Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

HERE

Department of Labor

Annual Report Identification Information

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

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/	2016	and ending	2/31/2016				
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a	,				
71 11110101		a one-participant plan	a foreign plan	, - , -,					
B This retu	urn/report is	the first return/report	the final return/repo	rt					
	·	an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)				
C Check	pox if filing under:	Form 5558	automatic extension	n	DFVC program	l			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name	of plan	TER BIRMINGHAM RETIREMENT			1b Three-digit plan numbe (PN) ▶	r 001			
					1c Effective da	te of plan 1/01/2013			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0				entification Number 5-0952468			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE WOMEN'S FUND OF GREATER BIRMINGHAM					2c Sponsor's telephone number 205-326-4454				
					2d Business co	de (see instructions)			
SUITE 110	/ENUE, SOUTH				624100				
BIRMINGHA	M, AL 35233								
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.		3b Administrate	or's EIN			
					3c Administrato	or's telephone number			
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Sponse					4c PN 5a				
_		s at the beginning of the plan year			5b				
		at the end of the plan yearaccount balances as of the end of			5c	3			
	,				5d(1)				
		articipants at the beginning of the plan ve			5d(1) 5d(2)	<u> </u>			
d(2) Total number of active participants at the end of the plan yeare Number of participants that terminated employment during the plan year with accrued benefits that were less					5e	(
than Caution: A	100% vested	or incomplete filing of this retur	n/renort will be assess	ed unless reasonable ca		<u> </u>			
Under pena SB or Sche	alties of perjury and ot	ther penalties set forth in the instrund signed by an enrolled actuary,	ictions, I declare that I ha	ive examined this return/re	eport, including, if a	pplicable, a Schedule			
SIGN		/valid electronic signature.	06/28/2017	JEANNE JACKSON					
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN	Filed with authorized	/valid electronic signature.	06/28/2017	JEANNE JACKSON	(SON				

Date

Signature of employer/plan sponsor

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

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

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	an indepe	ndent qualified public	account	ant (IC	QPA)			X Yes	☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							•••••	Ш	□			
	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	No	Not dete	rmined			
Par	t III Financial Information												
	Plan Assets and Liabilities		(a) Beginning	of Year				b) End o	of Year				
a	Total plan assets	7a	,,, <u>,</u>	50149			,		74638				
	Total plan liabilities	7b											
С	Net plan assets (subtract line 7b from line 7a)	7c		50149				74638					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	(a) Amount			(b) Total						
	Contributions received or receivable from: (1) Employers	8a(1)		9256	6	,							
	(2) Participants	8a(2)		9256	5								
	(3) Others (including rollovers)	8a(3)											
b	Other income (loss)	8b		5977	<u>'</u>								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24489				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d											
е	Certain deemed and/or corrective distributions (see instructions).	8e											
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		(
g	Other expenses	8g)								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							<u> </u>				
i_	Net income (loss) (subtract line 8h from line 8c)	8i							24489				
<u>j</u>	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 $$ 2F $$ 2J $$ 2T $$ 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 Char	acteris	tic Cod	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X							
b	,			10b		X							
С						X							
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	e 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	f Has the plan failed to provide any benefit when due under the plan?			10f		X							
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X							
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i									

Form	5500	-SF	201	6

Page 3 -	1	
-----------------	---	--

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)						Yes X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?								
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		T			
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
С	Enter	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ive amount)			12d				
		ne 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 N	lo	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the		Yes 🛚 No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi n assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
				ign-based "Prior year" ADP harbor test					
				"Curre	ent year test	"	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:			entage	age Average N/A benefit test N/A					
16b 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?									
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/									
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?				Ye	Yes No				
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s [No		