Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>						
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016			
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan	a foreign plan	, ,		,		
B This ret	urn/report is	the first return/report	the final return/repo	rt				
		an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extensio	n	DFVC program	ı		
		special extension (enter desc	ription)					
Part II	Basic Plan Inf	formation—enter all requested in	formation					
1a Name KENTUCKY		AATION 401K PROFIT SHARING PI	LAN		1b Three-digit plan numbe (PN) ▶	r 001		
					1c Effective da	te of plan 6/01/1992		
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			. ,	entification Number		
•	r town, state or proving REBUILD CORPOR	nce, country, and ZIP or foreign pos ATION	tal code (if foreign, see in	nstructions)	2c Sponsor's to	elephone number -283-8300		
					2d Business co	de (see instructions)		
	BBEN DRIVE ENCE, KY 41051				3	33510		
II VOLI LIVOL	1102,111 11001							
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administrator's EIN			
		<u> </u>						
					3c Administrator's telephone number			
		he plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN			
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN			
		ts at the beginning of the plan year.			<u> </u>			
_		ts at the end of the plan year			5b	52 51		
C Numb	per of participants wit	h account balances as of the end of	the plan year (only defin	ned contribution plans	5c	51		
		participants at the beginning of the p			5d(1)	35		
		participants at the end of the plan ye			5d(2)	33		
e Numl	ber of participants tha	at terminated employment during the	e plan year with accrued	benefits that were less	5e	1		
		e or incomplete filing of this retur				l.		
Under pen	alties of perjury and	other penalties set forth in the instru	ctions, I declare that I ha	ive examined this return/rep	port, including, if a	pplicable, a Schedule		
	edule MB completed true, correct, and cor	and signed by an enrolled actuary, mplete.	as well as the electronic	version of this return/report	t, and to the best o	f my knowledge and		
SIGN	Filed with authorize	d/valid electronic signature.	09/19/2017	DEBRA K STACHEL				
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan	administrator		
SIGN								
HERE	HERE Signature of employer/plan sponsor Date Enter name of individe				ual signing as emp	loyer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number)					Preparer's teleph	one number		
				İ				

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) • Has the plan failed to provide any benefit when due under the plan? • 10c × 10d × 10d × 10d		Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	s No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s 🗌 No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Teach Assets and Liabilities (a) Beginning of Year (b) End of Year (b) End of Year (a) Teach Assets and Liabilities (b) End of Year (a) Significant (b) End of Year (a) Amount (b) Total plan liabilities (b) End of Year (a) Amount (b) Total (b) Total plan liabilities (c) End of Year (a) Amount (b) Total (b) Total plan sasets (subtract line 7b from line 7a) (c) End of Year (a) Amount (b) Total (b) Total (c) End of Year (a) End of Year (a) End of Year (a) End of Year (b) End of Year (a) End of Year (b) End of Year (b) End of Year (c) E	_						_	-	_	□ Not dot	torminad
7 Plan Assets and Liabilities		<u></u>	isurance p	ologiam (see ERISA se	ection 4	021) !		165	Пио	Not det	lemmed
a Total plan isolitities. 7a 3096822 3339844 b Total plan isolitities. 7b 0 0 0 c Net plan assets (subtract line 7b from line 7a). 7c 3096822 3339844 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 59220 (2) Participants. 8a(2) 120445 (3) Other (including rollovers). 8a(3) 0 b Other income (loss). 8a(3) 0 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 163073 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 342738 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 56240 d Penefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 56240 f Administrative service providers (salaries, fees, commissions). 8f 3536 g Other expenses. 8g 0 f Total expenses (add lines 8d, 8d, 8d, and 8g). 8h 69776 i Net income (loss) (subtract line 8h from line 8c). 8i 282962 j Transfers to (from) the plan (see instructions). 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 27 2 3 2 2 2 2 2 2 3 3 3 d Did the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	_ <u>Pa</u>			(a) Baninninn	of Voor	. 1			(la.). E sa al	-f V	
D Total plan lisbilities	<u>'</u>		72					((b) Ena		4
C. Net plan assets (subtract line 7b from line 7a)											
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 50220 (2) Participants. 8a(2) 120445 (3) Others (including rollovers). 8a(3) 0 150773 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 2 Fortal income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 3 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 4 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 6 Certain deemed and/or corrective distributions (see instructions). 8d 6 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 6 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 7 Source (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d				3	056522					333948	4
a Contributions received or receivable from: (1) Employers			1,0	(a) Amour	nf .				(b) T	ntal	
(1) Employers 8a(1) 59220 (2) Participants 8a(2) 120445 (3) Others (including rollovers) 8a(3) 0 (5) Others (including rollovers) 8a(3) 0 (6) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 163073 (7) Other income (loss) 8b 163073 (8) Experimental special (including direct rollovers and insurance premiums to provide benefits) 8c 342738 (8) Experimental special (including direct rollovers and insurance premiums to provide benefits) 8c 9 0 (9) Experimental special (including direct rollovers and insurance premiums to provide benefits) 8c 9 0 (9) Experimental special				(a) Amour					(6) 1	Jtai	
(a) Others (including rollovers)			8a(1)								
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)		120445						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		163073						
e Certain deemed and/or corrective distributions (see instructions). 8	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34273	8
f Administrative service providers (salaries, fees, commissions)	d		8d		56240	0					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		3536						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transferse to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g) 8h							5977	' 6
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							28296	2
9a	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	rt IV Plan Characteristics									
Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	:
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		,				Х					500000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
2520.101-3.)	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X					155500
	h	·	•		10h		X				
	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the							

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	EIN(s) 13c(3)		
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

Part I Annual Report	Identification Information	<u> </u>						
For calendar plan year 2016 or f		01/01/2016	and ending	12/31/	2016			
A This solven/senset is four	🛛 a single-employer plan	a multiple-employer pla						
A This return/report is for:	a one-participant plan	list of participating employer information in accordance with the form instruction a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	n			
	special extension (enter desc							
	ormation—enter all requested in	nformation						
1a Name of plan KENTUCKY REBUILD COP	PORATION			1b Three-digit plan number	1			
401K PROFIT SHARING	PLAN			(PN) ▶	001			
				1c Effective da 06/01/				
Mailing address (include roo	oyer, if for a single-employer plan) orn, apt., suite no. and street, or P.				dentification Number -1169573			
City of town, state of provin KENTUCKY REBUILD COF	ce, country, and ZIP or foreign pos RPORATION	ital code (il foreign, see insti	ructions)		telephone number 283-8300			
					ode (see instructions)			
10065 TOEBBEN DRIVE				333510	,			
INDEPENDENCE		KY	41051					
3a Plan administrator's name a	ind address 🛭 Same as Plan Spo	onsor.		3b Administrat	tor's EJN			
				2				
				3C Administrat	tor's telephone number			
A test to write to								
name, EIN, and the plan no	ne plan sponsor has changed since amber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name		· · · · · · · · · · · · · · · · · · ·		4c PN				
5a Total number of participant	s at the beginning of the plan year	*******************************						
b Total number of participant	s at the end of the plan year		***************************************	5b	51			
	account balances as of the end o			5¢	51			
d(1) Total number of active p	articipants at the beginning of the p	olan year	*****************************	5d(1)	35			
d(2) Total number of active p	articipants at the end of the plan y	ear	*******************************	5d(2)	33			
than 100% vested	t terminated employment during th	*****************************	***!*!*!****	5e	1			
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is establishe	ed.			
SB or Schedule MB completed a bellef, it is true, correct, and con	other penalties set forth in the instruction and signed by an enrolled actuary, andete.	uctions, I declare that I have as well as the electronic ve	examined this return/re rsion of this return/repor	port, including, if the best	applicable, a Schedule of my knowledge and			
SIGN DAMA	1. Shorts	9/19/17	DEBRA K. STAC	HEL				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIGN								
	oyer/plan sponsor	Date		ual signing as em	ployer or plan sponsor			
Preparer's name (including firm	name, if applicable) and address (include room or suite numbe	er)	Preparer's telep	hone number			
				-				
				- September - Sept				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							□ No	
Pa	rt III Financial Information								· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	of Year	
а	Total plan assets	.7a	3,056,5	522				3,33	39,484
b	Total plan liabilities	7b		Ó					C
·c	Net plan assets (subtract line 7b from line 7a)	7c	3,056,5	522				3,33	39,484
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) To	otal	
a	Contributions received or receivable from: (1) Employers	· 8a(1)	59,2	220			era Artista		
	(2) Participants	8a(2)	120,4	145				.,	
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	163,0	73				. 12	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						34	12,738
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	56,2	240				i .	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	3,5	36					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						Ę	59,776
i	Net income (loss) (subtract line 8h from line 8c)	8i						28	32,962
j	Transfers to (from) the plan (see instructions)	8j							•
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:	-
Par	t V Compliance Questions								
10	During the plan year:			Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary f	Fiduciary Correction		X				

10	During the plan year:				Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Х		
С	Was the plan covered by a fidelity bond?	X			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		Х		
f	Has the plan failed to provide any benefit when due under the plan?		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	Х			155,500
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)				Yes	X No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o ERISA?				☐ Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u>. </u>	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are the waiver		d enter t Day		of the letter rul	ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<u>b</u>	Enter the minimum required contribution for this plan year		12b		·	
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	√\A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur control of the PBGC?				Yes 🗓 No)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
province.						
Part	t VIII Trust Information			w		
14a	Name of trust		14b 1	Trust's E	EIN	
14c	Name of trustee or custodian				s or custodian's ne number	
Par	t IX IRS Compliance Questions					
15a	I Is the plan a 401(k) plan? If "No," skip b.	Yes		[No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Desig safe h	n-basec narbor	l ["Prior year" / test	ADP
		"Curre	ent year est	,	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		verage enefit test	N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter			-		
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	ne date	of the m	ost rece	ent determination	n
18	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 service?	d from	Yes	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	s [No	