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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

| A This return/report is for: a single-employer plan list of participant gemployer (Filers checking this box must attach a list of participant gemployer information in accordance with the form instructions.) a foreign plan list of participant gemployer information in accordance with the form instructions.) a foreign plan a multiple-employer information in accordance with the form instructions.) a foreign plan a | | Identification Information | | | | | | | | |
|--|--|--|--------------------------------|--------------------------|---------------------------|----------------------|--|--|--|--|
| A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) | For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 | | | | | | | | | |
| B This return/report is | A This return/report is for: | | list of participating en | | | | | | | |
| C Check box if filing under: | | a one-participant plan | a foreign plan | | | | | | | |
| C Check box if filing under: | B This return/report is | H | 불 | | | | | | | |
| Part II Basic Plan Information—enter all requested information | | an amended return/report | a short plan year retur | n/report (less than 12 m | onths) | | | | | |
| Part II | C Check box if filing under: | : | | | DFVC program | | | | | |
| Table The complete Table | Dort II Doois Dien Infe | ш : | | | | | | | | |
| Pan unmber Oo1 | | ormation—enter all requested in | rormation | | 1h Throo digit | | | | | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REGENCY SIGNS AND ENGRAVING CORP. 275 WILLIS AVENUE WILLISTON PARK, NY 11596 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 516-248-1076 2d Business code (see instructions) 812990 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 D Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued b | | ING CORP. 401(K) PLAN | | | plan number | 001 | | | | |
| Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) REGENCY SIGNS AND ENGRAVING CORP. 2c Sponsor's telephone number 516-248-1076 2d Business code (see instructions) 812990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 618-248-1076 3c Administrator's telephone number 618-248-1076 3c Administrator's telephone number 618-248-1076 3d Administrator's telephone number 618-248-1076 3c Administrator's telephone number 628-248-1076 3c Administrator's telephone number 618-248-1076 4d Pin 4d | | | | | | | | | | |
| ### Adding to the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ### Adding to the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ### Adding to the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ### Adding to the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ### Adding to the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ### Adding to the EIN ### EIN ### Adding to the EIN ### E | Mailing address (include roo | m, apt., suite no. and street, or P.C | | | ' ' ' | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Description Agriculture of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Description Agriculture of participants at the beginning of the plan year. 5 Description Total number of participants at the end of the plan year. 5 Description Total number of participants at the beginning of the plan year. 5 Description Total number of participants at the beginning of the plan year. 5 Description Total number of active participants at the beginning of the plan year. 5 Description Total number of active participants at the end of the plan year. 5 Description Total number of active participants at the end of the plan year. 5 Description Total number of active participants at the end of 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. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Sign Titled with authorized/valid electronic signature. 5 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor | | | al code (if foreign, see inst | ructions) | | | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 CPN 5a Total number of participants at the beginning of the plan year | 47E WILLIO AVENIJE | | | | 2d Business code | (see instructions) | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year | | | | | 8129 | 990 | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year | 3a Plan administrator's name a | nd address 🛛 Same as Plan Spor | nsor. | | 3b Administrator's | EIN | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year | | | | | 3c Administrator's | telenhone number | | | | |
| name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year | | | | | 7 tallilliotrator 5 | toropriorio marribor | | | | |
| name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year | | | | | | | | | | |
| name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | | | | | | | | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | the last return/report filed f | for this plan, enter the | 4b EIN | | | | | |
| b Total number of participants at the end of the plan year | • | inber from the last return/report. | | | 4c PN | | | | | |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5a Total number of participants | at the beginning of the plan year | | | 5a | 2 | | | | |
| d(1) Total number of active participants at the beginning of the plan year | b Total number of participants | at the end of the plan year | | | 5b | 2 | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5c | 2 | | | | |
| Provided the second sec | | | | | 5d(1) | 2 | | | | |
| 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor | d(2) Total number of active pa | articipants at the end of the plan yea | ar | | 5d(2) | 2 | | | | |
| 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. SIGN Filed with authorized/valid electronic signature. 07/25/2017 SIMON NICHOLS | than 100% vested | | | | | 0 | | | | |
| 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. SIGN Filed with authorized/valid electronic signature. 07/25/2017 SIMON NICHOLS | | | | | | achla a Cahadula | | | | |
| 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 | SB or Schedule MB completed a | nd signed by an enrolled actuary, a | | | | | | | | |
| Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor | 0.014 | /valid electronic signature. | 07/25/2017 | SIMON NICHOLS | | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | Signature of plan a | administrator | Date | Enter name of individ | ual signing as plan ad | ministrator | | | | |
| 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 name (including firm name, if applicable) and address (include room or suite number) | Signature of emplo | | | | | | | | | |
| | Preparer's name (including firm r | name, if applicable) and address (ir | nclude room or suite numb | er) | Preparer's telephone | e number | | | | |
| Ear Paperwork Poduction Act Natice and the Instructions for Form 5500 SE | | | | | | | | | | |

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| 6a \ | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | | | | X Yes | s No |
|------|---|--------------|--------------------------|---------|---------|---------|----------|----------|------------|---------|
| ι | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility f you answered "No" to either line 6a or line 6b, the plan cann | and condit | tions.) | | | | | | X Yes | s 📗 No |
| | the plan is a defined benefit plan, is it covered under the PBGC ir | | | | | | - | No | ☐ Not det | ermined |
| Part | | | | | | | 1 | | | |
| _ | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End | of Year | |
| | otal plan assets | 7a | (a) Deginning | 338034 | | | | (b) Liid | 35883 | 5 |
| | otal plan liabilities | 7b | | | | | | | | |
| C N | Net plan assets (subtract line 7b from line 7a) | 7c | | 338034 | ļ | | | | 35883 | 5 |
| | ncome, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) 1 | Γotal | |
| | Contributions received or receivable from: | | , , | | | | | <u> </u> | | |
| | 1) Employers | 8a(1) | | | - | | | | | |
| (| 2) Participants | 8a(2) | | | | | | | | |
| | 3) Others (including rollovers) | 8a(3) | | 20801 | | | | | | |
| | Other income (loss) | 8b | | 20001 | | | | | 2020 | 1 |
| | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 2080 | 1 |
| | Benefits paid (including direct rollovers and insurance premiums o provide benefits) | 8d | | | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions). | 8e | | | | | | | | |
| f A | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| | Other expenses | 8g | | | | | | | | |
| h T | otal expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 0 | | | | | |
| i N | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 20801 | | | | 1 |
| j⊤ | ransfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Part | IV Plan Characteristics | <u> </u> | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in | the inst | tructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | des from the List of Pla | n Chara | acteris | tic Cod | des in t | he instr | uctions: | |
| 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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | oluntary F | iduciary Correction | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| 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 | | | | | 169 |
| f | Has the plan failed to provide any benefit when due under the plan | ın? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year- | end.) | 10g | | X | | | | |
| | 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 to exceptions to providing the notice applied under 29 CFR 2520.10 | | | 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 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 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 constru | | | | | 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 |
| 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 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 | Was | 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 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| For calend | | rt Identification Information fiscal plan year beginning | 01/01/2016 | and ending | 12/31/2 | 016 | | |
|--|--|---|--|--|---|---|--|--|
| | ······································ | X a single-employer plan | <i></i> | lan (not multiemployer) | | | | |
| A This re | turn/report is for: | | list of participating employer information in accordance with the form instructi | | | | | |
| | | a one-participant plan | a foreign plan | | | | | |
| B This ret | urn/report is | the first return/report | the final return/report | | | | | |
| | | an amended return/report | | n/report (less than 12 n | nonths) | | | |
| C Check | box if filing under: | | | , , | | | | |
| • Oncon | box ii ming andor. | Form 5558 | automatic extension | | DFVC program | n · | | |
| Part II | Rasic Plan In | special extension (enter description—enter all requested in | | | | | | |
| 1a Name | | romation—enter an requested in | HOITHAGOIL | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1b Three-digit | · 1 | | |
| | • | NGRAVING CORP. 401(K) | PI.AN | | plan numb | 1 | | |
| | | 3011 | the stand to drive to | | (PN) ▶ | | | |
| | | | | | 1c Effective d | | | |
| 2a Plan s | ponsor's name (emp | loyer, if for a single-employer plan) | | | | dentification Number | | |
| Mailing | g address (include ro | om, apt., suite no. and street, or P.0 | | | 1 , , | 3097482 | | |
| - | | nce, country, and ZIP or foreign posi ENGRAVING CORP. | tal code (if foreign, see inst | ructions) | | telephone number | | |
| KEGENC. | C SIGNS AND I | INGRAVING CORP. | | | 516-248 | | | |
| 475 WII | LIS AVENUE | | | | 1 | ode (see instructions) | | |
| | | | | | 812990 | | | |
| WILLIST | ON PARK | NY 11596 | | | | | | |
| 3a Plan a | dministrator's name | and address 🏻 Same as Plan Spo | nsor. | | 3b Administra | tor's EIN | | |
| 4 If the r | name and/or FIN of t | he plan sponsor has changed since | the last return/report filed f | or this plan enter the | 4b EIN | | | |
| name | EIN, and the plan n | umber from the last return/report. | the last retainingport med i | or and plan, error are | | | | |
| ······································ | or's name | L = L El = | | | 4c PN | international and the state of | | |
| | | ts at the beginning of the plan year. | | | `\ | r K | | |
| | | ts at the end of the plan year | | | | 4 | | |
| | , , | | , | • | 5c | | | |
| d(1) Tota | al number of active p | articipants at the beginning of the pl | lan year | ····· | 5d(1) | | | |
| d(2) Tota | al number of active p | articipants at the end of the plan ye | ar | | 5d(2) | | | |
| e Numb | er of participants the | at terminated employment during the | e plan year with accrued be | nefits that were less | 5e | | | |
| Caution: A | penalty for the late | or incomplete filing of this return | n/report will be assessed | unless reasonable ca | use is establishe | d. | | |
| Under pena SB or Sche | ilties of perjury and o | other penalties set forth in the instruction and signed by an enrolled actuary, a | ctions, I declare that I have | examined this return/re | port, including, if a | applicable, a Schedule | | |
| SIGN | & C | | 7.25-17 | SIMON NICHOLS | *************************************** | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as pla | n administrator | | |
| SIGN | | | | | × × × | | | |
| HERE | Signature of emp | oyer/plan sponsor | Date | Enter name of individ | lual signing as em | ployer or plan sponsor | | |
| Preparer's | | name, if applicable) and address (ir | | er) | Preparer's telep | | | |
| | | | | | | | | |

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | ΧY | 'es 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 | | | | | | | | ΧY | ′es ∏ No |
| | If you answered "No" to either line 6a or line 6b, the plan cann | | , | | | | | | <u> </u> | о П |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | orogram (see ERISA se | ection 4 | 021)? | [| Yes | No | Not c | letermined |
| Pa | rt III Financial Information | | | | | | _ | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | (b) End | of Year | |
| a | Total plan assets | 7a | | 338, | 034 | | | | | 358,835 |
| b | Total plan liabilities | 7b | | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 338, | 034 | | | | | 358,835 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) | Γotal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | 20, | 801 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | 20,801 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 0 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | | 20,801 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | <u> </u> | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K$ | feature co | odes from the List of Pl | lan Cha | racteri | stic Co | odes in | the ins | tructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | des from the List of Pla | ın Chara | acterist | ic Coc | des in t | he instr | uctions: | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amou | nt |
| | Was there a failure to transmit to the plan any participant contribu | ıtions with | in the time period | | 163 | 140 | INA | | Amou | nτ |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary I | Fiduciary Correction | 10a | | Х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | | |
| 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 | | | | | 169 |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | 10f | | Х | | | | |
| g | g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | 10g | | Х | | | | |
| h | 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 Page 3- | | | | | |
|-------|--|--------------------|----------|-----------|-------------------------|----------|
| Part | VI Pension Funding Compliance | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete | Sched | lule SE | 3 | Пү | es No |
| | (Form 5500) and line 11a below) | | <u> </u> | | | |
| _ | 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 Code or se ERISA? | | 302 of | | Y | es X 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 instructions, | , and e | _ | | of the letter Year | ruling |
| If · | granting the waiver | | Day | | | |
| | Enter the minimum required contribution for this plan year | | 12b | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | |
| d | | ١. | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A |
| Part | | | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | X No |) |
| 154 | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | I3a | 100 | 24 140 | <u>'</u> |
| b | | | ı sa | | | |
| | control of the PBGC? | | | | Yes X | No |
| c | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.) | an(s) to |) | | | |
| 1 | 3c(1) Name of plan(s): | c(2) E | IN(s) | | 13c(3) | PN(s) |
| | | | | <u> </u> | | |
| Part | VIII Trust Information | | | | | |
| 14a | Name of trust | 1 | I4b ⊺ | rust's E | IN | |
| 14c | Name of trustee or custodian | 1 | | | or custodia e number | an's |
| Part | IRS Compliance Questions | | | | | |
| 15a | Is the plan a 401(k) plan? If "No," skip b. | 'es | | | No | |
| | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$ | esign-l afe har | | | "Prior ye test | ar" ADP |
| | | Current DP tes | | | N/A | |
| 16a | | Ratio | togo | ☐ Av | verage | □ N/A |
| - 101 | t | ercent est | ıaye | ∐ be | nefit 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? | 'es | | | No | |
| 17a | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number | etter o | r advis | ory lette | er, enter the | date of |
| 17b | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter | late of | the mo | ost rece | ent determin | ation |
| | 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 froservice? | om [| Yes | | No | |
| 19 | Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year? | [| Yes | | No | |