

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/23/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>DATA DOCUMENTS, INC. PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>007</u>
		1c	Effective date of plan <u>02/01/1988</u>
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) <u>STAPLES, INC.</u> <u>500 STAPLES DR</u> <u>FRAMINGHAM, MA 01702</u>	2b	Employer Identification Number (EIN) <u>04-2896127</u>
		2c	Plan Sponsor's telephone number <u>508-253-5000</u>
		2d	Business code (see instructions) <u>453210</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.	10/04/2017	CARLA LEONARDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 765
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 134 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 1H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	383750	0	01/01/2016	12/02/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 161706**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

5592

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

6759439

(5) Other (specify below)

7c(5)

5651

▶ FMV ADJ

(6) Total additions **7c(6)**

6770682

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d**

6932388

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

6825692

(2) Administration charge made by carrier.....

7e(2)

15232

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

91464

▶ ALLOCATED RETIRED LIFE ADJ

(5) Total deductions **7e(5)**

6932388

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	383751	0	01/01/2016	12/01/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4733**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3) 164

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5) 9427

▶ TRANSFER FROM ASSETS HELD WITH EMPOWER RETIREMENT

(6) Total additions **7c(6)** 9591**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 14324**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2) 4462

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4) 9862

▶ ALLOCATED RETIRED LIFE ADJ.

(5) Total deductions **7e(5)** 14324**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/23/2016**

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	383752	0	01/01/2016	12/01/2016

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(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2017**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3) 63

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5) 7631

▶ TRANSFER FROM ASSETS HELD WITH EMPOWER RETIREMENT

(6) Total additions **7c(6)** 7694**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 9711**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2) 4366

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4) 5345

▶ ALLOCATED RETIRED LIFE ADJ.

(5) Total deductions **7e(5)** 9711**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	150552-D2	0	01/01/2016	12/23/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DATA DOCUMENTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STAPLES, INC.</u>	D Employer Identification Number (EIN) <u>04-2896127</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>28713187</u>
b Actuarial value	2b <u>29678869</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>463</u> <u>18661683</u> <u>18661683</u>
b For terminated vested participants.....	<u>168</u> <u>6178556</u> <u>6178556</u>
c For active participants.....	<u>134</u> <u>5245252</u> <u>5245252</u>
d Total.....	<u>765</u> <u>30085491</u> <u>30085491</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.99 %</u>
6 Target normal cost.....	6 <u>45451</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>05/04/2017</u>
	Signature of actuary	Date
<u>MICHAEL S. JARNES</u>	Type or print name of actuary	<u>17-02702</u>
		Most recent enrollment number
<u>EMPOWER RETIREMENT</u>	Firm name	<u>617-603-0014</u>
<u>31 ST. JAMES AVE SUITE 710 BOSTON, MA 02116</u>	Address of the firm	Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2016
v. 160205**

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-0.34</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	98.64%
15 Adjusted funding target attainment percentage	15	98.64%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.79%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/12/2016	83777	0			
11/02/2016	10241810	0			
Totals ▶			18(b)	10325587	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9834348
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	0			
22	Weighted average retirement age	22	65			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	45451			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	406622	33591			
b	Waiver amortization installment					
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34			
			79042			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement		0			
36	Additional cash requirement (line 34 minus line 35)		36			
			79042			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37			
			9834348			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	9755306			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39			
			0			
40	Unpaid minimum required contributions for all years		40			
			0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years					
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011					
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016		
A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 64 11	RETAINED BY EMPLOYER	63328	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 19 21 64	NONE	37850	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES INC

315 DEADERICK ST.
5TH FLOOR
NASHVILLE, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	16819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	KEITH CRONIN	b EIN:	01-0233346
c Position:	ENROLLED ACTUARY		
d Address:	600 CANTON STREET WESTWOOD, MA 02090	e Telephone:	781-619-2000

Explanation: CHANGE OF ADMINISTRATIVE, ACTUARIAL AND INVESTMENT PROVIDERS.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: DB-1 SERIES ACCOUNT

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

c EIN-PN 84-0467907-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/23/2016</u>		
A Name of plan <u>DATA DOCUMENTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAPLES, INC.</u>	D Employer Identification Number (EIN) <u>04-2896127</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	84749	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	20562033	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8066404	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28713186 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28713186 0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	10325587
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10325587
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1921512
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1528786
c Other income.....	2c		-202316
d Total income. Add all income amounts in column (b) and enter total.....	2d		10515997

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10494211	
(2) To insurance carriers for the provision of benefits	2e(2)	28347244	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		38841455
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	142058	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	245670	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		387728
j Total expenses. Add all expense amounts in column (b) and enter total	2j		39229183

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-28713186
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3981608. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

A Name of plan <u>DATA DOCUMENTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAPLES, INC.</u>	D Employer Identification Number (EIN) <u>04-2896127</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u> <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>177</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Data Documents, Inc. Pension Plan
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

Data Documents, Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years Ended December 31, 2016 and 2015

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Report of Independent Auditors

The Trustees and Participants

Data Documents, Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Data Documents, Inc. Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 (in liquidation) and 2015 (going concern), and the related statements of changes in net assets available for benefits in liquidation for the year ended December 31, 2016, and for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2016 and 2015, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.



Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of Data Documents, Inc. Pension Plan approved a plan of liquidation on April 20, 2016, and management determined liquidation is imminent. As a result, Data Documents, Inc. Pension Plan has changed its basis of accounting for the year ended 2016 from the going concern basis to a liquidation basis. Our disclaimer of opinion is not modified with respect to this matter.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of reportable transactions for the year ended December 31, 2016, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this information.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 3, 2017

Data Documents, Inc. Pension Plan

Statement of Net Assets Available for Benefits in Liquidation as of December 31, 2016 and
Statement of Net Assets Available for Benefits as of December 31, 2015 (ongoing)

	December 31, 2016 (liquidation)	December 31, 2015 (ongoing)
Assets		
Investments:		
Non-interest bearing cash	\$ —	\$ 84,748
Mutual funds	—	20,562,034
General Investment Fund	—	8,066,404
Net assets available for benefits	<u>\$ —</u>	<u>\$ 28,713,186</u>

See accompanying notes.

Data Documents, Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits in Liquidation as of December 31, 2016
and Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015
(ongoing)

	Year Ended December 31, 2016 (liquidation)	Year Ended December 31, 2015 (ongoing)
Additions		
Investment income:		
Interest and dividend income	\$ 280,819	\$ 1,450,960
Net depreciation in fair value of investments	(50,859)	(1,356,702)
	229,960	94,258
Contributions:		
Employer contributions	10,493,538	659
Total additions	10,723,498	94,917
Deductions		
Benefit payments	10,495,400	2,097,032
Payments to United of Omaha for purchase of Annuity Contracts	21,487,255	—
Payments to PLIC for purchase of Annuity Contracts	7,066,302	—
Administrative expenses	387,727	256,009
Total deductions	39,436,684	2,353,041
Net decrease	(28,713,186)	(2,258,124)
Net assets available for benefits:		
Beginning of year	28,713,186	30,971,310
End of year	\$ —	\$ 28,713,186

See accompanying notes.

Data Documents, Inc. Pension Plan

Notes to Financial Statements

December 31, 2016

1. Description of the Frozen Plan

The following description of the Data Documents, Inc. Pension Plan (the “Plan”) provides only general information about the Plan's provisions. Participants and all others should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan that was created as a spin-off of a previous defined benefit pension plan in connection with the purchase of Data Documents, Inc. Effective January 1, 1998, the Data Documents, Inc. Pension Plan was amended to freeze benefit accruals in accordance with Section 204(h) of ERISA. Other pension plans that have been merged into the Plan were frozen at earlier dates (benefits under the Data Documents, Inc. Pension Plan (Denver Collective Bargaining Unit) froze as of March 31, 1993; benefits under the Data Documents, Inc. Pension Plan (Los Angeles Collective Bargaining Unit) froze as of June 30, 1994).

Under the Plan’s terms, Staples reserved the right to terminate the plan at any time, subject to the provisions of ERISA. On April 20, 2016, Staples, by authorization of the Compensation Committee Board of Directors, adopted resolution and a plan amendment to terminate the Plan effective June 30, 2016 and to offer a one-time lump-sum window opportunity to certain terminated vested plan participants whose benefit payments under the Plan had not yet commenced. During 2016, approximately \$8.6M was distributed from the plan to 184 plan participants, who elected to receive the lump-sum payment. The Pension Investment Committee, with the comprehensive industry knowledge and support of BCG Pension Risk Consultants, conducted a request for information to a select short list of Insurance companies for the bidding process. After the bidding process, the committee accepted the proposal of United of Omaha Life Insurance Company (“United of Omaha”) to issue a group annuity contract to fund all benefits accrued under the Plan. On November 7, 2016, the assets of the Plan’s trust were applied to pay the annuity contract. Approximately, \$21.5M was disbursed in connection with the execution of the annuity contract.

Concurrent to this time frame, BCG worked with Principal Life Insurance Company ("PLIC"), who held assets in 3 contracts (3)83750, (3)83751, (3)83752 under an Annuity Contract to settle any final payments required from the trust to have Principal take full ownership and responsibility of the annuities under the contracts.

Staples filed with the Internal Revenue Service (“IRS”) of Form 5310 Application for Determination for Termination Plan with respect to the Plan and provided for the distribution of the beneficial interest in the Plan of each Plan participant (other than those who timely elect a lump-sum distribution or receive a mandatory cash-out). The Plan can be distributed in the form of an annuity contract as soon as administratively feasible after The Plan satisfied the requirements for a standard termination under Pension Benefit Guaranty Corporation (“PBGC”) regulation and received a favorable determination that termination of the Plan does not adversely affect its tax-qualified status. The plan met the requirements for a standard termination under the PBGC regulations and received a favorable determination letter on February 23, 2017, indicating that termination of the Plan does not adversely affect its tax-qualified status.

Data Documents, Inc. Pension Plan

Notes to Financial Statements

Staples, Inc. ("Staples" or "Plan Management") acquired Corporate Express Document and Print Management, Inc. (the "Plan Sponsor") on July 2, 2008. New York Life Trust Company ("New York Life") served as the trustee to the Plan for part of 2016 and 2015. On March 1, 2016, Staples transferred all assets to Great-West Life & Annuity Insurance Company ("Great-West Life" and the "Trustee").

An employee benefits committee has been appointed by the Plan Sponsor to serve as the administrator to control and manage the operation and administration of the Plan.

Eligibility

Employees became eligible to participate in the Plan after reaching age 21 and completing 1,000 hours of service in a consecutive twelve month period, beginning with the employee's date of hire and thereafter in each plan year. However, due to the Plan being frozen, no new participants were allowed to participate after the effective dates that the three plans were frozen, as stated above.

Company Contributions

All contributions to the Plan are made by the Plan Sponsor in periodic amounts that meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code ("IRC" or the "Code"). The Plan has met the minimum funding standards of ERISA.

Pension Benefits

Participants with five or more years of service are fully vested and are entitled to annual pension benefits beginning at normal retirement age of 65. The Plan permits early retirement at ages 55-64 after completion of five years of eligible service. Early retirement benefits are reduced in accordance with the terms of the Plan Document. If a participant terminates before rendering five years of service, all benefits are forfeited.

Death Benefits

If the participant has completed five or more years of service, death benefits are available to the participant's surviving spouse. Such benefits are based upon the retirement benefit that would have been payable to the participant if the retirement date had occurred on the date of death.

Plan Termination

Under the Plan's terms, the Plan Sponsor reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. On April 25, 2016, the Plan Sponsor, by action of the committee, adopted resolutions and a plan amendment to terminate the Plan. Effective June 30, 2016 the plan was terminated and by the end of 2016, all of the assets were distributed, satisfying all plan liabilities.

Notes to Financial Statements

Administrative and Investment Expenses

Expenses incurred in the administration of the Plan may be paid by the Plan Sponsor or from the assets of the Plan. During 2016 and 2015, expenses, which consist primarily of trustee fees and PBGC fees, as allowed under the Department of Labor's guidelines, were paid from the Plan's assets.

2. Summary of Significant Accounting Policies

Basis of Accounting

As a result of the Plan termination, the Plan changed its basis of accounting from the accrual basis of accounting used in presenting the financial statements for the Plan year ended December 31, 2015 to the liquidation basis of accounting used in presenting the financial statements for the Plan year ended December 31, 2016. Under the liquidation basis of accounting, assets are stated at their estimated net realizable values and liabilities are stated at their settlement amount.

Valuations of Investments and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

Shares of registered investment companies are valued based on quoted market prices, which represent the net asset values of the shares held by the Plan at year end.

A portion of plan assets are invested in an immediate participation guarantee ("IPG") group annuity contract. The group annuity contract is invested in the General Investment Fund. The General Investment Fund pays interest at a current rate as determined by the insurance company. The IPG contract obligates PLIC to pay lifetime benefits to certain retirees and is comprised of two types of accounts, the allocated and the unallocated, both of which are invested in the General Investment Fund. The allocated account represents money needed to cover current benefit liabilities and the unallocated account represents money needed to cover adjustments due to mortality charges and plan expenses. Both accounts earn interest. The fair value of the contract is estimated based on a market value formula under the surrender provisions of the contract considering interest rates and benefit-eligible events, and discounting according to risk-adjusted market rates.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation/appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefit payments to the participants are recorded upon distribution.

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles of the United States requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, the actuarial present value of accumulated plan benefits and supplemental schedule. Actual results could differ from these estimates.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of deceased employees, and (3) present employees. Benefits payable under all circumstances: retirement, death, disability and termination of employment are included to the extent they are deemed attributable to employee services rendered as of the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant assumptions used to determine the actuarial present values of accumulated plan benefits as of December 31, 2015 include (1) rates of retirements, disability and termination based on experience studies of participating subsidiary employees, (2) rates of mortality based on IRS 2015 Static Mortality Table and RP-2014 Mortality Table with Generational Projection and (3) a discount rate of 6.00% for the year ended December 31, 2015.

Subsequent Events

Management evaluated subsequent events for the Plan through October 3, 2017, the date the financial statements were available to be issued.

3. Investments

Certain information related to investments for the Plan disclosed in the accompany financial statements and supplemental schedule including investments held at December 31, 2015 and 2016, and net (depreciation) appreciation in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by New York Life Trust Company and Great-West Life, the trustees of the Plan, and PLIC, custodian of the general investment funds.

Notes to Financial Statements

The following table presents the investments at fair value at December 31, 2015:

	December 31, 2015
Non-interest bearing cash	\$ 84,748
Dodge & Cox Income Fund	1,540,024
PIMCO High Yield Fund	2,452,013
Voya Global Real Estate I	950,544
Vanguard 500 Index Fund	1,972,380
Goldman Sachs Small Cap Value Fund	2,222,335
Mainstay ICAP Select Equity I	3,251,421
Neuberger Berman Mid Cap Gr I	1,231,402
Pru Jennison Growth Fund Z	1,651,852
Vanguard L-T Bond Index Inv	3,031,364
Virtus Foreign Opps I	2,258,699
General Investment Fund	8,066,404
	<u>\$ 28,713,186</u>

4. Fair Value Measurements

Fair value is defined under ASC 820 as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- quoted prices for similar assets and liabilities in active markets
- quoted prices for identical or similar assets or liabilities in markets that are not active
- observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Notes to Financial Statements

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The following tables set forth the estimated fair values of assets measured and recorded at fair value on a recurring basis at December 31, 2015:

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds ⁽¹⁾	\$ 20,562,034	\$ —	\$ —	\$ 20,562,034
General Investment Fund ⁽²⁾	—	—	8,066,404	8,066,404
Non-interest bearing cash	84,748	—	—	84,748
Total investments at fair value	\$ 20,646,782	\$ —	\$ 8,066,404	\$ 28,713,186

- (1) This category represents the Plan's investment in mutual funds with varying degrees of risk. The mutual funds include investments in equity securities of large, small and medium sized companies in the U.S. and in foreign companies, including those in developing countries. The funds are valued based on quoted market prices.
- (2) This category represents the Plan's investment in a group annuity contract. This fund generates interest as determined by the insurance company. The General Investment Fund is comprised of two funds, one to cover current benefits and one to cover adjustments due to mortality charges and plan expenses. The fair value of the contract is estimated based on a market value formula under the surrender provisions of the contract considering interest rates and benefit-eligible events, and discounting according to risk-adjusted market rates.

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and December 31, 2016:

	General Investment Fund
Balance at December 31, 2014	\$ 8,749,103
Total interest and dividends credited	517,964
Unrealized loss	(317,228)
Settlements	(883,435)
Balance at December 31, 2015	\$ 8,066,404
Total interest and dividends credited	247,935
Unrealized loss	(427,541)
Settlements	(7,886,798)
Balance at December 31, 2016	\$ —

5. Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Data Documents, Inc. Pension Plan

Notes to Financial Statements

The actuarial present value of the accumulated plan benefit information as of December 31, 2015 is as follows:

	December 31 2015
Vested benefits:	
Participants currently receiving payments	\$ 19,668,733
Other participants	12,261,028
Total actuarial present value of accumulated plan benefits	<u>\$ 31,929,761</u>

The major changes in the Plans' accumulated plan benefits for year ended December 31, 2016 and December 31, 2015 are as follows:

	Year Ended December 31, 2016	Year Ended December 31, 2015
Actuarial present value of accumulated plan benefits as of the beginning of the year	\$ 31,929,761	\$ 32,221,558
Increase (decrease) during the year attributed to:		
Increase for interest due to decrease in discount period at rate in effect at beginning of the year	—	1,933,293
Benefits paid	(10,495,400)	(1,901,866)
Actuarial assumption changes ⁽¹⁾ ⁽²⁾	(21,434,361)	(195,505)
Additional benefits earned, including experience gains and losses	—	(127,719)
Net (decrease) increase	<u>(31,929,761)</u>	<u>(291,797)</u>
Actuarial present value of accumulated plan benefits as of the end of the year	<u>\$ —</u>	<u>\$ 31,929,761</u>

(1) The actuarial assumption changes increased due to a change in the mortality table. See table below for assumptions used in 2015.

(2) See Note 1 for further discussion of Plan Termination, lump sum payment and annuity contract purchase.

Notes to Financial Statements

The significant actuarial assumptions underlying the actuarial valuations in the year ended December 31, 2015 are as follows:

	2015
Discount rate used to determine the actuarial present value	6.00%
Mortality	RP-2014 Mortality Table with General Projection (Scale MP-2014)
Withdrawal	Based on Scale T-11 of the Actuary's Pension Handbook
Normal Retirement	Age 65

The foregoing actuarial assumptions are based on the presumption the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

6. Reconciliations of Financial Statements to Form 5500

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the amount per Form 5500 for the years ended December 31, 2016 and December 31, 2015:

	December 31, 2016	December 31, 2015
Net increase per financial statements	\$ (28,713,186)	\$ (2,258,124)
Less: Transfers and other adjustments	—	11,701
Net increase per Form 5500	<u>\$ (28,713,186)</u>	<u>\$ (2,246,423)</u>

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Notes to Financial Statements

8. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (“IRS”), dated January 9, 2014, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

9. Exempt Party-In-Interest Transactions

Plan investments are shares of mutual funds and equity and debt securities managed by PLIC and M&I prior to November 1, 2011 and PLIC, New York Life and Great-West Life after November 1, 2011, who are the trustees and custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest, however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan for the investment management services amounted to \$387,727 and \$256,009 for the years ended December 31, 2016 and 2015 respectively.

Supplemental Schedule

Data Documents, Inc. Pension Plan

EIN 04-2896127 Plan # 007

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2016 (liquidation)

Identity of Party Involved	Description of Asset	Selling Price	Cost of Asset	Net Gain or (loss)
<u>Category (i) - Single transactions in excess of 5% of Plan net assets</u>				
NYL	Dodge & Cox Income Fund	1,545,148	1,586,231	(41,083)
NYL	Goldman Sachs Small Cap Value Fund	1,958,151	2,143,105	(184,954)
NYL	Mainstay ICAP Select Equity I	2,748,402	3,556,092	(807,690)
NYL	PIMCO High Yield Fund	2,411,962	2,789,874	(377,912)
NYL	Vanguard LT Bond Index Inv	3,216,060	3,268,817	(52,757)
NYL	Vanguard 500 Index Fund	1,735,652	1,812,171	(76,519)
NYL	Virtus Foreign Opps I	2,054,540	2,176,038	(121,498)
<u>Category (iii) - Series of transactions in excess of 5% of Plan net assets</u>				
NYL	Dodge & Cox Income Fund	1,551,737	1,592,959	(41,222)
NYL	Goldman Sachs Small Cap Value Fund	1,964,367	2,152,881	(188,514)
NYL	Mainstay ICAP Select Equity I	2,845,473	3,668,156	(822,683)
NYL	PIMCO High Yield Fund	2,422,495	2,801,776	(379,281)
NYL	Vanguard LT Bond Index Inv	3,229,220	3,282,425	(53,205)
NYL	Vanguard 500 Index Fund	1,809,249	1,883,973	(74,724)
NYL	Virtus Foreign Opps I	2,089,364	2,211,100	(121,736)
GWL	American Funds Europacific Growth R6	2,520,329	2,285,205	235,124
GWL	Voya Global Real Estate I	841,893	755,401	86,492
GWL	Goldman Sachs Small Cap Value Fund	2,652,584	2,285,205	367,379
GWL	Great-West T. Rowe Price mid Cap Growth	751,644	670,477	81,167
GWL	Victory Sycamore Established Value I	877,022	774,402	102,620
GWL	MFS Value I	2,545,140	2,285,205	259,935
GWL	S&P 500 Index	2,315,960	2,096,355	219,605
GWL	T. Rowe Price Blue Chip Growth	2,521,725	2,285,205	236,520
GWL	Great-West Loomis Sayles Bond	2,711,833	2,474,056	237,777
GWL	Metropolitan West Total Return Bond I	1,751,142	1,718,654	32,488
GWL	PIMCO L-T US Government Inst.	3,383,607	3,333,383	50,224
GWL	Deutsche Governmental Cash Reserves Inst.	24,841,158	24,829,192	11,966

There were no category (ii) or (iv) reportable transactions during 2016.

Data Documents, Inc. Pension Plan
 EIN: 04-2896127 Plan No: 007
 2016 Form 5500
 Schedule SB Line 26-Schedule of Active Participant Data

Schedule of Active Participant Data

Years of credited service:												
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total	
Attained												
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Under 25		0	0	0	0	0	0	0	0	0	0	0
25 to 29		0	0	0	0	0	0	0	0	0	0	0
30 to 34		0	0	0	0	0	0	0	0	0	0	0
35 to 39		0	0	0	0	0	0	0	0	0	0	0
40 to 44		0	0	0	0	1	0	0	0	0	0	1
45 to 49		0	0	0	0	0	7	4	0	0	0	11
50 to 54		0	0	0	0	0	7	8	16	4	0	35
55 to 59		0	0	0	0	3	10	6	10	15	1	45
60 to 64		0	0	0	0	1	5	6	8	11	5	36
65 to 69		0	0	0	0	0	1	1	1	1	0	4
70 & up		0	0	0	0	0	1	0	0	0	1	2
Total		0	0	0	0	5	31	25	35	31	7	134

Actuarial Cost Method

An Actuarial Cost Method is an allocation of the expected cost of a pension plan on a year-by-year basis. The primary objective of an Actuarial Cost Method is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits. The amount of assets that must be accumulated is the same under all Actuarial Cost Methods. It is the rate at which the assets are accumulated that distinguishes one Actuarial Cost Method from another.

Under all Actuarial Cost methods, the Actuarial Present Value of future contributions equals the Actuarial Present Value of future benefits and expenses minus the Actuarial Value of the Assets. The Actuarial Cost Method may divide the Actuarial Present Value of future contributions into two amounts:

1. The Actuarial Present Value of Future Normal Costs, to be funded by Normal Cost payments
2. The Unfunded Actuarial Accrued Liability, to be funded by amortization payments

In some cases Ancillary Benefits are funded through One-Year Term Costs. These One-Year Term Costs are included in the Normal Cost.

Each Actuarial Cost Method involves a way to reflect differences between the plan's expected past experience (based on the Actuarial Assumptions used) and the plan's actual experience as measured in the valuation process. This difference is the plan's Experience Gain or Loss. Some Actuarial Cost Methods fund the Experience Gain or Loss through amortization payments, and others include the Experience Gains or Losses in the Actuarial Present Value of Future Normal Costs, funding the Experience Gains or Losses through the Normal Cost.

The Plan Sponsor or Plan Administrator is responsible for the selection of the Actuarial Cost Method, which must meet the requirements of the IRS regulations concerning Reasonable Funding Methods. Once established, the Actuarial Cost Method cannot be changed without the approval of the IRS.

The Unit Credit Actuarial Cost Method

The Actuarial Cost Method used in completing this Actuarial Valuation is known as the *Unit Credit Actuarial Cost Method*. Under this method, the accrued benefit is determined as the benefit earned up to the beginning of the current plan year. The Funding Target is equal to the Actuarial Present Value of all accrued benefits (measured as of the Valuation Date). The Target Normal Cost is the Actuarial Present Value, as of the Valuation Date, of the expected increase in accrued benefits attributable to service expected to be completed during the Plan Year and/or changes in average compensation between the beginning of the plan year and the end of the plan year.

As further required by PPA, the Target Normal Cost includes the expenses expected to be paid from plan assets during the current plan year and, if applicable, is net of any mandatory employee contributions expected to be made during the current plan year.

Actuarial Assumptions

Central to the valuation of a pension plan is a determination of the Actuarial Present Value of the accrued or projected benefits under the plan. In order to make this determination, it is necessary to make assumptions concerning the incidence and magnitude of various future events can have an impact on the actual cost of the pension plan.

Summary of Actuarial Assumptions for 2016 Plan Year

Mandated Discount Rates: 0-5 years: 4.43% per year, compounded annually
5-20 years: 5.91% per year, compounded annually
20+ years: 6.65% per year, compounded annually

Effective Rate of Interest: 5.99% per year, compounded annually

Assumed Retirement Date: Age 65 or Valuation Date if later

Participant Mortality and Terminations:

- a. **Mandated Mortality:** In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the Internal Revenue Service for purposes of determining the Funding Target during the 2016 plan year.
- b. **Terminations:** Sarason T-11 less 1951 GAM,
- c. **Illustrative Values:**

Pre-retirement Deaths/Terminations Per 1000 Participants at Given Age

<u>Age</u>	<u>Deaths</u>		<u>Terminations</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
25	0.28	0.13	24.92	24.92
40	0.84	0.44	17.69	17.69
55	1.67	1.97	4.96	4.96

Expenses: Target Normal Cost is increased by expected expenses (assumed to be equal to actual expenses paid by plan during the prior plan year other than PBGC premiums plus the current plan year's PBGC premiums expected to be paid during the plan year)

Pre-retirement Death Benefit: 80% assumed married, with 3 year age difference

Asset Valuation Method: Averaged Asset Values are developed by determining adjusted Market Values as of the Valuation Date, the prior Valuation Date, and the second prior Valuation Date and then averaging those values, in accordance with IRS Notice 2009-22. In determining the adjusted Market Values, the assumed rate of return on investments is 6.00% (so the expected return for any given year is based on the lesser of that rate or the prior plan year's third funding segment rate).

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transaction in Excess of 5% of the Fair Value of Plan Assets								
NYL	Dodge & Cox Income Fund		\$1,545,148			\$1,586,231		-41,083
NYL	Goldman Sachs Sm Cap Val Inst		\$1,958,151			\$2,143,105		-184,954
NYL	MianStay ICAP Select Equity I		\$2,748,402			\$3,556,092		-\$807,690
NYL	PIMCO High Yield Fund		\$2,411,962			\$2,789,874		-\$377,912
NYL	Vanguard L-T Bond Index Inv		\$3,216,060			\$3,268,817		-\$52,757
NYL	Vanguard 500 Index FD Admiral		\$1,735,652			\$1,812,171		-\$76,519
NYL	Virtus Foreign Opps I		\$2,054,540			\$2,176,038		-\$121,498
Series of Transactions in Excess of 5% of the Fair Value of Plan Assets								
NYL	Dodge & Cox Income Fund		\$1,551,737			\$1,592,959		-\$41,222
NYL	Goldman Sachs Sm Cap Val Inst		\$1,551,737			\$1,592,959		-\$41,222
NYL	MianStay ICAP Select Equity I		\$2,845,473			\$3,668,156		-\$822,683
NYL	PIMCO High Yield Fund		\$2,422,495			\$2,801,776		-\$379,281
NYL	Vanguard L-T Bond Index Inv		\$3,229,220			\$3,282,425		-\$53,205
NYL	Vanguard 500 Index FD Admiral		\$1,809,249			\$1,883,973		-\$74,724
NYL	Virtus Foreign Opps I		\$2,089,365			\$2,211,101		-\$121,736

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Funding - Data Documents Inc. Pension Plan
01-JAN-16 to 31-DEC-16

07-JAN-17 10:08:43

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IDRAEP2	2,285,205.27	224,237.438659	14	(2,520,329.06)	(224,237.438659)	28	(2,285,205.26)	SERIES
IDHVG2	755,401.45	74,788.696628	3	(841,893.57)	(74,788.696628)	5	(755,401.45)	SERIES
IDHGS2	2,285,205.27	221,159.857058	14	(2,652,584.26)	(221,159.857058)	28	(2,285,205.24)	SERIES
IDHGT2	670,476.72	63,016.140479	14	(751,643.87)	(63,016.140479)	28	(670,476.75)	SERIES
IDHVF2	774,402.35	73,060.944002	14	(877,022.44)	(73,060.944002)	28	(774,402.36)	SERIES
IDHML2	2,285,205.27	222,151.585639	14	(2,545,139.97)	(222,151.585639)	28	(2,285,205.26)	SERIES
IDHSP2	2,096,354.91	202,547.634800	14	(2,315,960.34)	(202,547.634800)	28	(2,096,354.92)	SERIES
IDHTR2	2,285,205.27	216,328.742059	14	(2,521,725.20)	(216,328.742059)	28	(2,285,205.27)	SERIES
IDHGL2	2,474,055.63	245,500.188782	14	(2,711,832.62)	(245,500.188782)	28	(2,474,055.64)	SERIES
IDHMT2	1,718,654.19	171,785.227804	14	(1,751,142.21)	(171,785.227804)	28	(1,718,654.20)	SERIES
IDHPL2	3,333,382.72	335,706.861672	14	(3,383,607.06)	(335,706.861672)	28	(3,333,382.71)	SERIES
IDHDC2	24,829,192.71	2,482,249.698377	35	(24,841,154.79)	(2,482,249.698377)	24	(24,829,192.71)	SERIES

LEGEND

INVESTMENT OPTION:

IDHAEIP2 American Funds Europacific Growth R6
 IDHGS2 Goldman Sachs Small Cap Value Instl
 IDHVEV2 Victory Sycamore Established Value I
 IDHSP52 S&P 500 Index
 IDHGLH2 Great-West Loomis Sayles Bond Instl
 IDHPLG2 FIMCO Long-Term US Government Instl

IDHVG2
 IDHGT2
 IDHML2
 IDHTR2
 IDHDC2

Voya Global Real Estate I
 Great-West T. Rowe Price Mid Cap Gr Instl
 AIES Value I
 T. Rowe Price Blue Chip Growth
 Metropolitan West Total Return Bond I
 Deutsche Government Cash Reserves Instl

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/23/2016

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DATA DOCUMENTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STAPLES, INC.	D Employer Identification Number (EIN) 04-2896127	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	28,713,187	
b Actuarial value.....	2b	29,678,869	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	463	18,661,683	18,661,683
b For terminated vested participants	168	6,178,556	6,178,556
c For active participants	134	5,245,252	5,245,252
d Total	765	30,085,491	30,085,491
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.99%	
6 Target normal cost	6	45,451	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>5/4/17</u> Date 1702702 Most recent enrollment number 617-603-0014 Telephone number (including area code)
Michael S. Jarnes Type or print name of actuary		
Empower Retirement Firm name		
31 St. James Ave Suite 710 Boston MA 02116 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>-0.34%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	98.64%
15	Adjusted funding target attainment percentage	15	98.64%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.79%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/12/2016	83,777	0			
11/02/2016	10,241,810	0			
			Totals ►	18(b)	10,325,587
					18(c)
					0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
--	-----	---

b Contributions made to avoid restrictions adjusted to valuation date	19b	0
--	------------	---

C Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	9,834,348
---	-----	-----------

20	Quarterly contributions and liquidity shortfalls:		
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a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year	
(4) 4th	

Liquidity Shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	45,451
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		406,622	33,591
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	79,042
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	79,042
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	9,834,348
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	9,755,306
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Data Documents, Inc. Pension Plan

EIN: 04-2896127 Plan No: 007

Form 5500 (2016) Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age is 65, based on expected retirement at the plan's Normal Retirement Age. Weighted Average Retirement Age is theoretical, based on the assumption that all participants would have entered the plan more than 5 years before Normal Retirement Age. The anticipated retirement ages of actual participants, whether now over Normal Retirement Age or whose Normal Retirement Ages reflect the minimum period after plan entry, are not taken into account in establishing the Weighted Average Retirement Age.

Data Documents, Inc. Pension Plan
EIN: 04-2896127 Plan No: 007
Form 5500 (2016) Schedule SB Part V – Summary of Plan Provisions

Summary of Plan Provisions

Effective Date

February 1, 1988

Plan Year

Each calendar year

Plan Sponsor

Staples, Inc.

Covered Employee

Any employee of the Plan Sponsor, provided that no leased employee shall become a Covered Employee or accrue a benefit based on service as a leased employee

Entry Date

The first day of the Plan Year

Years of Service

The number of Plan Years in which the participant completes 1,000 Hours of Service

Eligibility Requirements

Each Covered Employee shall be eligible to become a participant on the Entry Date following the completion of 1,000 hours of service, provided that no Covered Employee shall be eligible to become a participant after December 31, 1997

Annual Earnings

The total annual earnings plus contributions pursuant to a salary reduction agreement under the Internal Revenue Code which are not includible in the participant's gross income, not to exceed the limitation under Section 401(a)(17) of the Internal Revenue Code, provided that Annual Earnings in any earnings computation period beginning on or after May 1, 2007 shall be limited to \$150,000.

Average Annual Earnings

The average of the participant's Annual Earnings during the period of 5 consecutive Years of Service in which his total Annual Earnings was greater than his total Annual Earnings during any other period of equal duration in the 10 years before the date of determination. If the participant has not completed a period of 5 consecutive Years of Service as of the date of determination, Average Annual Earnings shall be determined as the average of the participant's Annual Earnings during the participant's actual number of months of Years of Service.

Data Documents, Inc. Pension Plan
EIN: 04-2896127 Plan No: 007
Form 5500 (2016) Schedule SB Part V – Summary of Plan Provisions

Summary of Plan Provisions (Continued)

Normal Retirement Provision

- Normal Retirement Date: The first day of the calendar month coincident with or immediately following the later of the participant's 65th birthday or the 5th anniversary of Plan entry
- Normal Annuity Form: A monthly life annuity with the first payment due on the participant's retirement date and with the last payment due on the first day of the calendar month in which his death occurs.
- Optional Payment Forms: Contingent Annuitant (with a continuation percentage of 50, 66 2/3, 75 or 100%), life annuity with a 5, 10 or 15-year guarantee period
- Benefit: A monthly benefit, payable on Normal Retirement Date on the Normal Annuity Form, equal to the greater of a or b:
- a. $1/12^{\text{th}}$ of 0.8% of the Average Annual Earnings up to Covered Compensation plus 1.2% of Average Annual Earnings in excess of Covered Compensation multiplied by Years of Benefit Service up to a maximum of 35 such years
 - b. The Accrued Benefit under the Plan based on the plan provisions in effect as of December 31, 1988
- No participant's Accrued Benefit shall increase after:
- March 31, 1993 for the Denver Plan
 - June 30, 1994 for the LA Plan
 - January 1, 1998 for the Main Plan

Accrued Benefit

A monthly benefit, payable on the Normal Annuity Form commencing on Normal Retirement Date, determined in accordance with the Normal Retirement Provision as though date of Accrued Benefit determination were Normal Retirement Date. No participant's Accrued Benefit shall increase after December 31, 1997.

Early Retirement Provision

- Eligibility: Attainment of age 55 and completion of 5 Years of Service.
- Benefit: The participant's Accrued Benefit reduced by 1/15 for each of the first 5 years before Normal retirement Date and by 1/30 for each of the next five years.

Data Documents, Inc. Pension Plan
EIN: 04-2896127 Plan No: 007
Form 5500 (2016) Schedule SB Part V – Summary of Plan Provisions

Summary of Plan Provisions (Continued)

Late Retirement Provision

Eligibility: Continued employment after Normal Retirement Date.

Benefit: Greater of the Accrued Benefit on Normal Retirement Date actuarially increased to Late Retirement Date or the Accrued Benefit on the Late Retirement Date.

Disability Provision

Eligibility: Total and permanent disability while in active employment

Benefit: Normal Retirement Benefit commencing at Normal Retirement based on Average Annual Earnings and Years of Service as of the date of disability and continuing to earlier of Normal Retirement Date or date of freeze.

Pre-Retirement Death Benefit Provision

If a married participant with a vested benefit dies before benefits commence, a monthly life annuity will be provided to the surviving spouse commencing on the later of the earliest date the participant could have retired or the date of death, based on the 50% Contingent Annuitant Option as if the participant had separated from service on the date of death, survived to the later of the date of death or the earliest retirement age, retired with a 50% Contingent Annuitant Option at that age, and died on the day after the later of the date of death or the date of attaining the earliest retirement age.

Termination of Employment Provision

Eligibility: Completion of 5 Years of Service.

Benefit: The Accrued Benefit payable commencing on Normal Retirement Date.

Data Documents, Inc. Pension Plan
Attachment to 2016 Form 5500
Employer ID: 04-2896127, Plan No.: 007
Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	*Amortization Installment
Shortfall Base	406,622	1/1/2016	7	67,182
Total:	406,622			67,182

*The shortfall amortization charge for the 6 month plan year is 33,591 (6/12ths of the annual ammount).

2016 Schedule SB Line 25-Change in Method

Data Documents, Inc. Pension Plan

EIN: 04-2896127 Plan No: 007

There was a change in Method due to changes in the enrolled actuary and the business organization providing actuarial services to the plan. The changes in method met the requirement for automatic approval under Internal Revenue Announcement 2010-3.

Also, as a result of the termination of the plan effective as of June 30, 2016, the plan year for funding purposes for this Schedule SB was six months long notwithstanding the end of plan year date of December 31, 2016 as shown on the Schedule SB. The estimated expenses added to the Target Normal Cost were based on the expenses expected to be paid during those six months, and the amortization charges were prorated, also based on a plan year six months long.