

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan       | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input type="checkbox"/> a single-employer plan                | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                   |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                            |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                         |                                                                |                                                |                     |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|---------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                                |                     |
| <b>1a</b> Name of plan                                                                                  | <u>SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ►       | <u>007</u>          |
|                                                                                                         |                                                                | <b>1c</b> Effective date of plan               | <u>10/01/1999</u>   |
| <b>2a</b> 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>BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</u>                                  |                                                                |                                                |                     |
|                                                                                                         |                                                                | <b>2b</b> Employer Identification Number (EIN) | <u>31-1674110</u>   |
|                                                                                                         |                                                                | <b>2c</b> Plan Sponsor's telephone number      | <u>703-739-7000</u> |
| <u>8403 ARLINGTON BLVD., SUITE 300</u>                                                                  |                                                                | <b>2d</b> Business code (see instructions)     | <u>238100</u>       |
| <u>FAIRFAX, VA 22031</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.

|                                                                                                 |                                                   |                   |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | <u>10/05/2017</u> | <u>KENNETH COLOMBO</u>                                       |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | 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                                  |
|                                                                                                 |                                                   |                   |                                                              |

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

|                                                                                                                                                                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                   | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                   |                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><b>4c</b> PN              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 6651                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            | <b>6a(1)</b>                               |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 | <b>6a(2)</b>                               |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> 6815                             |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                | <b>6c</b>                                  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       | <b>6d</b> 6815                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                        | <b>6e</b>                                  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 6815                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b>                                  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b>                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                               | <b>7</b> 244                               |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2G

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                       | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)

|                                                                                                                                                                       |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b>                                                                                                                                            | <b>b General Schedules</b>                                                               |
| <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                            | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)          |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)        |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | <b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) |
|                                                                                                                                                                       | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)   |
|                                                                                                                                                                       | <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)        |
|                                                                                                                                                                       | <b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE A</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div><b>2016</b></div> <div><b>This Form is Open to Public Inspection</b></div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                       |                                                             |
| <b>A</b> Name of plan<br>SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN                                                  | <b>B</b> Three-digit plan number (PN) ▶ 007                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN | <b>D</b> Employer Identification Number (EIN)<br>31-1674110 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                         |
|-------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>NEW YORK 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     |
| 13-5582869 | 66915         | GA28124                               | 6815                                                                        | 01/01/2016              | 12/31/2016 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>0 | <b>(b)</b> Total amount of fees paid<br>0 |
|--------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 9862244**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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**

6418190

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

5982437

(2) Dividends and credits.....

**7c(2)**

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

**7c(3)**

202333

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

0

▶ ASSET TRADE

(6) Total additions .....

**7c(6)**

6184770

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

12602960

**e** Deductions:

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

**7e(1)**

2736715

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

**7e(2)**

4001

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

0

▶ YEAR END PAYOUT

(5) Total deductions .....

**7e(5)**

2740716

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

9862244

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</b>                                                  | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>007</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-1674110</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>JOHN HANCOCK RETIREMENT SERVICES</b><br><br><b>52-2206685</b> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |                                                                                                                   |
|--|-------------------------------------------------------------------------------------------------------------------|
|  | <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|--|-------------------------------------------------------------------------------------------------------------------|

|  |                                                                                                                   |
|--|-------------------------------------------------------------------------------------------------------------------|
|  | <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|--|-------------------------------------------------------------------------------------------------------------------|

|  |                                                                                                                   |
|--|-------------------------------------------------------------------------------------------------------------------|
|  | <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|--|-------------------------------------------------------------------------------------------------------------------|

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

SHEET METAL WORKERS NATIONAL PENSIO

8403 ARLINGTON BLVD. SUITE 300  
FAIRFAX, DC 22031

52-6112463

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 10                        | AFFILIATE                                                                                                     | 102737                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

MORGAN STANLEY SMITH BARNEY LLC

1585 BROADWAY  
NEW YORK, NY 10019

26-4310632

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 27                        | NONE                                                                                                          | 40770                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

CALIBRE CPA GROUP PLLC

7501 WISCONSIN AVE, SUITE 1200 WEST  
BETHESDA, MD 20814

47-0900880

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 10                        | NONE                                                                                                          | 29250                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

**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)

SELVIN AND HART

1625 MASSACHUSETTS AVE. N. W.  
WASHINGTON, DC 20036

52-1708613

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 29                               | NONE                                                                                                                 | 25144                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

SASMI

23-7315003

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 49                               | AFFILIATE                                                                                                            | 22200                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

ULLICO CASUALTY GROUP, INC.

1625 EYE STREET, NW  
WASHINGTON, DC 20006

52-2197710

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 22                               | NONE                                                                                                                 | 12120                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**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)

JOHN HANCOCK RETIREMENT

690 CANTON STREET  
WESTWOOD, MA 02090

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 0                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                         |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b>                                |                                                                    |            |
| <b>A</b> Name of plan<br><b>SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</b>                                                  | <b>B</b> Three-digit plan number (PN) ►                            | <b>007</b> |
|                                                                                                                                         |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-1674110</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 70833                 | 160991          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 169217                | 191017          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 116889                | 132845          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 181023                | 95257           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 72208291              | 74477429        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 6418198               | 9862244         |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 79164451 84919783 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 20388 22310       |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 20388 22310       |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 79144063 84897473 |

**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 |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2666150   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 2642489   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 38353     |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 5346992   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> |           |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> |           |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                |        | (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)  |            |           |
| (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) |            | 5307331   |
| c Other income.....                                                                            | 2c     |            | 406616    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11060939  |

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

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5098455 |         |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |         |         |
| (3) Other .....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |         | 5098455 |
| 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) | 54394   |         |
| (2) Contract administrator fees.....                                                 | 2i(2) | 124937  |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 7572    |         |
| (4) Other .....                                                                      | 2i(4) | 22171   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 209074  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 5307529 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 5753410 |
| 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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

**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   |    | 188563 |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     | X  |         |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |         |

**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:**

**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 ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

**SHEET METAL WORKERS' NATIONAL  
SUPPLEMENTAL SAVINGS PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2016**



**SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2016 AND 2015**

**CONTENTS**

|                                                            | PAGE |
|------------------------------------------------------------|------|
| Report of Independent Auditors                             | 1    |
| Statements of Net Assets Available for Benefits            | 3    |
| Statements of Changes in Net Assets Available for Benefits | 4    |
| Notes to Financial Statements                              | 5    |
| Supplemental Information                                   |      |
| Schedule of Assets Held for Investment Purposes            | 11   |
| Schedule of Delinquent Participant Contributions           | 13   |



## **REPORT OF INDEPENDENT AUDITORS**

The Board of Trustees of the  
Sheet Metal Workers' National Supplemental  
Savings Plan

We have audited the accompanying financial statements of the Sheet Metal Workers' National Supplemental Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the information regarding the Plan's net assets available for benefits as of December 31, 2016 and 2015 and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental Information**

Our audits were made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules on pages 11 through 13 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but the supplementary information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Calibre CPA Group, PLLC*

Bethesda, MD  
September 12, 2017

# SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

| ASSETS                                                           | <u>2016</u>              | <u>2015</u>              |
|------------------------------------------------------------------|--------------------------|--------------------------|
| <b>INVESTMENTS</b>                                               |                          |                          |
| Mutual funds - at quoted market price                            |                          |                          |
| Participant-directed investments                                 | \$ 74,477,429            | \$ 71,884,086            |
| Fully benefit-responsive investment contract - at contract value |                          |                          |
| Participant-directed investments                                 | 9,184,479                | 6,418,198                |
| Nonparticipant-directed investments (operating account)          | <u>677,765</u>           | <u>324,205</u>           |
|                                                                  | <u>9,862,244</u>         | <u>6,742,403</u>         |
| <br>Total investments                                            | <br><u>84,339,673</u>    | <br><u>78,626,489</u>    |
| <br><b>OTHER ASSETS</b>                                          |                          |                          |
| Cash                                                             | 160,991                  | 70,833                   |
| Contributions receivable - employer                              | 191,017                  | 169,217                  |
| Contributions receivable - participant                           | 132,845                  | 116,889                  |
| Due from Sheet Metal Workers' National Pension Fund              | 79,393                   | 175,234                  |
| Due from Stabilization Agreement of the Sheet Metal Industry     | 8,511                    | 2,936                    |
| Prepaid insurance                                                | <u>7,353</u>             | <u>2,853</u>             |
| Total other assets                                               | <u>580,110</u>           | <u>537,962</u>           |
| <br>Total assets                                                 | <br><u>84,919,783</u>    | <br><u>79,164,451</u>    |
| <br><b>LIABILITIES AND NET ASSETS</b>                            |                          |                          |
| <b>LIABILITIES</b>                                               |                          |                          |
| Accounts payable                                                 | 14,907                   | 13,766                   |
| Due to Sheet Metal Workers' National Pension Fund                | <u>7,403</u>             | <u>6,622</u>             |
| Total liabilities                                                | <u>22,310</u>            | <u>20,388</u>            |
| <br>NET ASSETS AVAILABLE FOR BENEFITS                            | <br><u>\$ 84,897,473</u> | <br><u>\$ 79,144,063</u> |

See accompanying notes to financial statements.

# SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2016 AND 2015

|                                                              | 2016                 | 2015                 |
|--------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS                                                    |                      |                      |
| Investment income                                            |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ 3,333,310         | \$ (2,458,539)       |
| Interest and dividends                                       | 1,974,021            | 1,816,932            |
| Net investment income                                        | <u>5,307,331</u>     | <u>(641,607)</u>     |
| Contributions                                                |                      |                      |
| Employer                                                     | 2,666,150            | 2,363,947            |
| Participant                                                  | 2,642,489            | 2,264,343            |
| Rollover                                                     | 38,353               | 128,604              |
| Net contributions                                            | <u>5,346,992</u>     | <u>4,756,894</u>     |
| Merger proceeds                                              | -                    | 1,411,588            |
| Revenue wrapper                                              | 406,082              | 97,948               |
| Other income                                                 | 534                  | 129                  |
| Total                                                        | <u>11,060,939</u>    | <u>5,624,952</u>     |
| DEDUCTIONS                                                   |                      |                      |
| Distributions                                                | 5,098,455            | 5,485,246            |
| Administrative expense                                       | 124,937              | 109,939              |
| Audit fees                                                   | 29,250               | 43,928               |
| Insurance                                                    | 15,293               | 19,398               |
| Investment fees                                              | 7,572                | 9,502                |
| Legal fees                                                   | 25,144               | 32,092               |
| Postage and shipping expenses                                | 473                  | 17,531               |
| Trustee meeting expense and other                            | 5,886                | 5,408                |
| Miscellaneous                                                | 519                  | 12,135               |
| Total                                                        | <u>5,307,529</u>     | <u>5,735,179</u>     |
| NET INCREASE (DECREASE)                                      | 5,753,410            | (110,227)            |
| NET ASSETS AVAILABLE FOR BENEFITS                            |                      |                      |
| Beginning of year                                            | <u>79,144,063</u>    | <u>79,254,290</u>    |
| End of year                                                  | <u>\$ 84,897,473</u> | <u>\$ 79,144,063</u> |

See accompanying notes to financial statements.

# **SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2016 AND 2015

### **NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Sheet Metal Workers' National Supplemental Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan was established effective October 1, 1999, and covers employees of participating employers who meet the eligibility requirements. The Plan is a multiemployer profit sharing plan, with a deferred arrangement commonly referred to as a 401(k) plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). An employee shall become a participant on the date of hire or the date the employer becomes a contributing employer, whichever is later.

**Participant Contributions** - Eligible participants may elect to make a pretax contribution to the Plan by contributing an amount per hour worked or a set dollar amount of earnings. Participant contributions receivable is based on amounts withheld from participants by employers prior to year-end but received by the Plan after year-end.

**Operating Account** - Pursuant to the plan document, fees for administrative expenses are \$7.50 per participant per quarter. In addition, if investments are self-directed there is an additional fee of \$25. These fees are deducted from Participant accounts and are deposited into a general account of the Plan and are used to pay such expenses. At December 31, 2016 and 2015, \$677,765 and \$324,205 of non-participant directed monies are included in net assets available for benefits, respectively.

**Profit Sharing Contributions** - A contributing employer may determine that it will contribute an amount to its employees' profit sharing accounts, as set forth in the applicable participation agreement or collective bargaining agreement. Profit sharing contributions, if any, shall be invested in accordance with the direction of the participant.

**Employer Matching** - A contributing employer may determine that it will contribute an amount to its employees' matching contribution accounts as set forth in the applicable participation agreement or collective bargaining agreement. Matching contributions will be invested in accordance with the direction of the participant.

Employer contributions receivable is based on contributions made by the employer for hours worked prior to year-end but received by the Plan after year-end.

#### **NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)**

The plan participants have a 100% vested (non-forfeitable) interest in contributions made on their behalf at all times.

**Investment Options** - Contributions to the Plan are invested as directed by the participant. Participants must evaluate their own investment goals and objectives and choose the investment options best suited to achieve those goals and objectives. Investment performance by the investments selected by the participants may cause their vested balances to exceed or be less than the amounts contributed to the Plan.

**Distributions** - Distributions are made as provided for under the Plan agreement and include termination of employment, permanent disability, retirement or death.

**Loans to Participants** - The Plan does not provide loans to participants.

#### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation** - The accompanying financial statements have been prepared using the accrual basis of accounting.

**Investments** - Investments are carried at fair value. The fair value is 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.

**Benefits** - Benefits are recorded when paid.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

**Reclassification** - Certain 2015 amounts have been reclassified to conform to the 2016 presentation. These reclassifications had no effect on the net assets available for benefits previously reported at December 31, 2015.

#### **NOTE 3. TAX STATUS**

The Plan obtained its latest determination letter on August 16, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, there is no requirement to request an updated determination letter after a

### **NOTE 3. TAX STATUS (CONTINUED)**

plan amendment if the operations of the Plan are consistent with those disclosed in the original application for exemption. The Plan administrator and the Plan's legal counsel believe that the operation of the Plan is consistent with the operations disclosed in the original application for exemption.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service and Department of Labor. Plan management 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that the Plan's income tax returns for the years 2013 through 2015 remain subject to examination, based on the normal statutory periods subject to audit, notwithstanding any events or circumstances that may exist which could expand the open period.

### **NOTE 4. RELATED PARTIES**

For the years ended December 31, 2016 and 2015, the Plan was charged \$102,737 and \$102,846, respectively, by the Sheet Metal Workers' National Pension Fund (SMWNPF) for reimbursement of the Plan's allocated share of administrative expenses initially paid by SMWNPF. The Plan owed SMWNPF \$7,403 and \$6,622 as of December 31, 2016 and 2015, respectively. In addition, the SMWNPF owed \$79,393 and \$175,234 for contributions allocated to the Plan at December 31, 2016 and 2015, respectively.

In 2013, the Plan entered into an agreement with the National Stabilization Agreement of the Sheet Metal Industry Trust Fund (SASMI), a related organization with some common trustees, for reimbursement of the Plan's allocated share of administrative expenses initially paid by SASMI. The reimbursement for the Plan's expenses paid by SASMI for the years ended December 31, 2016 and 2015 were \$22,200 and \$7,093, respectively. As of December 31, 2016 and 2015, the Plan owed SASMI \$(8,511) and \$(2,936), respectively.

### **NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

**NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements*, are described as follows:

**Level 1** – inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

**Level 2** – inputs to the valuation methodology include the following:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a summary of the inputs used as of December 31, 2016 and 2015, in valuing investments carried at fair value on a recurring basis:

|              | 12/31/2016<br>Total  | Quoted Price<br>Markets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|--------------|----------------------|--------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| Mutual funds | <u>\$ 74,477,429</u> | <u>\$ 74,477,429</u>                 | <u>\$ -</u>                                               | <u>\$ -</u>                                        |
|              | 12/31/2015<br>Total  | Quoted Price<br>Markets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Mutual funds | <u>\$ 71,884,086</u> | <u>\$ 71,884,086</u>                 | <u>\$ -</u>                                               | <u>\$ -</u>                                        |

**NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

*Mutual funds:* traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

**NOTE 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan participates in a contract with New York Life via an investment in the New York Life Guaranteed Interest Account. The account is credited with earnings at a fixed interest rate on the underlying investments and is charged for plan withdrawals. The crediting interest rate was - 2.50% for the years ended December 31, 2016 and 2015. The crediting interest rate is reset annually on January 1.

Because the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common collective trust. Contract value, as reported to the Plan by New York Life, represents contributions made under the contract, plus earnings, less plan withdrawals, and administrative expenses. There were no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value was \$9,862,244 and \$6,742,403 as of December 31, 2016 and 2015, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination), (2) termination of the contract or breach of a provision of the contract by the Plan, or (3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The contract permits New York Life to terminate the contract with appropriate notice to the Plan. This termination would cause the contract to settle at an amount different from contract value.

The investment objective of the Guaranteed Interest Account is to provide a stable crediting rate consistent with preservation of principal. The account will attempt to achieve this objective by investing in a broadly diversified fixed income portfolio within New York Life Insurance Company's general account. Fixed income investments in the general account are managed by New York Life Investments' Fixed Income Investors Group. The New York Life general account is invested primarily in a conservative array of securities and cash-equivalent investments in accordance with the investment restrictions of New York Insurance Law. The primary objective of the general account is to ensure that New York life can meet its obligations to policyholders. There are no unfunded commitments related to the contract.

**NOTE 7. MERGER**

Effective October 1, 2015, the United Transportation Union Officer, Staff, LO and GO 401(k) Retirement Plan (UTU 401(k) Fund) merged with the Plan. As a result, the net assets of the UTU 401(k) Fund totaling \$1,411,588 were transferred to the Plan in 2015.

**NOTE 8. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Board of Trustees has the right to terminate the Plan subject to the provisions of ERISA. In the event that the Board of Trustees terminates the Plan, participants will receive their account in the Plan as it exists on the date the Plan is terminating.

**NOTE 9. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through September 12, 2017, which is the date the financial statements were available to be issued. This review and evaluation revealed no new material event or transaction which would require an additional adjustment to or disclosure in the accompanying financial statements.

## **SUPPLEMENTAL INFORMATION**

# SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110

Plan No. 007

| (a)                                                                 | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS) |                                                           |                                                                                                            |          |                   |
|                                                                     | American EuroPacific Growth R6                            | Mutual Funds                                                                                               | **       | \$ 168,179        |
|                                                                     | Blackrock Global Alloc Fund I                             | Mutual Funds                                                                                               | **       | 372,994           |
|                                                                     | Blackrock Low Duration Bond Inst                          | Mutual Funds                                                                                               | **       | 10,459,155        |
|                                                                     | Mainstay High Yield Corp R6                               | Mutual Funds                                                                                               | **       | 6,342,969         |
|                                                                     | Metwest Total Return Bond I                               | Mutual Funds                                                                                               | **       | 13,250,765        |
|                                                                     | Calamos Convertible Fd Inst                               | Mutual Funds                                                                                               | **       | 31,485            |
|                                                                     | Hartford Floating Rate Y                                  | Mutual Funds                                                                                               | **       | 50,662            |
|                                                                     | Vanguard Inf-Prot Secs Admiral                            | Mutual Funds                                                                                               | **       | 84,872            |
|                                                                     | Vanguard Ttl Bd Mkt Ind Adm                               | Mutual Funds                                                                                               | **       | 297,128           |
|                                                                     | Columbia Large Cap Indx Funds R5                          | Mutual Funds                                                                                               | **       | 1,035,314         |
|                                                                     | Columbia Mid Cap Indx Funds R5                            | Mutual Funds                                                                                               | **       | 578,326           |
|                                                                     | INVESCO Bal Risk Alloc R6                                 | Mutual Funds                                                                                               | **       | 14,178            |
|                                                                     | John Hancock Disciplined Val R                            | Mutual Funds                                                                                               | **       | 269,897           |
|                                                                     | Vanguard LC Indx Admiral                                  | Mutual Funds                                                                                               | **       | 316,809           |
|                                                                     | Oppenheimer Global Fd I                                   | Mutual Funds                                                                                               | **       | 75,479            |
|                                                                     | Vanguard Ttl Stk Mrkt Indx Ad                             | Mutual Funds                                                                                               | **       | 1,340,755         |
|                                                                     | Vanguard Value Index Fd Adm                               | Mutual Funds                                                                                               | **       | 9,737,215         |
|                                                                     | Voya Global Real Estate I                                 | Mutual Funds                                                                                               | **       | 244,541           |
|                                                                     | Voya Real Estate Fund I                                   | Mutual Funds                                                                                               | **       | 111,592           |
|                                                                     | Amer Beacon Small Cap Value I                             | Mutual Funds                                                                                               | **       | 21,265            |
|                                                                     | Columbia Small Cap Index R5                               | Mutual Funds                                                                                               | **       | 513,417           |
|                                                                     | Goldman Multi Mgr Alt Inst                                | Mutual Funds                                                                                               | **       | 6,792             |
|                                                                     | Harbor Mid Cap Value Fund Inst                            | Mutual Funds                                                                                               | **       | 314,592           |
|                                                                     | Ivy Mid Cap Growth Fund I                                 | Mutual Funds                                                                                               | **       | 181,912           |
|                                                                     | Vanguard Growth Index Fd Adm                              | Mutual Funds                                                                                               | **       | 8,936,348         |
|                                                                     | Vanguard Mid Cap Index Adm                                | Mutual Funds                                                                                               | **       | 3,632,367         |
|                                                                     | Vanguard SmallCap Index Adm                               | Mutual Funds                                                                                               | **       | 3,722,723         |
|                                                                     | Wells Fargo Adv Sm Co Grwth Fd                            | Mutual Funds                                                                                               | **       | 265,090           |
|                                                                     | Virtus Emerg Mkts Opps I                                  | Mutual Funds                                                                                               | **       | 155,542           |
|                                                                     | Victory Triv Int Sml Cap Fd Y                             | Mutual Funds                                                                                               | **       | 39,159            |
|                                                                     | Vanguard Dev Mkts Indx Adm                                | Mutual Funds                                                                                               | **       | 8,701,814         |
|                                                                     | Vanguard Emrg Mkts Stk Idx Adm                            | Mutual Funds                                                                                               | **       | 2,045,927         |

**SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)**

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110  
 Plan No. 007

| (a)                                         | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>Value |
|---------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| VALUE OF INTEREST IN REGISTERED INVESTMENT  |                                                              |                                                                                                                  |          |                      |
| COMPANIES (MUTUAL FUNDS)                    |                                                              |                                                                                                                  |          |                      |
|                                             | Oppenheimer Intl Bond Fund I                                 | Mutual Funds                                                                                                     | **       | \$ 522,429           |
|                                             | Mainstay Large Cap Growth R6                                 | Mutual Funds                                                                                                     | **       | <u>635,737</u>       |
|                                             |                                                              |                                                                                                                  |          | 74,477,429           |
| VALUE OF INTEREST IN GROUP ANNUITY CONTRACT |                                                              |                                                                                                                  |          |                      |
|                                             | NYL Guaranteed Interest Account                              |                                                                                                                  |          |                      |
|                                             | Nonparticipant-directed amount of \$677,765                  | Group Annuity Contract                                                                                           | **       | <u>9,862,244</u>     |
|                                             | Total Assets Held for Investment Purposes                    |                                                                                                                  |          | <u>\$ 84,339,673</u> |

\*\* The column (d) cost information is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

**SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4A

E.I.N. 31-1674110  
Plan No. 007

| Participants contributions<br>transferred late to Plan            | Total that constitute nonexempt prohibited transactions |                                            |                                                | Total fully corrected under<br>VFCP and PTE 2002-51 |  |
|-------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------|--|
| Check here if late<br>participant loan<br>repayments are included | Contributions<br>not corrected                          | Contributions<br>corrected outside<br>VFCP | Contributions<br>pending correction<br>in VFCP |                                                     |  |
| \$ 188,563                                                        | \$ -                                                    | \$ 188,563                                 | \$ -                                           | N/A                                                 |  |

**SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110

Plan No. 007

| (a)                                                                 | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>Value |
|---------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS) |                                                              |                                                                                                                  |          |                      |
|                                                                     | American EuroPacific Growth R6                               | Mutual Funds                                                                                                     | **       | \$ 168,179           |
|                                                                     | Blackrock Global Alloc Fund I                                | Mutual Funds                                                                                                     | **       | 372,994              |
|                                                                     | Blackrock Low Duration Bond Inst                             | Mutual Funds                                                                                                     | **       | 10,459,155           |
|                                                                     | Mainstay High Yield Corp R6                                  | Mutual Funds                                                                                                     | **       | 6,342,969            |
|                                                                     | Metwest Total Return Bond I                                  | Mutual Funds                                                                                                     | **       | 13,250,765           |
|                                                                     | Calamos Convertible Fd Inst                                  | Mutual Funds                                                                                                     | **       | 31,485               |
|                                                                     | Hartford Floating Rate Y                                     | Mutual Funds                                                                                                     | **       | 50,662               |
|                                                                     | Vanguard Inf-Prot Secs Admiral                               | Mutual Funds                                                                                                     | **       | 84,872               |
|                                                                     | Vanguard Ttl Bd Mkt Ind Adm                                  | Mutual Funds                                                                                                     | **       | 297,128              |
|                                                                     | Columbia Large Cap Indx Funds R5                             | Mutual Funds                                                                                                     | **       | 1,035,314            |
|                                                                     | Columbia Mid Cap Indx Funds R5                               | Mutual Funds                                                                                                     | **       | 578,326              |
|                                                                     | INVESCO Bal Risk Alloc R6                                    | Mutual Funds                                                                                                     | **       | 14,178               |
|                                                                     | John Hancock Disciplined Val R                               | Mutual Funds                                                                                                     | **       | 269,897              |
|                                                                     | Vanguard LC Indx Admiral                                     | Mutual Funds                                                                                                     | **       | 316,809              |
|                                                                     | Oppenheimer Global Fd I                                      | Mutual Funds                                                                                                     | **       | 75,479               |
|                                                                     | Vanguard Ttl Stk Mrkt Indx Ad                                | Mutual Funds                                                                                                     | **       | 1,340,755            |
|                                                                     | Vanguard Value Index Fd Adm                                  | Mutual Funds                                                                                                     | **       | 9,737,215            |
|                                                                     | Voya Global Real Estate I                                    | Mutual Funds                                                                                                     | **       | 244,541              |
|                                                                     | Voya Real Estate Fund I                                      | Mutual Funds                                                                                                     | **       | 111,592              |
|                                                                     | Amer Beacon Small Cap Value I                                | Mutual Funds                                                                                                     | **       | 21,265               |
|                                                                     | Columbia Small Cap Index R5                                  | Mutual Funds                                                                                                     | **       | 513,417              |
|                                                                     | Goldman Multi Mgr Alt Inst                                   | Mutual Funds                                                                                                     | **       | 6,792                |
|                                                                     | Harbor Mid Cap Value Fund Inst                               | Mutual Funds                                                                                                     | **       | 314,592              |
|                                                                     | Ivy Mid Cap Growth Fund I                                    | Mutual Funds                                                                                                     | **       | 181,912              |
|                                                                     | Vanguard Growth Index Fd Adm                                 | Mutual Funds                                                                                                     | **       | 8,936,348            |
|                                                                     | Vanguard Mid Cap Index Adm                                   | Mutual Funds                                                                                                     | **       | 3,632,367            |
|                                                                     | Vanguard SmallCap Index Adm                                  | Mutual Funds                                                                                                     | **       | 3,722,723            |
|                                                                     | Wells Fargo Adv Sm Co Grwth Fd                               | Mutual Funds                                                                                                     | **       | 265,090              |
|                                                                     | Virtus Emerg Mkts Opps I                                     | Mutual Funds                                                                                                     | **       | 155,542              |
|                                                                     | Victory Triv Int Sml Cap Fd Y                                | Mutual Funds                                                                                                     | **       | 39,159               |
|                                                                     | Vanguard Dev Mkts Indx Adm                                   | Mutual Funds                                                                                                     | **       | 8,701,814            |
|                                                                     | Vanguard Emrg Mkts Stk Idx Adm                               | Mutual Funds                                                                                                     | **       | 2,045,927            |

**SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)**

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110  
Plan No. 007

| (a)                                         | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>Value |
|---------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| VALUE OF INTEREST IN REGISTERED INVESTMENT  |                                                              |                                                                                                                  |          |                      |
| COMPANIES (MUTUAL FUNDS)                    |                                                              |                                                                                                                  |          |                      |
|                                             | Oppenheimer Intl Bond Fund I                                 | Mutual Funds                                                                                                     | **       | \$ 522,429           |
|                                             | Mainstay Large Cap Growth R6                                 | Mutual Funds                                                                                                     | **       | <u>635,737</u>       |
|                                             |                                                              |                                                                                                                  |          | 74,477,429           |
| VALUE OF INTEREST IN GROUP ANNUITY CONTRACT |                                                              |                                                                                                                  |          |                      |
|                                             | NYL Guaranteed Interest Account                              |                                                                                                                  |          |                      |
|                                             | Nonparticipant-directed amount of \$677,765                  | Group Annuity Contract                                                                                           | **       | <u>9,862,244</u>     |
|                                             | Total Assets Held for Investment Purposes                    |                                                                                                                  |          | <u>\$ 84,339,673</u> |

\*\* The column (d) cost information is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

# SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2016

FORM 5500, SCHEDULE H, LINE 4A

E.I.N. 31-1674110  
Plan No. 007

| Participants contributions<br>transferred late to Plan<br>Check here if late<br>participant loan<br>repayments are included | Total that constitute nonexempt prohibited transactions |                                            |                                                | Total fully corrected under<br>VFCP and PTE 2002-51 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------|
|                                                                                                                             | Contributions<br>not corrected                          | Contributions<br>corrected outside<br>VFCP | Contributions<br>pending correction<br>in VFCP |                                                     |
| \$ 188,563                                                                                                                  | \$ -                                                    | \$ 188,563                                 | \$ -                                           | N/A                                                 |

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1510-0110<br>1510-0089<br><br><div style="text-align: center; font-size: 1.2em;"><b>2016</b></div><br>This Form is Open to<br>Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A This return/report is for:                                                                             | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br>B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br>C If the plan is a collectively bargained plan, check here <input checked="" type="checkbox"/><br>D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|----------------------------------|-------------------|------------------------------------------------|-------------------|-------------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II Basic Plan Information - enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1a Name of plan</b><br><b>SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN</b><br><br><b>2a Plan sponsor's name (employer, if for a single-employer plan)</b><br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL</b><br><br><b>8403 ARLINGTON BLVD., SUITE 300</b><br><br><b>FAIRFAX VA 22031</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b Three-digit plan number (PN) ►</b></td> <td><b>007</b></td> </tr> <tr> <td><b>1c Effective date of plan</b></td> <td><b>10/01/1999</b></td> </tr> <tr> <td><b>2b Employer Identification Number (EIN)</b></td> <td><b>31-1674110</b></td> </tr> <tr> <td><b>2c Plan Sponsor's telephone number</b></td> <td><b>703-739-7000</b></td> </tr> <tr> <td><b>2d Business code (see instructions)</b></td> <td><b>238100</b></td> </tr> </table> | <b>1b Three-digit plan number (PN) ►</b> | <b>007</b> | <b>1c Effective date of plan</b> | <b>10/01/1999</b> | <b>2b Employer Identification Number (EIN)</b> | <b>31-1674110</b> | <b>2c Plan Sponsor's telephone number</b> | <b>703-739-7000</b> | <b>2d Business code (see instructions)</b> | <b>238100</b> |
| <b>1b Three-digit plan number (PN) ►</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1c Effective date of plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>10/01/1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2b Employer Identification Number (EIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>31-1674110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2c Plan Sponsor's telephone number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>703-739-7000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2d Business code (see instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>238100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |

**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.

|                                                                                                 |                                                                                     |      |                                                              |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                |  |      | <b>KENNETH COLOMBO</b>                                       |
|                                                                                                 | Signature of plan administrator                                                     | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                                                     |      |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                                                  | Date | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                                                     |      |                                                              |
|                                                                                                 | 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                                  |

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

Form 5500 (2016)  
v. 160205

**3a** Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**4b** EIN**a** Sponsor's name**4c** PN**5** Total number of participants at the beginning of the plan year**5**

6,651

**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**6a(1)****a(2)** Total number of active participants at the end of the plan year**6a(2)****b** Retired or separated participants receiving benefits**6b**

6,815

**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d**

6,815

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f**

6,815

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

244

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2G****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) ☒ **1 A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)