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.

Part I		Identification Information							
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
_		X a single-employer plan	a multiple-employer pl						
A This ret	urn/report is for:	D a one participant plan		nployer information in a	ccordance with the	e form instructions.)			
		a one-participant plan	a foreign plan						
R This rotu	ırn/report is	the first return/report	the final return/report						
D This rett	in/report is	an amended return/report	a short plan year retur	aonthe)					
		an amended return/report		n/report (less than 12 h					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	m			
		special extension (enter descri	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name					1b Three-digit				
BETTER VAI	L-U SAVINGS & RET	IREMENT OPPORTUNITY PLAN			plan numb	er 004			
			(PN) 1c Effective d						
						11/01/1987			
2a Plan sp	oonsor's name (emplo	oyer, if for a single-employer plan)			2b Employer I	dentification Number			
		m, apt., suite no. and street, or P.C				06-0758093			
	town, state or province U SUPERMARKET:	ce, country, and ZIP or foreign post S. INC.	ai code (ir foreign, see insti	ructions)		telephone number			
		,				0-564-7681			
663 NORWIC						ode (see instructions)			
	, CT 06374-1733					445110			
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Administrator's telephone number				
					3C Administra	tor's telephone number			
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, optor the	4b EIN				
		mber from the last return/report.	the last return/report filed i	or triis plan, enter the	4D EIN				
a Sponso	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	49			
b Total r	number of participants	s at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
compl	ete this item)								
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	0			
		articipants at the end of the plan yea			5d(2)	0			
		terminated employment during the	. ,		5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establishe	d.			
Under pena	alties of perjury and of	ther penalties set forth in the instru	ctions, I declare that I have	examined this return/re	eport, including, if	applicable, a Schedule			
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	as well as the electronic ver	rsion of this return/repor	rt, and to the best	of my knowledge and			
		/valid electronic signature.	09/06/2017	CLIFFORD MCCULLO	OUGH				
HERE				Enter name of individ	dual aigning as pla	n administrator			
	Signature of plan a	administrator	Date	Enter name of individ	auai signing as pia	n administrator			
SIGN HERE									
	Signature of emplo		Date		T	ployer or plan sponsor			
rieparer's	name (including firm i	name, if applicable) and address (ir	icidae room of suite numbe	əl <i>)</i>	Preparer's telep	none number			
1									

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6a Were all of the plan's assets during the plan year invested in eligil	ble assets?	(See instructions.)						X Ye	s No	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								es 📗 No	
C If the plan is a defined benefit plan, is it covered under the PBGC i					_		No	Not de	termined	
Part III Financial Information							<u> </u>			
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year		
a Total plan assets	7a		276372						0	
b Total plan liabilities	7b		C)	0					
C Net plan assets (subtract line 7b from line 7a)	7c	2	276372		0					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt		(b) Total					
a Contributions received or receivable from:			C							
(1) Employers	8a(1)		0							
(2) Participants	8a(2)		C	_						
(3) Others (including rollovers)	8a(3)		151392							
b Other income (loss)	8b		101002	-				15139	າວ	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13138	<u> </u>	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		247606	;						
e Certain deemed and/or corrective distributions (see instructions).	8e		41855							
f Administrative service providers (salaries, fees, commissions)	8f		C							
g Other expenses	8g		C							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						289461			
i Net income (loss) (subtract line 8h from line 8c)	8i							-13806	69	
j Transfers to (from) the plan (see instructions)	8j	-2	-2138303							
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	n feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amoun	t	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	iduciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X					5000000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	the benefits under	10e	X					10746	
f Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
									0	
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?							Yes X No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
<u>а</u>		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing ing the waiver		s, and	l enter t Day		of the lette Year	er ruling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			ı				
<u> </u>	Enter	the minimum required contribution for this plan year			12b					
C Enter the amount contributed by the employer to the plan for this plan year										
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d					
		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		1						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] 1	Ю		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		er the			X Yes [No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	tify the p	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
BOZZU	JTO'S	INC. CORPORATE STORES 401(K) PLAN	06-138	33248	248 001					
Part	VIII	Trust Information								
14a	Name	of trust			14b	Trust's E	EIN			
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
						tolophol	io mambon			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Desig safe h	n-based arbor	, <u> </u>	"Prior year" ADP test			
		(,, , , , , , , , , , , , , , , , , , ,		"Curre ADP t	ent year est	"	N/A			
year? Check all that apply: per				Ratio perce test	rcentage Average benefit 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		plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		letter	or advi	sory lett	er, enter th	ne date of		
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the m	nost rece	ent determ	ination		
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 sep ee?		rom	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 Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I An	nual Report	identification Information									
For calendar plan	year 2016 or fis	cal plan year beginning	01/01/2016	and ending	12/31/2016						
A This return/re	port is for:	a single-employer plan	a multiple-employer a list of participating a foreign plan	olan (not multiemployer) (employer information in a	nuitiemployer) (Filers checking this box must attach information in accordance with the form instructions.)						
B This return/re	nort is:	a one-participant plan the first return/report									
D This folding	portion	x an amended return/report		e final return/report short plan year return/report (less than 12 months)							
C Check box if	filing under:	Form 5558	automatic extension DFVC program								
		<u>. L </u>		<u> </u>							
Part II Ba		rmation enter all requested	Information		1b Three-digit	<u> </u>					
-	MAL-U SAVINO		plan number (PN) ► 004								
					1c Effective dat 11/01/19	37					
Mailing Add	iress (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see in:	structions)	2b Employer Ide (EIN) 06-4	entification Number 0758093					
		MARKETS, INC.	(W. 2000) (W. 2000)	,	2c Sponsor's te (860) 56						
663 NORY	VICH ROAD		2d Business code (see instructions) 445110								
	ELD CT 06374-1	.733 Ind address X Same as Plan Sp		·	3b Administrator's EIN						
Ja Pian aomin	istrators name a	ing aggress [A] Same as Flan Sp	onisor		OD Manimistrator o Env						
					3c Administrato	r's telephone number					
4 if the name name, EIN,	and/or EIN of th	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's r					4c PN						
5a Total numb	er of participants	at the beginning of the plan year	199107100100000000000000000000000000000	************************************	5a	49					
		at the end of the plan year			5b	0					
C Number of complete th	participants with nis item)	account balances as of the end of	the plan year (only define	o contubution bisus	5c	0					
-		rticipants at the beginning of the p			5d(1)	0					
d(2) Total nun	nber of active pa	rticipants at the end of the plan ye	ar		5d(2)	0					
		terminated employment during the			5e	0					
		or incomplete filing of this retu									
SB or Schedule	s of perjury and c MB completed : , correct, and cor	other penalties set forth in the instrand signed by an enrolled actuary, inplete.	uctions, I declare that I ha , as well as the electronic v	re examined this return/repo rersion of this return/repo	eport, including, if a rt, and to the best o	oplicable, a Schedule f my knowledge and					
sign C	edd 11	Malle	9-6-17	CLIFFORD MCCULL	OUGH						
All the state of t	iture of plan adr	ministrator	Date	Enter name of individu	al signing as plan a	dministrator					
SIGN	. 1		D-1-	Enter name of individual	al ejanina ae amela	vor or nian enoneor					
HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question					Preparer's telepho Skip this que	ne number					
January Control					52 217						

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
b	,							₩ □	lara.	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot		•					X Yes	INO	
_	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ No ☐ Not deter	mined	
and the same of		Surance pi	Ogram (See ENIOA Section	711 402	-1):				Timica	
Pa	art III Financial Information	5137300	(a) Beginning of	f Voc		T-		(b) End of Year		
_	Plan Assets and Liabilities	7-				-				
a	Total plan assets	7a	2,27	,6,3		0				
<u>b</u>	Total plan liabilities	7b	2.25	76 2	0					
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	2 , 27 (a) Amount		12	(b) Total				
a	Contributions received or receivable from:		(a) Amount	and the			WILLIAM IN	(b) 10tal		
	(1) Employers	8a(1)	E		0					
	(2) Participants	8a(2)			0	8				
	(3) Others (including rollovers)	8a(3)			0	200				
b	Other income (loss)	8b	15	51,3	92	683				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						151,39	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		17,6						
е	Certain deemed and/or corrective distributions (see instructions)	8e	4	41,855						
f	Administrative service providers (salaries, fees, commissions)	8f	U		0					
g	Other expenses	8g			0				THE .	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						289,46	1	
L	Net income (loss) (subtract line 8h from line 8c)	. 8i				(138,069))	
L	Transfers to (from) the plan (see instructions)	8j	(2,138	3,30	3)					
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harac	terist	ic Cod	les in th	e instructions:		
	2E 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instructions:		
D.	Compliance Questions		******							
	art V Compliance Questions					I	8178	A		
10	During the plan year:	itiana irithi	n the time neried		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 Volume 1.		•							
	Program)	•	•	10a		x				
- k	Were there any nonexempt transactions with any party-in-interest			133				t		
	reported on line 10a.)			10b		х		order of the order		
	Was the plan covered by a fidelity bond?			10c	X	ļ		5,000,	,000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х		ř.		
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e	х			10,	,746	
f	Has the plan failed to provide any benefit when due under the pla	n?	••••••	10f		x				
_ 6	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х				0	
F	If this is an individual account plan, was there a blackout period? 2520.101-3.)	-		10h		x				
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i						
		200					-11		achies a	

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	Pension Funding Compliance						T	_	
	Is this a defined benefit plan subject to minimum funding requirements? (Form 5500 and line 11a below)		*******	complete	Schedul	e SB		es X] No
11a	Enter the unpaid minimum required contributions for all years from Sche	dule SB (Form 5500) line	40	*** ******	11a	<u> </u>	-		
12	Is this a defined contribution plan subject to the minimum funding requir	rements of section 412 of	the C	ode or se	iction 30	2 QT 	. 🗀 🔻	res 🛚 🗓] No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	pplicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amorganting the waiver	ortized in this plan year, s	ee ins Moi	tructions	and ent	er the da ay	te of the Yea	letter ru r	ling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 1	3.		т—			
b_	Enter the minimum required contribution for this plan year	>= I = 1 T T T T T T T T T			12b	↓ —			
C	Enter the amount contributed by the employer to the plan for the plan ye				12c	ļ			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)				12d	<u> </u>			
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?] Yes [] No	□ N	/A
Par	VII Plan Terminations and Transfers of Assets								
	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	************			X Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year	4 5 4 1 5 4 7 6 7		13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transcontrol of the PBGC?	sferred to another plan, or	r broug	tht under	the	X	Yes [☐ No	
С	If, during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)								·····
1	3c(1) Name of plan(s):			13c(2)	EIN(s) 13c			(3) PN(s)	
1	SOZZUTO'S INC. CORPORATE STORES 401(K) PLAN			1	06-138	3248		001	
Par	Trust Information - Skip These Questions								
	Name of trust				141	Trust's l	EIN		
140	Name of trustee or custodian				140	Trustee			
						telepho	ne numb	er	
Par	t IX IRS Compliance Questions - Skip These Questi	ons							
	t is the plan a 401(k) plan? If "No," skip b.		*****		Yes		П	No	
					Design-	hased		Prior ve	ear" ADP
151	D How did the plan satisfy the nondiscrimination requirements for employed 401(k)(3) for the plan year? Check all that apply:	ee geienais under secuon	(1 ************		safe ha			test	ou. 7101
	7			lm	"Curren		П	N/A	
					ADP tes	st			
16a	What testing method was used to satisfy the coverage requirements un year? Check all that apply:	der section 410(b) for the	pian		Ratio percent test	age 🗀	Averag		□ N/A
161	Did the plan satisfy the coverage and nondiscrimination requirements of for the plan year by combining this plan with any other plan under the p	f sections 410(b) and 401 ermissive aggregation rule	(a)(4)		Yes			No	
178	a If the plan is a master and prototype plan (M&P) or volume submitter plants the letter/		bie IRS		letter or	advisory	letter, en	ter the	date of
171	o If the plan is an individually-designed plan that received a favorable det			enter the	date of t	ne most r	ecent de	termina	tion
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who service?	attained age 62 and had r	not ser	parated fr	om	☐ Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70			***************************************		Yes		No	

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