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

3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year		t Identification Information				
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a short plan year return/report an amended return/report an amended return/report as short plan year return/report (less than 12 months)	For calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
B This return/report is	A This return/report is for	X a single-employer plan				
C Check box if filing under: Porm 5558	A This return/report is for.	a one-participant plan	_ ' ' "	npioyer information in a	ccordance with the	ioitii iiisti uctioris.)
C Check box if filing under:	B This return/report is	the first return/report	the final return/report			
Part II Basic Plan Information—enter all requested information 1a Name of plan		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
Part II Basic Plan Information—enter all requested information	C Check box if filing under:	X Form 5558	automatic extension		DFVC program	
18 Three-digit plan number Dot		special extension (enter desc	ription)			
18 Three-digit plan number Dot	Part II Basic Plan Inf	ormation—enter all requested in	formation			
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) ARROD, LACHAPELLE & CO., INC. 2c Sponsor's stelephone number (EIN) 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (eIN) 541211 3c Administrator's telephone number name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 6d(1) Total number of active participants at the end of the plan year. 6d(1) Total number of active participants at the end of the plan year. 6d(1) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants at the terminated employment during the plan year with accrued benefits that were less than 100% vested. 6acution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 7acution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 7acution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 7acution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 7acution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 7a	•	ETIREMENT PLAN			plan numbe	
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) ARROO, LACHAPELLE & CO., INC. 2d Business code (see instructions) S41211 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 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 4c PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(2) Total number of active participants at the end of the plan year. 5 d(2) 6 Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule Sor 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. Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator						
ARROO, LACHAPELLE & CO., INC. 221 BROADWAY PROVIDENCE, RI 02903 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number for 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 4c PN 5a Total number of participants at the beginning of the plan year. 5 Notal number of participants at the end of the plan year for participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(1) Total number of active participants at the beginning of the plan year. 5d(2) Total number of participants at the dend of the plan year. 5d(1) Total number of participants at the beginning of the plan year. 5d(2) Total number of participants at the dend of the plan year. 5d(1) Total number of participants at the dend of the plan year. 5d(2) Total number of participants at the dend of the plan year. 5d(2) Total number of participants at the dend of the plan year. 5d(2) Total number of participants at the end of the plan year. 5d(2) Total number of participants at the dend of the plan year. 5d(2) Total number of participants at the end of the plan year. 5d(2) Total number of participants at the end of the plan year. 5d(2) Total number of participants at the end of the plan year. 5d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 5d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 5d(2) Total number of participants at terminated employment during the plan year with accrued benefits that were less than 100% vested. 5d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 5d(2) Total number of participants at terminated employment during the plan year with accrued benefits	Mailing address (include ro	om, apt., suite no. and street, or P.0			' '	
221 BROADWAY PROVIDENCE, RI 02903 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. a Sponsor's name 5a Total number of participants at the beginning of the plan year. 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 complete this item). 6c 4 d(1) Total number of active participants at the beginning of the plan year. e Number of participants at the end of the plan year. f Sid(1) 2 d(2) 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. 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. 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 cau			tal code (if foreign, see ins	tructions)		
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 4c PN 5a Total number of participants at the beginning of the plan year	221 BROADWAY PROVIDENCE, RI 02903					,
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	and address X Same as Plan Spo	nsor.		3b Administrate	or'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					30 Administrate	r'a talanhana numbar
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					JC Auministrate	i s telepriorie number
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						
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	for this plan, enter the	4b EIN	
b Total number of participants at the end of the plan year	•	umber from the last return/report.			4c PN	
b Total number of participants at the end of the plan year	5a Total number of participant	s at the beginning of the plan year.			5a	4
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5b	4
d(1) Total number of active participants at the beginning of the plan year	C Number of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c	4
d(2) Total number of active participants at the end of the plan year					5d(1)	2
Position of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					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 HERE Filed with authorized/valid electronic signature. O9/06/2017 MR. ROLAND LACHAPELLE, CPA, MBA Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	e Number of participants that	at terminated employment during the	e plan year with accrued be	enefits that were less	5e	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 HERE Filed with authorized/valid electronic signature. Date O9/06/2017 MR. ROLAND LACHAPELLE, CPA, MBA 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						
SIGN HERE Filed with authorized/valid electronic signature. 09/06/2017 MR. ROLAND LACHAPELLE, CPA, MBA	SB or Schedule MB completed	and signed by an enrolled actuary,				
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	SIGN Filed with authorized		09/06/2017	MR. ROLAND LACHA	APELLE, CPA, MBA	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE					
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Signature of emp					<u> </u>
	Preparer's name (including firm	name, ir applicable) and address (i	nclude room or suite numb	er)	Preparer's telepr	one number

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)						X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	∏No	☐ Not de	termined
Par	t III Financial Information		- ·					<u> </u>		
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		751848				(10) = 1110	73555	51
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		751848					73555	51
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) 1	Γotal	
	Contributions received or receivable from:			7356						
	(1) Employers	8a(1)		7330						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		18598						
	Other income (loss)	8b		10090					050	- 4
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2595	04
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		30815						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		11436	;					
	Other expenses	8g								
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4225	51
	Net income (loss) (subtract line 8h from line 8c)	8i							-1629	97
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	O _J								
_	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2R 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	-	10g	X					34148
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						

ı	Form	550	0-SF	201	16

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				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 Co			f	ΠY	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 i		of the letter Year _	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 No)
	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				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) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [Test	ar" 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	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 determir	ation
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?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefite 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Park Annual Repor	rt Identification Information				- U.) - U.
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	2016
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (ployer information in ac		
·	a one-participant plan	a foreign plan			,
B This return/report is	the first return/report	the final retum/report			
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Chack box if filing under:	X Form 5558	automatic extension		DFVC progra	m
**************************************	formation—enter all requested in	· · · · · · · · · · · · · · · · · · ·			
1a Name of plan	Offinacion—enter an requested in	Homation		1b Three-digi	
•	1(k) Retirement Plan			plan numi (PN) ▶	
		-		1C Effective of 01/01/2	
	oloyer, if for a single-employer plan)	↑ Bav1		2b Employer	identification Number (
	nce, country, and ZIP or foreign pos		uctions)		0370376
Mardo, Lachapelle				2C Sponsors 401-274	telephone number -8400
221 Broadway				2d Business 541211	code (see instructions)
Providence	RI 02903				
3a Plan administrator's name	and address 🗵 Same as Plan Spo	onsor.		3b Administra	itor's EIN
				3c Administra	tor's telephone number
	the plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN	,
a Sponsor's name	number from the last return/report.			4c PN	
5a Total number of participan	ts at the beginning of the plan year.		***************************************	5a	4
	ts at the end of the plan year			5b	4
C Number of participants wit	h account balances as of the end of	the plan year (only defined	contribution plans	5c	. 4
d(1) Total number of active p	participants at the beginning of the p	otan year		5d(1)	2
	participants at the end of the plan ye			5d(2)	2
than 100% vested	at terminated employment during th	* * * * * * * * * * * * * * * * * * * *		5e	0
Under penalties of perjury and	e or incomplete filing of this retur other penalties set forth in the instru	n/report will be assessed ictions. I declare that I have	uniess reasonable ca examined this return/re	port including if	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	rt, and to the best	of my knowledge and
Sign Boland Ca	Lackapell		Mr. Roland La	chapelle,	CPA, MBA
Signature of plan		Date 9/6/17	Enter name of Individ	iual signing as pla	an administrator
SIGN Audonl (- / / / -	Mr. Roland La	chapelle,	CPA, MBA
signature of emp	loyer/plan sponsor	Date 9 /4 / 17	Enter name of Individ		nployer or plan sponsor
Freparers name (including time	name, If applicable) and address (ndlude room or stilte numbe	F)	Preparer's tele	phone number
				Management of the second of th	HISTORIAN SUSAN INCOMINATION OF THE STATE OF

	Form 5500-SF 2016		Page 2						
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you are word "No" to aither the fact that the plantage.	an indepe and condi	ndent qualified public tions.)	accoun	tant (K	QPA)			Yes No
	If you answered "No" to either line 6a or line 6b, the plan cans if the plan is a defined benefit plan, is it covered under the PBGC i								Not determined
7	Financial Information	SSS GOTO DESCRIPTION OF	<u></u>		- 1				
- -	Plan Assets and Liabilities		(a) Beginning					(b) End of \	1 1111
	Total plan assets	7a	<u> </u>	751,	848				735,551
	Total plan liabilities	1	<u>-</u>						
	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	751,	848				735,551
<u>8</u>	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		and the second		(b) Tota	<u> </u>
	Contributions received or receivable from: (1) Employers	8a(1)		7,	356				TO THE REPORT OF THE PARTY OF T
	(2) Participants	8a(2)	<u> </u>			(1 17 • 74			
	(3) Others (including rollovers)	8a(3)				Mark Lauren Geschaffen			TORSONE DE PRESENTATION DE L'ANDRE DE L'ANDR
	Other income (loss)	8b_		18,	598	e book			Arginostro (MA) (MA)
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Signification of the second se		E 10				25,954
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		30,	815				te angli di sa
e	Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>		ĝ	344 T.	er in in the same	(Sample of the street of the s	Trypoles and Sugary an
	Administrative service providers (salaries, fees, commissions)	8f		11,	436	in neg	100 100 0 0 0 100 100 0 0 0 0 0 0 0 0 0	grander and a second of the color grander and project of the color grander and and color the color of color and and color the color	Properties and the constitution of the constit
	Other expenses	89			Į.	erie acuco o necessar	e de alla de l'entan- el frier segitore se	nari norrativamento de la companya d	e ne in negotie in transportunia.
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ing the second second	gy is in laugher in Seggial Laugher in Seggial Control (1) se	DESCRIPTION OF THE PERSON OF T	MA-Month actions	i seconicio (nigr		42,251
i	Net income (loss) (subtract line 8h from line 8c)	8i		or The design of	2000 A				-16,297
j	Transfers to (from) the plan (see instructions)	Bi -	Annual Control of the Control of the State o	**********	yangan puna	Taken of	ing a state of the		Section of the sectio
Pa	Plan Characteristics	<u> </u>			19	and delibrate	A STATE OF THE STA	SCHOOL CONTRACTOR	000000000000000000000000000000000000000
9a		feature co	des from the List of P	lan Cha	racteri	stic C	odes in	the instructi	ions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	ın Chan	acteris	tic Co	des in f	he instructio	ns:
Pai	Compliance Questions		<u></u>						
10	During the plan year:				Yes	No	N/A		mount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-1027 (See instructions and DOL's v Program)	oluntary F	Iduciary Correction	10a		х	Esperage con contract of the contract of the contract of the contract of the contract of the contract of the	^	anount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		х			
-	Was the plan covered by a fidelity bond?			<u> </u>	х		ijanejan		
	part covered by a recently contain			10e	A	1	dright Kidnett		50,000

Х

Х

Х

Х

34,148

10d

10e

10f

10<u>g</u>

10h

X

by fraud or dishonesty?....

the plan? (See instructions.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

Form	5500.	SE.	2016

	Pana	3.
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Part	Pension Funding Compliance							
	4.3509							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)				В	<u></u>	☐ Ye	s 🗌 l
11a	Enter the unpaid minimum regulred 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 Coc ERISA?	de or	sectio	n 302 of	f		Ye	s 🔀 N
	(if Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	onth_	ıs, an	d enter t Day			e letter i Year	ruling
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13	3.						
<u>. b</u>	Enter the minimum required contribution for this plan year	*******		12b				
Ç	Enter the amount contributed by the employer to the plan for this plan year			12e				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ft of a		12d			••	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	vlo 🗌	N/A
	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				∏ Y	'es	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	t und	er the			Y	es X	Νφ
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the i	olan(s) to			,	•
. 1	3c(1) Name of plan(s):		(3c(2)	EIN(s)		<u> </u>	13c(3)	PN(s)
Eart.	Wate: Trust Information							
	Trust Information_			14b 1	ſwsťe	EIN		
14a N	The state of the s					EIN	J á todia:	ı's
14a N	Name of trust			14d T	rustee			7'5
14a N	Name of trust	· .		14d T	rustee	e's or c		1'6
14a 14c	Name of trustee or custodian		Yes	14d T	rustee	e's or c	nber 	1'5
14a N 14c I 15a I 15b I	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b		Desig	14d T	Tustee telephi	e's or co	nber	
14a N 14c n 15a n 15b n	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b		Desig safe h	14d T	rustee	e's or crone nur	nber ior year	
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14a M	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b		Desig safe r "Curre ADP t Ratio	n-based	rusteetelephi	e's or coone number of the second of the sec	ior year	
14a M 14c M 15a M 15b M 4 16a M 116a M	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b		Desig safe r "Curre ADP t Ratio perce test	n-based harbor ent year est	rustee telephi	e's or crone nur No Press N// Average benefit	ior year	* ADP
14a M 14c H 15a H 15b H 16a M 16b H 17a H	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b	Dinier	Desig safe h "Curre ADP t Ratio perce test Yes	n-based harbor ent year' est	instee	e's or crone nur No Press N// Average benefit to	nior year to test	ADP N/A
14c r 14c r 15a r 15b r 16a r 17a r 17b r	Name of trustee or custodian IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b	Dinior	Desig safe h "Curre ADP t Ratio perce test Yes letter	n-based harbor ent year' est	ost rea	e's or crone nur No Press N// Average benefit to	nior year to test	ADP N/A