## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

| Part I            |  | Identification Information   |                                |                            |                       |                           |
|-------------------|--|--|--------------------------------|----------------------------|-----------------------|---------------------------|
| For calenda       | ar plan year 2016 or f                         | iscal plan year beginning 01/01/2  | 2017                           | and ending 0               | 1/31/2017             |                           |
| _                 |  | X a single-employer plan   | a multiple-employer pl         |                            | ,                     |                           |
| A This ret        | urn/report is for:                             | □ a one participant plan   |                                | nployer information in a   | ccordance with the    | e form instructions.)     |
|                   |  | a one-participant plan   | a foreign plan                 |                            |                       |                           |
| D T0.1            |  | the first return/report  | the final return/report        |                            |                       |                           |
| ■ This retu       | ırn/report is                                  | an amended return/report   | a short plan year retur        | m/ranart (laga than 10 m   | ontha)                |                           |
|                   |  | an amended return/report   | a short plan year retur        | n/report (less than 12 h   | ionins)               |                           |
| C Check b         | oox if filing under:                           | Form 5558  | automatic extension            |                            | DFVC program          | m                         |
|                   |  | special extension (enter descri  | ription)                       |                            |                       |                           |
| Part II           | Basic Plan Info                                | ormation—enter all requested in  | formation                      |                            |                       |                           |
| 1a Name           |  |  |                                |                            | 1b Three-digit        |                           |
| THE MICHAI        | ELS GROUP, LLC 40                              | 1(K) PROFIT SHARING PLAN   |                                |                            | plan numb<br>(PN) ▶   | er<br>001                 |
|                   |  |  |                                |                            | 1c Effective d        |                           |
|                   |  |  |                                |                            |                       | 01/01/1996                |
| 2a Plan sp        | oonsor's name (emplo                           | oyer, if for a single-employer plan)   |                                |                            | <b>2b</b> Employer I  | dentification Number      |
|                   |  | om, apt., suite no. and street, or P.C<br>ce, country, and ZIP or foreign post |                                | ruotiona)                  | (EIN)                 | 14-1784045                |
| ,                 | ELS GROUP, LLC                                 | ce, country, and zir or loreign post   | ai code (ii loreign, see inst  | ructions)                  |                       | telephone number          |
|                   |  |  |                                |                            |                       | 8-899-6311                |
| 1 MARIONS         | \/\A\  |  |                                |                            | 2d Business of        | ode (see instructions)    |
|                   | VILLE, NY 12118                                |  |                                |                            |                       | 236110                    |
|                   |  |  |                                |                            |                       |                           |
| 3a Plan a         | dministrator's name a                          | nd address 🛚 Same as Plan Spor   | nsor.                          |                            | <b>3b</b> Administra  | tor's EIN                 |
|                   |  |  |                                |                            | 20 Administra         | tanka talan kana arawakan |
|                   |  |  |                                |                            | 3C Administra         | tor's telephone number    |
|                   |  |  |                                |                            |                       |                           |
|                   |  |  |                                |                            |                       |                           |
| 4 If the r        | name and/or FIN of th                          | e plan sponsor has changed since   | the last return/report filed f | or this plan, enter the    | <b>4b</b> EIN         |                           |
|                   |  | mber from the last return/report.  | the last return/report filed i | or this plan, enter the    | TD LIN                |                           |
| <b>a</b> Sponso   | or's name                                      |  |                                |                            | 4c PN                 |                           |
| <b>5a</b> Total r | number of participants                         | at the beginning of the plan year  |                                |                            | 5a                    | 11                        |
| <b>b</b> Total r  | number of participants                         | s at the end of the plan year  |                                |                            | 5b                    | 0                         |
|                   |  | account balances as of the end of  |                                |                            | 5c                    | 0                         |
|                   |  |  |                                |                            |                       |                           |
|                   |  | articipants at the beginning of the pl   | -                              |                            | 5d(1)                 | 0                         |
|                   |  | articipants at the end of the plan yea   |                                |                            | 5d(2)                 | 0                         |
|                   |  | terminated employment during the   |                                |                            | 5e                    | 0                         |
| Caution: A        | penalty for the late                           | or incomplete filing of this return  | n/report will be assessed      | unless reasonable ca       | use is establishe     | ed.                       |
| Under pena        | alties of perjury and o                        | ther penalties set forth in the instru   | ctions, I declare that I have  | examined this return/re    | port, including, if   | applicable, a Schedule    |
|                   | edule MB completed a<br>true, correct, and com | and signed by an enrolled actuary, a   | as well as the electronic ve   | rsion of this return/repoi | rt, and to the best   | of my knowledge and       |
|                   | · ·  | /valid electronic signature.   | 08/01/2017                     | HEIDI A. HARKINS           |                       |                           |
| HERE              |  |  | Doto                           | Enter name of individ      | dual aigning as pla   | n administrator           |
|                   | Signature of plan a                            | adililiistrator  | Date                           | Enter name of individ      | iuai sigiiirig as pia | n auministrator           |
| SIGN<br>HERE      |  |  |                                |                            |                       |                           |
|                   | Signature of emplo                             | oyer/plan sponsor<br>name, if applicable) and address (ir                      | Date                           |                            |                       | ployer or plan sponsor    |
| Fiepalei S        | name (including limi)                          | larile, il applicable) and address (il   | iciade room of suite numbe     | əi <i>)</i>                | Preparer's telep      | mone number               |
|                   |  |  |                                |                            |                       |                           |
|                   |  |  |                                |                            |                       |                           |
|                   |  |  |                                |                            |                       |                           |
|                   |  |  |                                |                            |                       |                           |

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|               | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility<br>If you answered "No" to either line 6a or line 6b, the plan cann | an indepe<br>and condit | ndent qualified public a | account           | ant (IC  | (PA)    |          |              | X Yes     |         |
|---------------|---|-------------------------|--------------------------|-------------------|----------|---------|----------|--------------|-----------|---------|
|               | 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 det   | ermined |
| Pai           | rt III Financial Information  |                         | <u> </u>                 |                   |          |         |          |              |           |         |
|               | Plan Assets and Liabilities   |                         | (a) Beginning            | of Year<br>247351 |          |         | (        | (b) End      |           | 0       |
|               | Total plan assets   | 7a                      | 3                        | 0                 |          |         |          |              |           | 0       |
|               | Total plan liabilities  | 7b                      | 3                        | 247351            |          |         |          |              |           | 0       |
|               | Net plan assets (subtract line 7b from line 7a)   | 7c                      |                          |                   |          |         |          | <i>(</i> ) - |           |         |
| <u>8</u><br>a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:   |                         | (a) Amour                | nt                |          |         |          | (b) T        | otai      |         |
|               | (1) Employers   | 8a(1)                   |                          | 0                 |          |         |          |              |           |         |
|               | (2) Participants  | 8a(2)                   |                          | 0                 |          |         |          |              |           |         |
|               | (3) Others (including rollovers)  | 8a(3)                   |                          | 0                 |          |         |          |              |           |         |
| b             | Other income (loss)   | 8b                      |                          | 0                 |          |         |          |              |           |         |
| С             | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                      |                          |                   |          |         |          |              |           | 0       |
| d             | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d                      |                          | 0                 |          |         |          |              |           |         |
| е             | Certain deemed and/or corrective distributions (see instructions).  | 8e                      |                          | 0                 | )        |         |          |              |           |         |
| f             | Administrative service providers (salaries, fees, commissions)  | 8f                      |                          | C                 | )        |         |          |              |           |         |
| q             | Other expenses  | 8g                      |                          | 0                 | )        |         |          |              |           |         |
|               | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                      |                          |                   |          |         |          |              |           | 0       |
| ī             | Net income (loss) (subtract line 8h from line 8c)   | 8i                      |                          |                   |          |         |          |              |           | 0       |
| j             | Transfers to (from) the plan (see instructions)   | 8i                      | -3                       | 247351            |          |         |          |              |           |         |
| Par           | t IV Plan Characteristics   | , ,                     | L                        |                   |          |         |          |              |           |         |
| 9a            | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3B 3D   | feature co              | odes from the List of Pl | an Cha            | racteri  | stic Co | odes in  | the instr    | ructions: |         |
| b             | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod              | des from the List of Pla | n Chara           | acterist | tic Cod | des in t | he instru    | ictions:  |         |
| 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)   | oluntary F              | Fiduciary Correction     | 10a               |          | X       |          |              |           |         |
| b             | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   |                         |                          | 10b               |          | X       |          |              |           |         |
| С             | Was the plan covered by a fidelity bond?  |                         |                          | 10c               | X        |         |          |              |           | 345000  |
| d             | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |                         |                          | 10d               |          | X       |          |              |           |         |
| 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               |          | X       |          |              |           |         |
| f             | Has the plan failed to provide any benefit when due under the pla   | ın?                     |                          | 10f               |          | X       |          |              |           |         |
| g             | Did the plan have any participant loans? (If "Yes," enter amount a  | as of year-             | end.)                    | 10g               |          | X       |          |              |           |         |
| h             | If this is an individual account plan, was there a blackout period? 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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|-------------------|--|
|-------------------|--|

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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 an (Form 5500) and line 11a below)  |                |                           |   |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |                |                           |   |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?  |                |                           | of Yes 🗶 N                                |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                |                           |   |
| <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.   | Month          | and enter to a            |   |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin   | e 13.          |                           | T   |
| <b>b</b> Enter the minimum required contribution for this plan year  |                | 12b                       |   |
| <b>c</b> 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 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 X No                                  |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  |                | 13a                       |   |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?  |                |                           | X Yes No                                  |
| <b>c</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)                                | entify the pla | an(s) to                  |   |
| 13c(1) Name of plan(s):  | 13             | c(2) EIN(s)               | <b>13c(3)</b> PN(s)                       |
| MICHAELS GROUP HOMES, LLC 401(K) PROFIT SHARING PLAN   | 46-4165        | 5744                      | 001                                       |
|  |                |                           |   |
| Part VIII Trust Information  |                |                           |   |
| 14a Name of trust  |                | 14b                       | Trust's EIN                               |
|  |                |                           |   |
| 14c Name of trustee or custodian   |                |                           | Trustee's or custodian's telephone number |
| Part IX IRS Compliance Questions   |                | I                         |   |
| 15a Is the plan a 401(k) plan? If "No," skip b.  | Y              | 'es                       | ☐ No                                      |
| 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  | I∐ sa          | esign-base<br>afe harbor  | d "Prior year" ADP test                   |
|  |                | Current year<br>DP test   | r" N/A                                    |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plar year? Check all that apply:  |                | Ratio<br>ercentage<br>est | Average 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?. |                | 'es                       | ☐ No                                      |
| <b>17a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IF the letter/ and the serial number  |                | etter or adv              | isory letter, enter the date of           |
| <b>17b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter/  | , enter the c  | late of the n             | most recent determination                 |
| 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 see service?   | •              | om Ye                     | es No                                     |
| 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?  |                | Ye                        | es No                                     |

## 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 section 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

|      |   | Identification Information   |  |  |  |  |
|------|---|--|--|--|--|--|
| For  | calendar plan year 2016 or fi                     | scal plan year beginning   | 01/01/2017   | and ending   | 01/31/2017   |  |
|      | This return/report is for: This return/report is: | a single-employer plan  a one-participant plan the first return/report an amended return/report                      | a list of participating a foreign plan x the final return/repo | r plan (not multiemployer)<br>g employer information in<br>ort<br>eturn/report (less than 12 | accordance with the  | s box must attach<br>form instructions.)           |
| С    | Check box if filing under:                        | Form 5558 special extension (enter desc  | automatic extensio   | n  | DFVC pro   | gram   |
| P    | art II Basic Plan Info                            | ormation enter all requested   | information  |  |  |  |
|      | Name of plan                                      | o, LLC 401(k) Profit Sha   |  |  | 1b Three-digit plan numbe (PN) ►  1c Effective da 01/01/19 | 001<br>te of plan                                  |
| 2a   | Mailing Address (include ro                       | loyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P<br>nce, country, and ZIP or foreign po | .O. Box)   | nstructions)   |  | entification Number                                |
|      | The Michaels Group                                |  | (i. 10. 0.g.,)   | ,  | (518) 89   | elephone number<br>9-6311<br>de (see instructions) |
|      | 1 Marions Way                                     |  |  |  | 236110   |  |
|      | US Mechanicville NY 121                           | .18<br>and address X Same as Plan S  | annor.   |  | 3b Administrate  | or's FIN   |
| 4    |   | he plan sponsor has changed sinc<br>umber from the last return/report.   | e the last return/report file                                  | ed for this plan, enter the  | 4b EIN   | or's telephone number                              |
| a    | Sponsor's name                                    | uniber from the last retainingport.  |  |  | 4c PN  |  |
|      |   | ts at the beginning of the plan year   | *******************************                                |  | . 5a   | 11   |
| b    |   | ts at the end of the plan year   |  |  | 1 =1 1   | 0  |
| С    | Number of participants with complete this item)   | n account balances as of the end c   | f the plan year (only defin                                    | ned contribution plans   | . 5c   | 0  |
| d    | (1) Total number of active pa                     | articipants at the beginning of the p  | olan year  | •••••••  | . 5d(1)  | 0  |
| d    | (2) Total number of active pa                     | articipants at the end of the plan ye  | ear  | •••••  | . 5d(2)  | 0  |
| е    | Number of participants that                       | t terminated employment during th  | e plan year with accrued                                       |  | . 5e   | 0  |
|      | aution: A penalty for the lat                     | e or incomplete filing of this ret   | urn/report will be asses                                       | sed unless reasonable o  | cause is establishe  | d  |
| U    | Inder penalties of periury and                    | other penalties set forth in the inst<br>I and signed by an enrolled actuary   | ructions. I declare that I h                                   | nave examined this return.   | /report, including, if a                                   | pplicable, a Schedule                              |
| 100  | sign /  |  |  | Heidi A. Harki   | ns   |  |
| 0.00 | HERE Signature of plan ad                         | J (Ministrator   | Date   | Enter name of individ  | lual signing as plan a                                     | administrator                                      |
| 33   |   |  |  | Heidi A. Harki   | .ns  |  |
| 1375 | SIGN Signature of employ                          | ver/nlan sponsor   | Date   | Enter name of individ  | lual signing as emplo                                      | yer or plan sponsor                                |
| P    | 0.0000000000000000000000000000000000000           | n name, if applicable) and address   | (include room or suite no                                      |  | Preparer's teleph<br>Skip this qu                          | one number   |
|      |   |  |  |  |  |  |

| 6a            | Were all of the plan's assets during the plan year invested in eligible   | e assets?                               | (See instructions.)  |         |            |                    |  |                     | X Yes       | □No                        |
|---------------|---|---|--|---------|------------|--------------------|--|---------------------|-------------|----------------------------|
|               | Are you claiming a waiver of the annual examination and report of a   |   |  | ıntanı  | (IQP       | 'A)                |  |                     | <del></del> |                            |
|               | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a   |   |  |         |            |                    | •••••                                  | *******             | x Yes       | □No                        |
|               | If you answered "No" to either line 6a or line 6b, the plan cannot  | ot use For                              | m 5500-SF and must ins   | tead    | use F      | orm (              | 5500.                                  |                     |             |                            |
| С             | If the plan is a defined benefit plan, is it covered under the PBGC in  | surance p                               | rogram (see ERISA sectio   | n 402   | 1)?        | [                  | Yes                                    | □No                 | ☐ Not o     | determined                 |
| Pa            | art III Financial Information   |   |  |         |            |                    |  |                     |             |                            |
| 7             | Plan Assets and Liabilities   |   | (a) Beginning of   | Year    | •          | <u> </u>           |  | (b) End             | of Year     |                            |
| а             | Total plan assets   | 7a                                      | 3,24   | 7,3     | 51         |                    |  |                     |             | 0                          |
| <u>b</u>      | Total plan liabilities  | 7b                                      |  |         | 0          |                    |  |                     |             | 0                          |
| С             | Net plan assets (subtract line 7b from line 7a)   | 7c                                      | 3,24   | 7,3     | 51         | <u> </u>           |  |                     |             | 0                          |
| 8             | Income, Expenses, and Transfers for this Plan Year  | English Co                              | (a) Amount   |         |            | - X-85-844-7       | al light from the same of an in-       | (b) 7               | Total       | architections and the tree |
| а             | Contributions received or receivable from: (1) Employers  | 8a(1)                                   |  |         | 0          | 6.0                |  |                     |             |                            |
|               | (2) Participants  | 8a(2)                                   |  |         | 0          | 100000             |  | 1000                |             |                            |
|               | (3) Others (including rollovers)  | 8a(3)                                   |  |         | 0          | 1000               | 7.11                                   |                     |             |                            |
|               | Other income (loss)   | 8b                                      |  |         | 0          | Political          |  |                     |             |                            |
| c             | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |   | and the second second second   |         |            | 78-68-500-0<br>6-0 | UCS9868898588                          | ternet viewspyspiec |             | 0                          |
| $\frac{d}{d}$ | Benefits paid (including direct rollovers and insurance premiums  | - 00                                    |  | 724.000 | 36,036,000 | 983                |  |                     |             | <u> </u>                   |
|               | to provide benefits)  | 8d                                      |  |         | 0          |                    |  | 6 - 6 - 5           |             |                            |
| е             | Certain deemed and/or corrective distributions (see instructions)   | 8e                                      |  |         | 0          |                    |  |                     |             |                            |
| f             | Administrative service providers (salaries, fees, commissions)  | . 8f                                    |  |         | 0          |                    |  |                     |             |                            |
| g             | Other expenses  | . 8g                                    |  |         | 0          |                    |  |                     |             |                            |
| h             | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                                      |  |         |            | î .                |  |                     |             | 0                          |
| <u>i</u>      | Net income (loss) (subtract line 8h from line 8c)   | . 8i                                    | The second secon |         |            | ě.                 |  |                     |             | 0                          |
| <u>j</u>      | Transfers to (from) the plan (see instructions)   | 8j                                      | (3,247   | ,35     | 1)         | 13.5               |  |                     | Carrier Co. |                            |
| Pa            | art IV Plan Characteristics   |   |  |         |            |                    |  |                     |             |                            |
| 9a            | If the plan provides pension benefits, enter the applicable pension for   | eature cod                              | les from the List of Plan C  | harac   | terist     | ic Cod             | es in th                               | ne instruc          | tions:      |                            |
|               | 2E 2G 2J 2K 3B 3D   |   |  |         |            |                    |  |                     |             |                            |
| b             | If the plan provides welfare benefits, enter the applicable welfare fe  | ature code                              | s from the List of Plan Ch   | aracte  | eristic    | Code               | s in the                               | instructi           | ons:        |                            |
|               |   |   |  |         |            |                    |  |                     |             |                            |
| P             | art V Compliance Questions  |   |  |         |            |                    |  |                     |             |                            |
| 10            | During the plan year:   |   |  |         | Yes        | No                 | N/A                                    |                     | Amount      |                            |
| - a           |   | itions withi                            | n the time period  |         |            |                    | V. 12.512                              |                     |             |                            |
|               | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo  | oluntary Fi                             | duciary Correction   |         |            |                    |  |                     |             |                            |
|               | Program)  | *************************************** | ***************************************  | 10a     |            | Х                  | 12.178.27                              |                     |             |                            |
| k             | <ul> <li>Were there any nonexempt transactions with any party-in-interest<br/>reported on line 10a.)</li> </ul>   | ? (Do not                               | include transactions   | 10b     |            | х                  |  |                     |             |                            |
| C             | Was the plan covered by a fidelity bond?  |   | ***************************************  | 10c     | x          |                    |  |                     |             | 345,000                    |
| C             | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |   |  | 10d     |            | х                  | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                     |             |                            |
| •             | <ul> <li>Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some</li> </ul> | her person<br>ne or all of              | s by an insurance<br>the benefits under  |         |            |                    | 3 02<br>8 001<br>8 01                  |                     |             |                            |
|               | the plan? (See instructions.)   |   |  | 10e     |            | Х                  | CACALLES A                             |                     |             |                            |
| f             | Has the plan failed to provide any benefit when due under the pla   | n?                                      |  | 10f     |            | х                  |  |                     |             |                            |
|               |   |   |  | 10g     |            | х                  |  |                     |             |                            |
| ŀ             | If this is an individual account plan, was there a blackout period? 2520.101-3.)  |   |  | 10h     |            | x                  |  |                     |             |                            |
| i             | If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10                           |   |  | 10i     |            |                    |  |                     |             | 7p. 0.                     |
|               |   |   |  |         |            |                    |  |                     |             |                            |

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| Form 5500-SF 2016  |  | Page <b>3 -</b>      |                |   |          |                            |
|--|--|----------------------|----------------|---|----------|----------------------------|
| Part VI Pension Funding Complia  | ance   |                      |                |   |          |                            |
| 11 Is this a defined benefit plan subject to mir (Form 5500 and line 11a below)              | nimum funding requirements? (If "Yes,"           |                      |                |   |          | Yes X No                   |
| 11a Enter the unpaid minimum required contrib  |  |                      | 10000000       | 11a   |          |                            |
| 12 Is this a defined contribution plan subject ERISA?  | to the minimum funding requirements o            | f section 412 of the | Code or sect   | ion 302 c                                       | of<br>   | Yes X No                   |
| a If a waiver of the minimum funding standar granting the waiver                             | rd for a prior year is being amortized in        | this plan year, see  | nstructions, a | nd enter<br>Day                                 | the date | of the letter ruling Year  |
| If you completed line 12a, complete lines 3,   | 9, and 10 of Schedule MB (Form 550               | 00), and skip to lin | e 13.          | <del></del>                                     |          |                            |
| <b>b</b> Enter the minimum required contribution for   | or this plan year                                |                      |                | 12b   |          |                            |
| c Enter the amount contributed by the emplo  | oyer to the plan for the plan year               |                      |                | 12c   |          |                            |
| d Subtract the amount in line 12c from the a negative amount)                                | mount in line 12b. Enter the result (ent         | er a minus sign to t | he left of a   | 12d   |          |                            |
| e Will the minimum funding amount reported   |  |                      |                |   | Yes 🗌    | No N/A                     |
| Part VII Plan Terminations and Tr  |  |                      |                |   |          |                            |
| 13a Has a resolution to terminate the plan bee   |  |                      |                |   | ] Yes    | X No                       |
| If "Yes," enter the amount of any plan ass   |  |                      |                | 13a   |          |                            |
| <b>b</b> Were all the plan assets distributed to par   |  | another plan, or bro | ought under th |   | x        | Yes No                     |
| C If, during this plan year, any assets or liab which assets or liabilities were transferred | ilities were transferred from this plan to       |                      |                |   |          |                            |
| 13c(1) Name of plan(s):  |  |                      | 13c(2) ⊟       | IN(s)   |          | 13c(3) PN(s)               |
| Michaels Group Homes, LLC 401  | (k) Profit Sharing Plan                          |                      | 46             | 5-4165'   | 744      | 001                        |
| Part VIII Trust Information - Skip   | These Questions                                  |                      |                |   |          |                            |
| 14a Name of trust  |  |                      |                | 14b⊺  | rust's E | IN                         |
| 14c Name of trustee or custodian   |  |                      |                |   |          | or custodian's<br>e number |
| Part IX   IRS Compliance Question  | ns - Skip These Questions                        |                      |                |   |          |                            |
| 15a Is the plan a 401(k) plan? If "No," skip b.  | ••••••   |                      | 🗀 Y            | 'es   |          | ☐ No                       |
| 15b How did the plan satisfy the nondiscrimina 401(k)(3) for the plan year? Check all that   | ation requirements for employee deferrate apply: | als under section    | s              | Design-ba<br>afe harbo<br>Current y<br>ADP test | or<br>   | "Prior year" A             |
| 16a What testing method was used to satisfy year? Check all that apply:                      |  |                      | in F           | Ratio<br>Percentag                              | е 🔲      | Average Denefit test       |

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

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

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

and serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

service? .....

the letter \_

for the plan year by combining this plan with any other plan under the permissive aggregation rules? ......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

test

☐ No

☐ No

☐ No

Yes

Yes Yes

Yes