## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		rt Identification Information							
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
_		🔀 a single-employer plan	a multiple-employer p						
A This ret	urn/report is for:	a one-participant plan	_ ' ' '	mployer information in a	ccordance with the	form instructions.)			
		a one-participant plan	a foreign plan						
R This retu	ırn/report is	the first return/report	the final return/report						
<b>B</b> This return/report is		an amended return/report							
_				onuis)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter desc	ription)						
Part II	Basic Plan In	formation—enter all requested ir	formation						
1a Name					<b>1b</b> Three-digit				
VARSITY CC	OMPANY INTERNA	TIONAL 401(K) P/S PLAN			plan number	r 001			
					(PN) • 1c Effective date				
						1/01/2008			
Mailing	address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0				entification Number 0-0446137			
	town, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's te	elephone number			
VARSITTOO	DWFANT INTERNA	HONAL			662-234-1118				
100 0 11 1 50	IA DDIVE				2d Business code (see instructions)				
406 GALLER OXFORD, MS					424920				
3a Plan ad	dministrator's name	and address Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN				
	MPANY INTERNAT	FIONAL 406 GAL	LERIA DRIVE			80-0446137			
		OXFORD	), MS 38655		<b>3c</b> Administrator's telephone number				
					662-	-234-1118			
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name					4c PN				
5a Total number of participants at the beginning of the plan year					5a				
_		its at the end of the plan year			5b				
		h account balances as of the end of			<b>5</b> 0				
comple	ete this item)				5c				
<b>d(1)</b> Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	(			
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	(			
		at terminated employment during the	•		5e	(			
		e or incomplete filing of this retur				<u> </u>			
		other penalties set forth in the instru							
	•	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	rt, and to the best o	f my knowledge and			
	Filed with authorize	ed/valid electronic signature.	02/22/2017	RAMESH RETNAM					
SIGN HERE									
	Signature of plan	administrator	Date	Enter name of individ	me of individual signing as plan administrator				
SIGN HERE									
	Signature of employer/plan sponsor Date Enter name of individual firm name, if applicable) and address (include room or suite number)				dual signing as employer or plan sponsor				
Preparer's i	name (including firm	i name, ir applicable) and address (i	nciude room of suite numb	per )	Preparer's teleph	one number			
I									

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				·····				X Yes	No	
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not dete	arminad	
	rt III Financial Information	isurarice p	ologiam (see LINOA se	SCHOIT 4	021):		163		Not dete		
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End a	of Voor		
<u>′</u> а	Total plan assets	7a	(a) Beginning	158696				(b) End o	154257	7	
_	Total plan liabilities	7b		0				0			
	Net plan assets (subtract line 7b from line 7a)	7c		158696			154257				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total					
	Contributions received or receivable from:		(a) runour					(2) 10	<u> </u>		
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0	_						
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b		-310							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-310					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4341							
	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		-212							
a	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4129	)	
Ť	Net income (loss) (subtract line 8h from line 8c)	8i						-4439			
÷	Transfers to (from) the plan (see instructions)										
Par	-										
9a											
	2G 3D 2F 2E 2J 2K 2T 3B										
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 National Control of the Program)	oluntary F	Fiduciary Correction	10a		X					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X					
	C Was the plan covered by a fidelity bond?			10c	Χ					500000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X					
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?			10f		X					
g				10g	X					42770	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							es No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERISA?					I Yes		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ruotior	20.000	d ontor t	ho doto	of the letter	ruling
	gran	ting the waiver	onth _	15, and	_ Day		Year _	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			40h			
<u> </u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leastive amount)			12d			_
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				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 brouging of the PBGC?					Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the p	plan(s)	) to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	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				
Part	: IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b	🛛	Yes			No	
401(k)(3) for the plan year? Check all that apply:			·	ign-based "Prior year" AE harbor test			ar" ADP	
			"Curre	rent year" N/A P test				
				entage	age Average N/A benefit test N/A			
<b>16b</b> 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?				☐ No				
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter/ and the serial number								
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter/								
18 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 separated from service?				Yes	Yes No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No	