## 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

		rt Identification Information								
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016 	and ending 1	2/31/2016					
		X a single-employer plan		lan (not multiemployer)						
A This ret	urn/report is for:			list of participating employer information in accordance with the form instructions.)						
		a one-participant plan	a foreign plan							
<b>5</b>		□ the Cost action from an	Date Continue to the form							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)					
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter desc	_							
Part II	Pacia Blan Inf	formation—enter all requested in	· /							
_		ormation—enter all requested in	liormation		<b>1b</b> Three-digit					
1a Name DLS OUTFIT	TERS, INC. 401(K)	PLAN			plan number					
	-, ( )				(PN) ▶	001				
					1c Effective date	e of plan				
-					01	1/01/2015				
	· · ·	loyer, if for a single-employer plan)				entification Number				
		oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		tructions)	(Eliv)	3-3799862				
DLS OUTFIT	· ·	,,,	(g,	,	<b>2c</b> Sponsor's te	lephone number 399-0750				
65 W. 55TH STREET, SUITE 202						de (see instructions)				
NEW YORK,					42	24300				
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrator	r's EIN				
					<b>3C</b> Administrator	r's telephone number				
4 16.0		<del> </del>			41					
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
<b>a</b> Sponso	•				4c PN					
<b>5a</b> Total r	number of participant	ts at the beginning of the plan year.			5a					
_										
		<b>b</b> Total number of participants at the end of the plan year								
	C Number of participants with account balances as of the end of the plan year (only defined contribution plans				5b	3				
complete this item)				d contribution plans		3				
		h account balances as of the end of	f the plan year (only defined	d contribution plans	5b 5c	3 3 3				
<b>d(1)</b> Tota	al number of active p	h account balances as of the end of	f the plan year (only defined	d contribution plans	5b 5c 5d(1)	3				
<b>d(1)</b> Tota <b>d(2)</b> Tota	al number of active p	h account balances as of the end of contribution of the population of the population of the plan year ticipants at the end of the plan year	f the plan year (only defined	d contribution plans	5b 5c 5d(1) 5d(2)	3 3 2 2				
<b>d(1)</b> Tota <b>d(2)</b> Tota <b>e</b> Numb	al number of active p al number of active p per of participants tha	h account balances as of the end of	f the plan year (only defined blan year earear with accrued be	d contribution plans	5b 5c 5d(1)	3 3 2 2				
d(1) Tota d(2) Tota e Numb than Caution: A	al number of active p al number of active p per of participants tha 100% vested penalty for the late	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the por incomplete filing of this return	the plan year (only defined plan yearearearearear.with accrued but confreport will be assessed	d contribution plans enefits that were less	5b 5c 5d(1) 5d(2) 5e use is established	3 3 2 2 2				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena	al number of active p al number of active p per of participants tha 100% vested penalty for the late alties of perjury and o	h account balances as of the end of participants at the beginning of the poarticipants at the end of the plan year terminated employment during the participants of this return other penalties set forth in the instru	the plan year (only defined plan yearearee plan year with accrued but rn/report will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	3 3 2 2 0 plicable, a Schedule				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena	al number of active p al number of active p per of participants tha 100% vested penalty for the late alties of perjury and o	h account balances as of the end of contribution balances as of the end of contribution barticipants at the beginning of the plan year terminated employment during the contribution balance of the penalties set forth in the instruand signed by an enrolled actuary,	the plan year (only defined plan yearearee plan year with accrued but rn/report will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	3 3 2 2 0 plicable, a Schedule				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	al number of active p al number of active p per of participants tha 100% vested penalty for the late alties of perjury and of edule MB completed true, correct, and cor	h account balances as of the end of contribution balances as of the end of contribution barticipants at the beginning of the plan year terminated employment during the contribution balance of the penalties set forth in the instruand signed by an enrolled actuary,	the plan year (only defined plan yearearee plan year with accrued but rn/report will be assessed actions, I declare that I have	d contribution plans enefits that were less d unless reasonable ca	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	3 3 2 2 0 plicable, a Schedule				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena	al number of active pal number of active pal number of active per of participants that 100% vested	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the participant of the properties of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.	the plan year (only defined plan year	enefits that were less d unless reasonable ca e examined this return/repo FREDERICK DERRIN	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	3 3 2 2 0 plicable, a Schedule my knowledge and				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	al number of active p al number of active p per of participants tha 100% vested penalty for the late alties of perjury and of edule MB completed true, correct, and cor	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the participant of the properties of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.	the plan year (only defined plan yearearee plan year with accrued but in/report will be assessed actions, I declare that I have as well as the electronic ve	enefits that were less  d unless reasonable ca e examined this return/repo	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if aprt, and to the best of	3 3 2 2 0 plicable, a Schedule my knowledge and				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and contained with authorized signature of plan	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  In administrator	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/re ersion of this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established eport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and control of the correct, and control of participants of plan signature of emp	ch account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  Individual electronic signature.	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established aport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and control of the correct, and control of participants of plan signature of emp	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  In administrator	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established eport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and control of the correct, and control of participants of plan signature of emp	ch account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  Individual electronic signature.	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established aport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and control of the correct, and control of participants of plan signature of emp	ch account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  Individual electronic signature.	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established aport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				
d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	al number of active participants that all number of active participants that all number of participants that all number of participants that all number of perjury and or all number of perjury and control of the correct, and control of participants of plan signature of emp	ch account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the cor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.  Individual electronic signature.	the plan year (only defined plan year	enefits that were less  d unless reasonable ca e examined this return/repo  FREDERICK DERRIN  Enter name of individ	5b 5c 5d(1) 5d(2) 5e buse is established aport, including, if aport, and to the best of dual signing as plan	3 3 2 2 0 plicable, a Schedule my knowledge and administrator				

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		¬	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No [	Not dete	rmined
Pa	rt III Financial Information		Ι							
	Plan Assets and Liabilities		(a) Beginning	of Year 314774			(	(b) End o	of Year 332101	
	Total plan assets	7a 		314774	-				332101	
	Total plan liabilities	7b		314774					332101	
	Net plan assets (subtract line 7b from line 7a)	7c						<i>4</i> > <b>-</b>		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it		(b) Total				
	(1) Employers	8a(1)	0							
	(2) Participants	8a(2)	0							
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		21889						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							21889	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4462						
e	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		100						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4562				
i	Net income (loss) (subtract line 8h from line 8c)	8i							17327	
j	Transfers to (from) the plan (see instructions)	8i		C						
Pai	t IV Plan Characteristics		•		_					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
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 instruc	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's 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				
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	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					50010
h	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						

ı	Form	550	0-SF	201	16

Page 3-	1	
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 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 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
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	<b>2)</b> EIN(s)		13c(3	<b>)</b> 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	

## DocuSign Envelope ID: AE6BA835-7073-47E3-A261-BB946187D20D Form 5500-SF Short Form Annua

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.

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Part I	Annual Repor	t Identification Information	on				
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 12/	31/2016		
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a			
71		a one-participant plan	a foreign plan	. , . ,		,	
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)		
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC prog	ram	
		special extension (enter de					
Part II		ormation—enter all requested	information		1		
1a Name	•				<b>1b</b> Three-di	•	
DLS Outfitte	rs, Inc. 401(k) Plan				plan nun	nber 001	
					(PN) 1C Effective	data of plan	
					01/01/20		
		loyer, if for a single-employer plar om, apt., suite no. and street, or I				r Identification Number	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  DLS Outfitters, Inc.			(EIN) 13-3799862  2c Sponsor's telephone number				
DLS Outlitte	rs, inc.					(212) 399-0750	
65 W 55th S	Street, Suite 202				2d Business 424300	s code (see instructions)	
New York, N					26 41		
<b>3a</b> Plan a	dministrator's name a	and address X Same as Plan S	ponsor.		<b>3b</b> Administ	rator's EIN	
					3c Administ	rator's telephone number	
4 If the r	name and/or EIN of th	he plan sponsor has changed sin	ce the last return/report file	d for this plan, enter the	4b EIN		
	, EIN, and the plan no or's name	umber from the last return/report.			4c PN		
		ts at the beginning of the plan year	ar		. 5a	3	
<b>b</b> Total	number of participant	s at the end of the plan year			. 5b	3	
		account balances as of the end		·	5c	3	
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the	e plan year		5d(1)	2	
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan	year		5d(2)	2	
		at terminated employment during			5e	0	
		or incomplete filing of this ret			ause is establis	hed.	
Under pena SB or Sche belief, it is	alties of perjury and cedule MB completed a focusioned by Confect, and confect.	other penalties set forth in the inst and signed by an enrolled actuary nplete.	tructions, I declare that I ha y, as well as the electronic	ve examined this return/reportsion of this return/reportsion	eport, including, ort, and to the be	if applicable, a Schedule st of my knowledge and	
SIGN	Frederick De	imng	9/8/2017	Frederick Derring			
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as p	olan administrator	
SIGN HERE							
		loyer/plan sponsor	Date			employer or plan sponsor	

Form 5500-SF 2016 Page **2** 

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public tions.)	accoun	tant (IC	QPA)			X Yes		
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in								☐ Not dete	ermined	
	t III Financial Information	<u> </u>							<u> </u>		
	Plan Assets and Liabilities		(a) Beginning	of Year	r I			(b) End	of Year		
	Total plan assets	7a	(a) Degiiiiiig	3147				(b) Liid	3321	01	
	Total plan liabilities	7b			0					0	
	Net plan assets (subtract line 7b from line 7a)	7c		3147	_				3321	01	
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total				
	Contributions received or receivable from:		(a) Amoun		$\neg$			(6)	otai		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	0								
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		21889							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21889				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4462							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		100							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45	62	
i	Net income (loss) (subtract line 8h from line 8c)	8i							173	27	
j	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics		•								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of P	lan Cha	racteri	istic Co	odes ir	the inst	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Char	acteris	tic Co	des in	the instr	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	√oluntary F	Fiduciary Correction	10a		Х					
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		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?	fidelity bo	ond, that was caused	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.)	her persor ne or all of	ns by an insurance the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					50010	
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		d notice or one of the	10i							

Form 5500-SF 2016

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and n 5500) and line 11a below)				Y	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 C			f	ΠY	es X No		
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		and enter		of the letter Year	ruling		
If		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter	the minimum required contribution for this plan year		12b					
		the amount contributed by the employer to the plan for this plan year		40-					
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	left 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		Plan Terminations and Transfers of Assets		•					
		a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	)		
		es," enter the amount of any plan assets that reverted to the employer this year							
b							No		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
•	13c(1)	Name of plan(s):	13c	<b>(2)</b> EIN(s)	PN(s)				
Part	VIII	Trust Information							
		of trust		14b	Trust's I	FIN			
144	Ivaille	or trust			1140101				
14c	Name	e of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b	Ye	s	s No				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	  ∐ "Cι	sign-based "Prior year" ADP test  Irrent year" N/A					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan  Ra					atio Average N/A				
			_ Ra	atio			N/A		
		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	_ Ra	ntio rcentage		verage enefit test	N/A		
16b	year? Did the	P Check all that apply:	Ra pe tes	ntio rcentage st	∐ b	enefit test			
16b 17a	Did the least	Check all that apply:  the 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?  plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS  and the serial number	Rape te:  Yes	atio rcentage st s ter or adv	∐ b	enefit test  No ter, enter the	e date of		
16b 17a 17b	Did the letter	P Check all that apply:  The 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?	Rape te:  Yes	atio rcentage st s ter or adv	∐ b	enefit test  No ter, enter the	e date of		
16b 17a 17b	Did the for the letter Define Were	Check all that apply:  the 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?  plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS  and the serial number	Rape term Yes opinion lerenter the date operated from	atio rcentage st s ter or adv te of the n	isory let	enefit test  No ter, enter the	e date of		