ed. f applicable, a Schedule t of my knowledge and
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: Under pen SB or Schibelief, it is SIGN HERE	number of participants over of participants over of participants over of participants over of participants with olete this item)	at the beginning of the plan year	plan year (only defined to be assessed in year with accrued be port will be assessed is, I declare that I have all as the electronic very larger than the port will be assessed in the port will be assessed in the property of the property o	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establish eport, including, if rt, and to the best , JR.	3 3 3 3 3 9 ed. f applicable, a Schedule t of my knowledge and
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5e use is establisherort, including, if rt, and to the bes JR. dual signing as plants	3 3 3 0 ed. applicable, a Schedule tof my knowledge and
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establish aport, including, if rt, and to the bes JR. dual signing as plusting as plusting as entire and the signing an	3 3 3 0 ed. i applicable, a Schedule t of my knowledge and an administrator
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5e use is establisherort, including, if rt, and to the bes JR. dual signing as plants	3 3 3 0 ed. i applicable, a Schedule t of my knowledge and an administrator
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established and to the best of the be	3 3 3 0 ed. i applicable, a Schedule t of my knowledge and an administrator
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established and to the best of the be	3 3 3 0 ed. i applicable, a Schedule t of my knowledge and an administrator
a Spons 5a Total b Total c Numb comp d(1) Total d(2) Total e Num than Caution: / Under pen SB or Schi belief, it is SIGN HERE	number of participants or of participants of active participants that 100% vested of participants that 100% vested of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of participants of penalty for the late alties of perjury and ot edule MB completed altrue, correct, and complete of participants of plan a	at the beginning of the plan year	plan year (only defined year	d contribution plans enefits that were less I unless reasonable ca e examined this return/repo grain of this return/repo JOHN F. HAYES Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established and to the best of the be	3 3 3 0 ed. i applicable, a Schedule t of my knowledge and an administrator

Page 2	

6a 1	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
į	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)						X Yes	No
	f the plan is a defined benefit plan, is it covered under the PBGC ir					_	_		Not determi	ined
Part	III Financial Information				~~~~~~					
	Plan Assets and Liabilities		(a) Beginning	of Year	. T			(b) End	of Year	A
a 1	Total plan assets	7a		089,				\f	1,187	, 69
b T	Fotal plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1,	089,	032				1,187,	, 699
8 1	ncome, Expenses, and Transfers for this Plan Year	71.1.	(a) Amour	ıt				(b) T	otal	
_	Contributions received or receivable from: 1) Employers	8a(1)								
(2) Participants	8a(2)		3,	180					
(3) Others (including rollovers)	8a(3)								13413
b 0	Other income (loss)	8b		100,	891	31,31				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							104	, 07
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d								
<u>e</u> (Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u> A	Administrative service providers (salaries, fees, commissions)	8f		5,	404					
<u>g</u> (Other expenses	8g								
<u>h</u> T	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								,404
	Net income (loss) (subtract line 8h from line 8c)	8i				NES N 194141	57 St 1 1 1 4		98,	, 66'
<u>j</u> T	ransfers to (from) the plan (see instructions)	8j								
Part										
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in t	he instru	ctions:	
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.)	t? (Do not	include transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				150	,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
е	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.)	ne or all of	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-	end.)	10g	Х				38	,56
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		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 2520.10			10i						

Form 5500-SF 2016

	Form 5500-SF 2016 Page 3-						
Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of (Form 5500) and line 11a below)						es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?					Y	es 🛭 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		, and	d enter ti Day		of the letter	ruling
ify	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b	Enter the minimum required contribution for this plan year			12b		······	····
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No [J 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 🗵 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 broug control of the PBGC?					Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the pla	an(s)) to			
1	3c(1) Name of plan(s):	13	3c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information						
14a I	Name of trust			14b ⊺	Trust's E	ΞIN	
14c	Name of trustee or custodian					s or custodi ne number	an's
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	[] \	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section			n-based narbor	' ["Prior ye	ar" ADP
4	401(k)(3) for the plan year? Check all that apply:		Curre	ent year" test	· [N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	📗 ı	Ratio perce test	entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the o	date	of the m	ost rec	ent determir	nation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepsensive?		om	Yes	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	; [No	