Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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**

Part I	Annual Repor	rt Identification Information						
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/20)16	and ending 12	2/31/2016			
A This ret	turn/report is for:							
		a one-participant plan	a foreign plan	• •		,		
B This retu	urn/report is	the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check I	box if filing under:	Form 5558	automatic extension	n	DFVC progra	ım		
		special extension (enter descri						
Part II		formation—enter all requested info	ormation			T		
1a Name CHILD & FA	of plan MILY PSYCHIATRY	401(K) P/S PLAN			1b Three-dig plan numb			
					(PN) •			
						01/01/2011		
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		etructions)	2b Employer (EIN)	Identification Number 27-0330449		
•	MILY PSYCHIATRY	su delions)		stelephone number 01-572-3313				
					2d Business	code (see instructions)		
	39 RESERVOIR AVENUE, SUITE 101 RANSTON, RI 02910					621112		
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spon	sor.		3b Administra	ator's EIN		
					3c Administra	ator's telephone number		
						•		
4 If the r	name and/or EIN of t	he plan sponsor has changed since t	he last return/report filed	d for this plan, enter the	4b EIN			
name	, EIN, and the plan r	umber from the last return/report.						
	or's name	44 4b - b			4c PN 5a			
		ts at the beginning of the plan year ts at the end of the plan year			5b	<u> </u>		
C Numb	er of participants wit	h account balances as of the end of t			5c			
	lete this item)	participants at the beginning of the pla	nn voor		5d(1)			
					5d(2)			
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								
		e or incomplete filing of this return			5e	ed		
Under pena SB or Sche	alties of perjury and	other penalties set forth in the instruc and signed by an enrolled actuary, a	tions, I declare that I hav	ve examined this return/re	port, including, if	applicable, a Schedule		
SIGN		d/valid electronic signature.	07/18/2017	JAMES ANDRIOTIS				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator		
SIGN					3			
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	individual signing as employer or plan sponso			

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**

under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions)		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	,								X Yes	No		
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assets and Liabilities 7a 219547 308369 (b) End of Year 308369 (c) Total plan liabilities 7b from line 7a) 7c 219547 308369 (c) Total plan liabilities 7b from line 7a) 7c 219547 308369 (c) Total plan liabilities 7b from line 7a) 7c 219547 308369 (d) Total plan liabilities 7b from line 7a) 7c 219547 308369 (e) Total plan liabilities 7b from line 7a) 7c 219547 308369 (e) Total plan liabilities 7b from line 7a) 7c 219547 308369 (e) Total plan liabilities 7b from line 7a) 7c 219547 308369 (e) Total plan liabilities 7b from line 7a) 7c 219547 308369 (e) Total plan liabilities 7b from line 7a) 7b from line 7a) 7b from line 7a 7b from l		If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.					
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined		
a Total plan assets	Pa	rt III Financial Information											
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year	,		((b) End o	of Year			
Comparison National Processes National Proces	a	Total plan assets	7a		219547	,	308369						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 8356 (2) Participants. (3) Others (including rollovers). 8a(2) 36745 (3) Others (including rollovers). 8a(3) 0 b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8e G Certain deemed and/or corrective distributions (see instructions). 8g G D Her expenses (add lines 8d, 8e, 8l, and 8g). 8h G D Her expenses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d, 8e, 8l, and 8g). 8h G D Her paperses (add lines 8d,	b	Total plan liabilities	7b		0)							
a Contributions received or receivable from: (1) Employers (2) Participants	C	Net plan assets (subtract line 7b from line 7a)	7c		219547	,	30836)		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal			
(2) Participants	а		0 (4)		8356								
(3) Others (including rollovers)													
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)													
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·											
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '			40007	-				01669			
to provide benefits)			8c							91000)		
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	a		8d		0)							
g Other expenses	e	·	8e		0)							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		2846								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g		0								
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)								2846	5		
Transfers to (from) the plan (see instructions) 8j			8i							88822	!		
Part IV Plan Characteristics	j												
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Dark V Compliance Questions	Pa	t IV Plan Characteristics											
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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 instruc	ctions:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions											
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10					Yes	No	N/A		Amount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	102		X						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X						
by fraud or dishonesty?	c	Was the plan covered by a fidelity bond?			10c	Χ					10000		
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·	•		10d		X						
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insur- carrier, insurance service, or other organization that provides some or all of the benefits			10e		X						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X						
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X						
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	·	•		10h		X						
	i				10i								

ı	Form	550	0-SF	201	16

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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)					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		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 t Day		of the lette Year _	r ruling
If	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 N	0
	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		e 		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	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 ["Prior ye test	ar" ADP
			Gur 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 perd test	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 determi	nation
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Bonolib Security Administration

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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Prinzion Benefit Guaranty Corporation	F Complete all entries	in accordance with the instructions to the Form 5	500-SF.						
Part Annual Repor	t Identification Information								
For calendar plan year 2016 or		01/01/2016 and ending	12/31/2016						
A This return/report is for:	X a single-employer 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.)							
B This return/report is	☐ the first return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558	automatic extension	DFVC program						
	special extension (enter de	scription)							
ূ Bartsle Basic Plan Inf	formation—enter all requested	Information							
1a Name of plan Child & Family Psych	niatry 401(k) P/S Pl	an	1b Three-digit plan number (PN) 1c Effective date of plan						
			01/01/2011						
Mailing address (include ro	chiatry Inc.		2b Employer Identification Number (EIN)27-0330449 2c Sponsor's telephone number 401-572-3313 2d Business code (see instructions) 621112						
Cranston	RI 02910								
3a Plan administrator's name	and address X Same as Plan S	ponsor.	3b Administrator's EIN						
4 If the лаme and/or EIN of t	the plan sponsor has changed six	ce the last return/report filed for this plan, enter the	3C Administrator's telephone number						
	number from the last return/report		4c PN						
5a Total number of participan	its at the beginning of the plan ye	ar	5a 9						
			=1						
c Number of participants wit	th account balances as of the end	of the plan year (only defined contribution plans	5c						
d(1) Total number of active p	participants at the beginning of th	e plan year	5d(1)						
d(2) Total number of active (participants at the end of the plan	year	. 5d(2)						
Number of participants the than 100% vested	at terminated employment during	the plan year with accrued benefits that were less							
Under penalties of perjury and	other penalties set forth in the ins and signed by an enrolled actua	turn/report will be assessed unless reasonable co fructions, I declare that I have examined this return/re by, as well as the electronic version of this return/repo	aport, including, if applicable, a Schedule						
sign	<u> </u>	7 18/17 James Andriot	is						
HERE Signature of plan	ı administrator		dual signing as plan administrator						
SIGN (<u> </u>	7/18/17 James Andriot							
[완보통자회 왕] Signaturo of emp	oloyer/plan sponsor n name, if applicable) and addres	Date Enter name of Indivi	dual signing as employer or plan sponsor Preparer's telephone number						
For Paperwork Reduction Act No	tice, see the instructions for Form	5500-SF.	Form 5500-SF (2016)						

Form 5500-SF (2016)

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	FOUR DOORSE NOTO			Fago Z								
6.2	Was all of the stan's agents during the stangers to work to	!]	و باده دروی و	(Sun inclosedings)						X Yes	- No	
	Are you clamming a waiver of the appulate examination and re-	¬,, ((
	under 29 CFR 2520.104-46? (See instructions on waiver oli-	htality	and condit	ions.)		······				X Yes	. 📙 No	
	If you answered "No" to either line 6a or line 6b, the plan	i							_ ,			
C	If the plan is a defined benefit plan, is it covered under the \dot{P}	BGC tr	nsuranco p	rogram (see ERISA se	ction 49	021)?	📙	Yos	∐No [☐ Not dof-	ormined	
Pa	rt III Financial Information			1114								
7	Plan Assets and Liabilities		1111, 111 (131) (131) (131) 2	(a) Beginning o	of Yoar			(b) End c			
a	Total plan assets	.,	7a		219,	547				3	08,369	
b	Total plan liabilities	ļ	7ь			0						
C	Net plan assets (subtract line 7b from line 7a)	<u> </u>	7c		219,	547				3	08,369	
8	Income, Expenses, and Transfers for this Plan Year		9844	(a) Amoun	t				(b) To	otal		
а	Contribution's received or receivable from:		!		o	356		Saka	ng mga ang Mga bajay Mga bajay		<u>BBBAAR</u>	
	(1) Employers	<u></u>	8a(1)					Mary 1999 San San				
	(2) Participants	ļ	8a(2)		36,	745	riga dalah Masaratan	grande grande British dari Jakob dari dari			<u> </u>	
	(3) Others (including rollovers)	<u> </u>	. 8a(3)		4 -1	U)	and the second		ing in a			
<u>b</u>	Other income (loss)		. 8b		46,			V-V) 1		<u> 1980 y 1840 (1840)</u>		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		. Bc			33.3	ani vani ani		We are a grant	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	91,668	
d	Benefits paid (including direct rollovers and insurance premit to provide benefits)	1	. 8d			0			rago Barrota	No 173		
· e	Certain deemed and/or corrective distributions (see instructi		. 80			o	4.3197		714			
f	Administrative service providers (satarles, lees, commission	ا (قا	. 8f		2,	846						
a	Other expenses		. 8g			0	77 Q	Verify.			2000 B	
h			. 8h			A-94.	h 45 - 1				2,846	
ī	Net income (loss) (subtract line 8h from line 8c)		. 81	18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ماه نوستانسور د مهرود						88,822	
	Transfers to (from) the plan (see instructions)		. 83			1	75 April Are	Ø 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
∠Pn	rt IŴ Plan Characteristics		.i	1			. 1007					
	If the plan provides pension benefits, enter the applicable p	ension	feature co	odes from the List of Pl	an Cha	ractori	istic Co	odos in	the instr	uctions;		
ь	If the plan provides welfare benefits, enter the applicable w	elfare i	lealure cod	des from the List of Pla	n Chair	ictoris	tic Cod	les in t	he Instru	ctions:		
Pa	rt V Compliance Questions					•						
10	During the plan year:					Yes	No	N/A		Amount		
	Was there a fallure to transmit to the plan any participant of	! contribu	utions with	In the time period		1	1	7.5			<u> </u>	
	described in 29 Ct R 2510.3-102? (See instructions and t Program)	POL's '	Voluntary (Fiduciary Correction	10a		x					
	Were there any nonexempt transactions with any party in						١.,	100				
	reported on fine 10a.)				10b	<u> </u>	X	dysfer.				
	Was the plan covered by a fidelity bond?				10c	X		1800			10,000	
	3 Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?) plan's	s fidelity bo	ond, that was caused	10d		х					
•	Were any fees or commissions paid to any brokers, agent carrior, Insurance service, or other organization that provide the plan? (See instructions.)	es sor	me or all of	the benefits under	10e		x					
	Has the plan failed to provide any benefit when due under	the pla	an7		10f		х	25 To 35 St.				
	g Did the plan have any participant loads? (If "Yes," enter a	nount :	as of year-	өпd.)	10g		х	1 34 14 1				
	If this is an individual account plan, was there a blackout p 2520.101-3.)				10h		х				And 1873 1884 1875	
j		vidod	llio roquire	d notice or one of the	10i			***				
	(1) approximation of proper principly across 1 behavior engagement and power downstrain.	, em Vi I	. 1 50			<u>, </u>		1.59%	<u>La completa de com</u>	<u>ar an </u>		
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in the leaves, at Table						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding re-	quirements? (If "Yes," see instructions and co	omplete Sch	edule SE	3	П Yes	. ∏ No
(Form 5500) and line 11a below)		······			П	
11a Enter the unpaid minimum required contributions for all yea		•				
12 Is this a defined contribution plan subject to the minimum fr ERISA?					Yes	i X No
a If a waiver of the minimum funding standard for a prior year	ministra i i	ructions, and	enter th	ne date of t	he letter r	ulina
granting the waiver.	Mc	onth	Day		Year	
If you completed line 12a, complete lines 3, 9, and 10 of 8c		3.	12b			
b Enter the minimum required contribution for this plan year	***************************************		120 12c			
C Enter the amount contributed by the employer to the plan for			120			
d Subtract the amount in line 12c from the amount in line 12b negative amount)			12d	<u> </u>		· · · · ·
Will the minimum funding amount reported on line 12d be π	-		<u> </u>	Yes	No	N/A
Part VII Plan Terminations and Transfers of Ass	ets				7.24	
13a Has a resolution to terminate the plan been adopted in any plan	уеяг?			∐ Yes	X No	
if "Yes," enter the amount of any plan assets that reverted t	<u> </u>		13a			<u>.</u>
b Were all the plan assets distributed to participants or benef control of the PBGC?					Yes 🛚	No
 If, during this plan year, any assets or liabilities were transfered. (See instruction 		y the plan(s)	to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
•						
Part VIII Trust Information	<u> </u>					
14a Name of trust			14h 1	rust's EIN		
THE Name of that				,,,,,,		
14c Name of trustee or custodian	<u> </u>		14d 1	rustee's or	custodiar	1's
114 110/110 01 110/000 01 00/000000				telephone n		
Control Water Control						
Par X IRS Compliance Questions	AND THE PROPERTY OF THE PROPER					
15a Is the plan a 401(k) plan? If "No," skip b		Yes		<u> </u>		
15b How did the plan satisfy the nondiscrimination requirements	for employee deferrals under section		n-based arbor		'Prior year est	r" ADP
401(k)(3) for the plan year? Check all that apply:			ant year			
		∐ ADP			N/A	
16a What testing method was used to satisfy the coverage requirement year? Check all that apply:			entage	Avera	ige lit test	□ N/A
46- pull-	404(-)(4)	test				
16b Did the plan satisfy the coverage and nondiscrimination req 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 the letter and the serial number		opinion lette	or advi	sory letter,	enter the	date of
17b If the plan is an individually-designed plan that received a falletter	avorable determination letter from the IRS, en	nier the date	of the m	iost recent	determina	ition
18 Defined Benefit Plan or Money Purchase Pension Plan Only Were any distributions made during the plan year to an empservice?	loyee who attained age 62 and had not sepa	rated from	Yes	s [] N	lo	
19 Was any plan participant a 5% owner who had attained at le			Yes	s [] N	10	

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