Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

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.

		scal plan year beginning 01/01/2		and ending 1	2/31/2016	
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a		-
		a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC pro	gram
D (!!		special extension (enter desc	' '			
Part II 1a Name		rmation—enter all requested in	Iformation		1b Three-o	digit
	•	ΓIREMENT SAVINGS PLAN			plan nu	ımber
					(PN)	
					1c Effectiv	ve date of plan 01/01/2009
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.6 e, country, and ZIP or foreign pos		etructions)	2b Employ (EIN)	rer Identification Number 61-1198913
U.S. MILLWO		e, country, and zir or loreign pos	iai code (ii ioreigii, see iii	sti detions)	2c Sponso	or's telephone number 502-587-9450
4045 ALLMO	NID AVENUE				2d Busines	ss code (see instructions)
LOUISVILLE,	ND AVENUE , KY 40214					337000
3a Plan ad	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Adminis	strator's EIN
					3c Adminis	strator's telephone number
					7 Adminis	strator o telepriorie mamber
		e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
					-TO LIIV	
	•	mber from the last return/report.		рын, оны нь		
a Sponso	or's name	·		· 	4c PN 5a	
a Sponso	or's name number of participants	at the beginning of the plan year.			4c PN	
a Sponso5a Total rb Total rc Number	or's name number of participants number of participants er of participants with	at the beginning of the plan year	the plan year (only define	ed contribution plans	4c PN 5a	
a Sponso5a Total rb Total rc Number complex	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year. at the end of the plan yearat the end of the plan year	the plan year (only defin	ed contribution plans	4c PN 5a 5b 5c	
a Sponso5a Total rb Total rc Number completed(1) Total	or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the p	the plan year (only defin	ed contribution plans	4c PN 5a 5b 5c 5d(1)	
a Sponso5a Total rb Total rc Number completedd(1) Totald(2) Total	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye	the plan year (only defining	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2)	
a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total d(2) Total r e Number than 2	number of participants number of participants or of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye terminated employment during the	the plan year (only defin- lan yeareare	ed contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	
a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a	or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye terminated employment during the or incomplete filing of this retur	the plan year (only defin- lan yearearee plan year with accrued l	ed contribution plans cone fits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establi	shed.
a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under penais B or Schee	or's name number of participants number of participants er of participants with a ete this item) al number of active par al number of active par er of participants that 100% vested penalty for the late of alties of perjury and oth	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the pricipants at the end of the plan yes terminated employment during the pricipants at the end of the plan yes terminated employment during the penalties set forth in the instrument signed by an enrolled actuary,	the plan year (only defining the plan year	ed contribution plans coenefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establic eport, including	shed. ,, if applicable, a Schedule
a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under penal SB or Schele belief, it is t	or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the pricipants at the end of the plan yes terminated employment during the pricipants at the end of the plan yes terminated employment during the penalties set forth in the instrument signed by an enrolled actuary,	the plan year (only defining the plan year	ed contribution plans coenefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication and to the best serial and th	shed. ,, if applicable, a Schedule
a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under penass or Scheet belief, it is t	or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only defined as well as the electronic value only defined as well as the electronic value on the electronic value of electronic value on the electronic value on the electronic value of electronic value on the electronic value on the electronic value of electronic value on the electronic value of electronic value on the electronic value of electronic value on the electronic	ed contribution plans coenefits that were less ed unless reasonable ca we examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including the and to the b	shed. J, if applicable, a Schedule est of my knowledge and
a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under penal SB or Schele belief, it is t	number of participants number of participants of participants with a set of this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only definition of the plan year with accrued to the plan year with accrued to the plan year will be assessed to the plan year that I have as well as the electronic of the plan year with accrued to the plan year with accrued to the plan year.	penefits that were less ad unless reasonable ca we examined this return/reportersion of this return/reportersion.	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including the and to the b	shed. J, if applicable, a Schedule est of my knowledge and
a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under penais B or Schebelief, it is the seller of	number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/re version of this return/report RICHARD C. SELVAC Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establicated, including and to the bodies.	shed. I, if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor
a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under penais B or Schebelief, it is the seller of	number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/re version of this return/report RICHARD C. SELVAC Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establicated, including and to the bodies.	shed. g, if applicable, a Schedule est of my knowledge and plan administrator
a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under penais B or Schebelief, it is the seller of	number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/re version of this return/report RICHARD C. SELVAC Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establicated, including and to the bodies.	shed. I, if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor
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a Sponso 5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r Caution: A Under penais B or Schebelief, it is the seller of	number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/re version of this return/report RICHARD C. SELVAC Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establicated, including and to the bodies.	shed. I, if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor

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 indepen	dent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and mus	t instea	ad use	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End c	of Year	
а	Total plan assets	7a		562348	3				51181	7
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		562348	3				51181	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		17712						
	(2) Participants	8a(2)		58211						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		39693						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11561	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		165622						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		525	5					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16614	17
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-5053	31
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	t
a		/oluntary Fi	duciary Correction	10a	Х					7568
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					350000
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 t	he benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	X					40128
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						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(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 custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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).

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	*	and nadion 40	~~~~	
ror calend	ar plan year 2016 or i	iscal plan year beginning 01/01/201		and ending 12/		
Δ This re	turn/report is for:	X a single-employer plan	a multiple-employer p	ilan (not multiemployer) nployer information in a		
A HIISTO	шинерон в ю.	a one-participant plan	a foreign plan	прюует инотповол ита	ICCORDATION WHEE	ше юни изиченова.)
			☐ a 1212.31. E.m.			
B This ref	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	m/report (less than 12 r	nonths)	
C Check	box if filing under:	promit .				
OHOUR	DOX II BRING GINGEL.	X Form 5558	automatic extension		DFVC prog	ram
		special extension (enter descri	• •			
Part II		prmation—enter all requested info	ormation	***************************************	Tat	
1a Name	•				1b Three-di plan nun	 1.
U.S. Milliwor	k, Inc. 401(k) Retireme	ant Savings Man			(PN)	001
					1c Effective	date of plan
					01/01/20	009
		oyer, if for a single-employer plan)	DA			er Identification Number
		m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		ructions)	— `	-1198913
U.S. Millwor			· V W .	,,	2c Sponsor	's telephone number
					2d Rusinger	(502) 587-9450 code (see instructions)
4815 Allmor	od Avenue				337000) COde (see insurrousity)
Louisville, K		<u> </u>				
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spons	sor.		3b Administ	rator's EIN
					3c Administ	rator's telephone number
					,	du o toroprono nome.
4 If the	name and/or EIN of the	e plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN	
name	, EIN, and the plan nur	mber from the last return/report.				
•	or's name				4c PN	
		at the beginning of the plan year				19
		at the end of the plan year			5b	19
		account balances as of the end of the		•	5c	19
	•				EA/A\	
- "		rticipants at the beginning of the plan			5d(1)	14
		rticipants at the end of the plan year			5d(2)	13
		terminated employment during the p			5e	0
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	uniess reasonable ca		
		her penalties set forth in the instructi nd signed by an enrolled actuary, as				
	rue, correct₅ and com		Well as the electronic vol	SIOH OF BIRS FERMINIEDOR	it, and to the nea	of the knowledge and
SIGN	KINLALK	(DOLANIA)	- 11/2/17	Richard C. Selvage		
HERE	Signature of plan a	dministrator	Date /	Enter name of individ	lual signing as p	lan administrator
SIGN	• 19			Little Halls of Miles	ud, uginig ac p.	an aummontay
HERE	Olerative of omnio		D 24-		• -1	
Preparer's	Signature of emplo name (including firm n	yer/pian sponsor ame, if applicable) and address (inc	Date Lude room or suite numbe			mployer or plan sponsor aphone number
1 Topais.	none (mowong	much in philipponial and managed fire	iddo foom of outo same	4 /	1 10paror 0 10.0	priore rarries
					* 100************************	
				•		

	Form 5500-SF 2016		Page 2					•		
6a	Were all of the plan's assets during the plan year invested in eligi	ible assets	? (See instructions.)					X Yes N		
	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	f an indepe y and cond	endent qualified public itions.)	accour	ıtant (l	QPA)		X Yes N		
С	If the plan is a defined benefit plan, is it covered under the PBGC									
Property of	rt III Financial Information		program (ooo Er dozer	5000011	10217	r		. Uno Unto determined		
7	Plan Assets and Liabilities		/a) Baginnina	. af Van				(h) F-1 -4 V		
_ <u>'</u> _a		7a	(a) Beginning	от теа 5623				(b) End of Year 511817		
<u>u</u>					770			311017		
	Net plan assets (subtract line 7b from line 7a)			5623	48			511817		
8	Income, Expenses, and Transfers for this Plan Year	1C	(-) (-)		70					
	Contributions received or receivable from:		(a) Amou	nτ				(b) Total		
	(1) Employers	8a(1)		- 177	12		80 (66 S)			
	(2) Participants	. 8a(2)		582	111					
	(3) Others (including rollovers)	. 8a(3)								
<u>b</u>	Other income (loss)	. 8b		396	93					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				****		115616		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1656	22					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	+		5	25					
g	Other expenses		·							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					166147				
ĭ	Net income (loss) (subtract line 8h from line 8c)						-50531			
i	Transfers to (from) the plan (see instructions)									
	t IV Plan Characteristics	<u> </u>						<u></u>		
100000000000000000000000000000000000000	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes ir	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Char	acteris	tic Co	des in	the instructions:		
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 contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary F	iduciary Correction	10a	х			7568		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		×				
С	•			10c	Х			350000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	х			40128		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х				
j	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	d notice or one of the	10i						

Page 3-	1	

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	comple	te Sch	nedule S	B		Yes	No.
	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 CERISA?						Yes	X No
	(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 ingranting the waiver.	Vionth_	ns, an	d enter t Day		of the I		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
<u>b</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			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	********	47744411		Yes	∐ No	· [] 1	√/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		•••••		Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughout of the PBGC?					Yes	X No)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part			-					
14a	Name of trust			14b T	rust's E	IN		
14c	Name of trustee or custodian				rustee's elephon		todian's er	
Pari	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	🛛	Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h			Prio test	r year" A	NDP
		Ш	"Curre ADP t	ent year" est		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		erage nefit tes	st 🗌	N/A
	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?		Yes			No		
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number							
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	nter the	date	of the mo	st rece	nt dete	minatio	n
	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 sepa service?		rom	Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		

Attachment to Form 5500 2016, Part V, Line 10a – Schedule of Delinquent Participant Contributions

Plan Name: <u>U.S. Millwork, Inc. 401(k) Retirement Savings Plan</u> EIN: <u>61-1198913</u> PN: <u>001</u>

	Total that Constitu			
Participant			Contributions	Total Fully
Contributions		Contributions	Pending	Corrected Under
Transferred Late	Contributions	Corrected	Correction in	VFCP and PTE
to Plan	Not Corrected	Outside of VFCP	VFCP	2002-51
\$7,568		7,568		