Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac	_				
		a one-participant plan	a foreign plan	,		,			
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
D (II	Deets Bleeder	special extension (enter desc	· · ·						
Part II		ormation—enter all requested in	formation		41	1			
1a Name ARROW CHI		FIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001			
					1c Effective date o	of plan 01/2001			
Mailing	oonsor's name (emplo address (include roo		2b Employer Ident (EIN) 11-2	cification Number 2034688					
	town, state or proving EMICAL CORPORAT	ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	2c Sponsor's tele	phone number 7-7770			
					2d Business code	(see instructions)			
28 RIDER PL FREEPORT,					325	100			
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administrator's	EIN			
					3c Administrator's telephone number				
					Administrators	telepriorie riumbei			
4 If the n	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
name, a Sponso		mber from the last return/report.			4c PN				
		s at the beginning of the plan year.			5a				
		s at the end of the plan year			5b	24			
C Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	20			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	14			
		articipants at the end of the plan ye			5d(2)	15			
than '	100% vested	t terminated employment during the			5e	0			
		or incomplete filing of this retur ther penalties set forth in the instru				icable, a Schedule			
SB or Sche		and signed by an enrolled actuary,							
SIGN HERE		/valid electronic signature.	10/13/2017	SHERRY BERNSTEIN	ERNSTEIN				
	Signature of plan	administrator	Date	Enter name of individe	ual signing as plan ac	Iministrator			
SIGN HERE	Olamaton ()		Date	Estamatic C. C. C.					
	Signature of emplor name (including firm	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite numbe	Enter name of individer)	ual signing as employ Preparer's telephon				
	. (· : 	, , , , , , , , , , , , , , , , , , , ,		,	.,				

Form 5500-SF 2016 Page **2**

b Are you claiming a walver of the annual oxamination and report of an independent qualified public accountant (ICPA) under 20 FFR 250 104-48 (See instructions on waiver etipolity) and conditions). \(\text{Ves} \) No interest of the plane is covered under the PBGC insurance program (see FRISA section 4021)? \(\text{Ves} \) No interest descriptions and a defined benefit plan, is a covered under the PBGC insurance program (see FRISA section 4021)? \(\text{Ves} \) No interest descriptions and a defined benefit plan, is a covered under the PBGC insurance program (see FRISA section 4021)? \(\text{Ves} \) No interest descriptions and clabilities (a) Beginning of Year (b) End of Year 110-460) 7 Pinn Assets and Liabilities 7 To 1014450 116-3614 8 Total plan liabilities 7 To 1014450 116-3614 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 116-3614 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 116-3614 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 116-3614 9 Other income (boss) 8 As(1) 61-349 10 Others (moduling rolloyers) 8 As(1) 61-349 10 Others (moduling rolloyers) 8 As(2) 61-349 10 Other (moduling rolloyers) 8 As (2) 61-349 10 Other (moduling rolloyers) 8 As (2) 7 Other income (boss) 1 Others (moduling rolloyers) 8 As (2) 8 A		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
If you answerded "No" to other line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Not determined	b									X Yes	No
Part III Financial information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a 1014450 1183614 b Total plan assets (a) End of Year 7b 1014450 1183614 c Not plan assets (a) End of Year a Total plan assets (subtract line 7b from line 7a)											
7 Plan Assets and Liabilities 7 Ra 1014450 1103814 1014450 1103814 10 Total plan assets (a) Early plan assets (b) End of Year 1014450 1103814 10 Total plan assets (subtract line 76 from line 78)	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
a Total plan lasbities	Pa	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End of	Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	1	014450					1163614	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 24076 (2) Participants. (3) Others (including rollovers). 8a(2) 61949 (3) Others (including rollovers). 8a(3) 5 Differ income (losd). 8 Differ income (losd). 9 Differ income (losd). 8 Differ i			7b								
a Contributions received or receivable from: (1) Employers (2) Participants		Net plan assets (subtract line 7b from line 7a)	7c							1163614	
(1) Employers		·		(a) Amoun	ıt				(b) Tot	al	
(2) Participants	а		8a(1)		24076						
(3) Other (including rollovers)					61949						
b Other income (loss)											
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	, , , , , , , , , , , , , , , , , , , ,			82212						
e Certain deemed and/or corrective distributions (see instructions). 8	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							168237	
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d										
f Administrative service providers (salaries, fees, commissions)											
g Other expenses	_				19073						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u></u>										
i Net income (loss) (subtract line 8h from line 8c)		•								19073	
Transfers to (from) the plan (see instructions) 8j	- :										
Part IV Plan Characteristics	÷	Transferred to Manage the management and									
9a	Pa	t IV Plan Characteristics	, oj								
Part V Compliance Questions Yes No N/A Amount		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the instruc	ctions:	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruct	ions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?			itions withi	n the time period						Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40		X				
reported on line 10a.)		• ,			10a						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d		•		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f						X				_
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9				10g		X				
	h	·	•		10h		X				
	i	·	•		10i						

Form	5500	-SF	201	6

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Remedite Security Administration

Ponalog Browlit Querenty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2016

This Form Is Open to Public Inspection

		► Complete all entries in a	eccordance with the instr	uctions to the Form 5	500-SF.	
Part I		Identification Information				
For catenda	ir plan year 2016 or fis	scal plan year beginning	01/01/2016	มกd ending	1.2.	/31/2016
A This rot	urn/report is for:	X a singlo-employer plan	<u> </u>			king this box must attach a with the form instructions.)
		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,		,
B This retu	rn/report is	the first return/report	the final return/report			
_		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)	
C Check t	oox if filing under:	X Form 5558	automatic extension		DFVC	rogram
		special extension (enter descri	<u> </u>			
Part II		rmation—enter all requested inf	ormation			
1a Name : ARROW C	,	PROFIT SHARING PLAN				number
					(PN)	'
						tive date of plan /01/2001
		yer, if for a single-employer plan) m, apt., suite no, and street, or P.O), Box)	•		oyer Identification Number 11-2034688
,	town, state or provinc HEMICAL CORPO	e, country, and ZIP or foreign posts RATION	al code (if foreign, see instr	uctions)	2c Spor	nsor's telephone number
						16) 377-7770 ness code (see instructions)
28 RIDE	R PLACE				325	5100
FREEPOR'	Ľ		ИХ	11520		
3a Plan a	iministrator's name ar	nd address K Same as Plan Spon	nsor.	•	3b Adm	inistrator's EIN
					3c Adm	inistrator's telephone number
4 if the r	ame and/or EIN of the	plan sponsor has changed since t	the last return/report filed fo	or this plan, ontor the	4b EIN	en estante a la composition de la composition della composition de
		mber from the last return/report.			42 4.11	<u> </u>
a Sponso	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	24
	· ·	at the end of the plan year			5b	24
		account balances as of the end of t				
					, 5c	20
d(1) Tota	at number of active pa	rticipants at the beginning of the pla	an your		5d(1)	14
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	1.5
		terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	uniess reasonable ca	uso is esta	
		har panalios sat forth in the instruc				
	duie MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plate	is well as the electronic ver	sion of this rolurn/ropor	t, and to the	b bost of my knowledge and
SIGN	Slew	Delus Aren	10/13/17	Sherry Bernst	ein	
HERE	Signature of pun a	dministrator	Date	Enter name of individ		as plan administrator
"SIGN	orginatore or pour a	difficulty.	50.0	Emor name or marve	den digilitig	
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor
Properor's		amo, il applicablo) and address (in	clude room or sulte numbe			s telephone number
					/**************************************	
					[.	1

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Ween all of the plans assets during the plan year involation in viligible assets? (See instructions.)		Form 5500-SF 2016		Page 2								
b Are you desiming a walver of the annual swammatters and report of an independent qualified public accountant (ICPA) under 28 CFR 2520 104-405 (See instructions on wineer eligibility and conditions). If you answord "No" to either line 6 as or line 66, the plan cannot use Form 5500-87 and must instead use Form 5500. If you answord "No" to either line 6 as or line 66, the plan cannot use Form 5500-87 and must instead use Form 5500. If you answord "No" to either line 6 as or line 66, the plan cannot use Form 5500-87 and must instead use Form 5500. If you answord "No" to either line 10 and										· · · · · · · · · · · · · · · · · · ·		
under 29 CFR 2520.104-497 (See instructions on walver eligibility and conditions). If you answord "No" to either fine 6e or Inte 6b, the plan cannot use Form 5500-8F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									,	Xi ,	Yes	No
If you answord "No" to either line is a or line 6b, the plan cannot use Form 500-\$F and must instood use Form 500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Þ	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104-462 (See instructions on waiver eligibility.	an Indepe	ndent qualified public a	account	tant (IC	PA)			lyl s	Yes []	No
C if the plant is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										M		
Part III Financial Information (a) Beginning of Year (b) End of Year A Total plan isseets and Liabilities 7a 1,014,455 1,163,61 1,163,61 1,163,61 1,163,61 1,014,455 1,163,61 1,163,61 1,014,455 1,163,61 1,014,455 1,163,61 1,014,455 1,163,61 1,014,455 1,163,61 1,014,455 1,163,61 1,014,455 1,163,61 1,014,455 1,014,455 1,163,61 1,014,455 1,014,455 1,014,455 1,163,61 1,014,455 1,014	¢									Not	determin	ied
7 Plan Assets and Liabilities 7 1, 1014, 150 1, 1, 163, 61 8 Total plan insets 1, 1014, 150 1, 1, 163, 61 C. Net plan assets (subtract from from from 7 1, 1014, 150 1, 1, 163, 61 C. Net plan assets (subtract from from from 7 1, 1014, 150 1, 1, 163, 61 B. Indown, Espansos, and Transfers for this Plan Year (a) Amount (b) Total B. Indown, Espansos, and Transfers for this Plan Year (a) Amount (b) Total C. Participants. 8a(1) 2, 1014, 1014, 1016 C. Participants. 8a(2) 61, 919 4 C. Participants. 8a(3) 61, 919 4 C. Participants. 8a(3) 61, 919 4 C. Total Income (and lines 8a(1), 8a(2), 8a(3), and 8b) 8b 62, 212 C. Total Income (and lines 8a(1), 8a(2), 8a(3), and 8b) 8b 62, 212 C. Total income (and lines 8a(1), 8a(2), 8a(3), and 8b) 8c 62, 212 C. Total income (and lines 8a(1), 8a(2), 8a(3), and 8b) 8c 62 C. Cortain dommed and/or corrective distributions (see instructions) 8d 7 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3											•••	-
a Total plan rissels	7		ı	(a) Beginning	of Yoar	.		'	(b) End	of Year		_
b Total plan stabilities	a		7a						(-)	_	163.0	61.4
C. Net plan assots (subtract line 7b from line 7a). 7c 1, 014, 450 1, 163, 61 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 3 Contributions received necessivable from: (1) Employers 82(1) 24, 076 (2) Participants. 82(2) 61, 949 (2) (2) Participants. 82(2) (3) Others (including relicores). 82(2) (3) Others (including relicores). 82(3) (3) Others (including relicores). 82(3) (3) Others (including relicores). 82(3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	,		· · · · · · · · · · · · · · · · · · ·		,	111					, , ,	,,
8 Income, Exponsuos, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			7c	1,	014,	450				1	163,6	614
a Contributions received or receivable from: (1) Employers	8		- i -						(b) T			
(2) Participants	а						,		1 .		6	-
(3) Other (including rallovers)		(1) Employers	8a(1)		24,	076			<u> </u>	7	<u> </u>	1
b Other income (loss) (subtract line 8h from tine 8c) 8t 19,073 d Banufilts paid (including direct rollovers and insurance premiums to provide benefits). e Cortain doomed and/or norrective distributions (soci instructions). g Other exponses (add lines 8d, 8e, 8f, and 8g) 8f 19,073 g Other exponses (add lines 8d, 8e, 8f, and 8g) 8h 19,073 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 19,073 g Other exponses (add lines 8d, 8e, 8f, and 8g) 8h 19,073 g Other exponses (add lines 8d, 8e, 8f, and 8g) 8h 19,073 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 19,073 j Transfors to (from) the plan (see instructions). 8g Part IV Plan Characteristics g If the plan provides possion bonolits, onter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A ZE ZE ZG ZJ ZK 3D If the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compilance Questions D 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 250,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). d Did the plan have a loss, whether or not reimbursed by the plan's tidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's tidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's tidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's tidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed or other porsons by an insurance carrier, insurance service, or other expanization that provides some or all of the bonefits under the p		(2) Participants	8a(2)		61,	949	Nick H	di .		9.7		1.5
c Total income (add lines 8q(1), 8e(2), 8e(3), and 8b)			8a(3)			_					· *	;
d Benofits paid (including direct rollovers and insurance premiums to previse benefits). 8 d to previse benefits benefi	<u> </u>	Other Incomo (loss)	85		82,	212			0 .		''	
to provide benefits). 6 Cortain doomed and/or norractive distributions (see instructions). 8 P Administrative service providers (salarios, feas, commissions). 8 19,073 9 Other expenses (sadd lines 8d, 8d, and 8g). 8 h Total expenses (sadd lines 8d, 8d, and 8g). 8 h Total expenses (sadd lines 8d, 8d, and 8g). 8 h 19,074 I Net income (loss) (subtreat line 8h from fine 8c). 8 J 1449, 16 1 Transfers to (from) the plan (salariostructions). 8 J 1449, 16 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2R 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D b Under the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2F 2G 2J 2K 3D A 3F 2G 2J 2K 3			8c								168,2	237
e Cortain dommed and/or norrective distributions (see instructions)	a		84			- 1			-,		*	1
f Administrative service providers (salarias, feas, commissions)				**			701	·		-		_
g Other expenses (add lines 8d, 8e, 8f, and 8g)	-				19.	07.3						
h Total expenses (add lines 8d, 8c, 8f, and 8g) 8h 19,07 i Net income (loss) (subtract line 8h from line 8c) 8l 149,16 j Transfors to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides ponsion bonofits, onter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 8 Was there a failure to transmit to the plan any participant contributions within the time puried described in 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 1 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or disnopensity? 10d X e War any fees or commissions pold to any brokers, agents, or other porsons by an insurance carrier, insurance service, or other organization that provides some or all of the bonofits under the plan? (See instructions). 10g X f Has the plan have any participant leans? (If "Yes," enter amount as of year-end.) 10g X if this is an individual account plan, was there a blackout portion? (See instructions and 29 CFR 2520,101-3.) 10h X	a					-	- 1			٧.		_
i Net income (loss) (subtract line 8h from tine 8c)				<u> </u>		,				,	19. (0.7.3
Part IV Plan Characteristics	- i		_			_						
Part IV Plan Characteristics 9a If the plan provides ponsion bonofits, onter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time puried described in 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	十					-			 	·········	143,3	104
If the plan provides pension banefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2E 2G 2J 2K 3D	Par		OJ									
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Part V Compliance Questions 10 During the plan year: 8 Was there a failure to transmit to the plan any participant contributions within the time puried described in 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)												
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	þ	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	actoris	lic Co	des in	the instru	ictions;		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									<u> </u>			
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). Was the plan covered by a fidelity bond?						1			<u></u>			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			-1 1-1			You	No	N/A		Amou	nţ	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	10a		x		,			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other porsons by an insurance carrier, insurance service, or other organization that provides some or all of the bonofits under the plan? (See instructions.)	þ	Were there any nonexempt transactions with any party-in-interest	? (Do not	nclude transactions	10b		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other porsons by an insurance carrier, insurance service, or other organization that provides some or all of the bonofits under the plan? (See instructions.)	C	Was the plan covered by a fidelity bond?			10c		Х	1,				_
Were any feex or commissions paid to any brokers, agents, or other porsons by an insurance carrier, insurance service, or other organization that provides some or all of the bonofils under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused								
f Has the plan failed to provide any benefit when due under the plan?	e	Were any feex or commissions pold to any brokers, agents, or other carrier, insurance service, or other organization that provides some	nor porson no or all of	s by an insurance the bonofits under								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f				10f		Х					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)							1 1	_
If 10h was answered "Yes," check the box if you either provided the required notice or one of the		If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR								_
	i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the								

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1								
Part	The second secon					<u> </u>		
11	Is this a defined benefit plan subject to minim (Form 5500) and line 11s below)	um funding requirements? (If	Yus," see instructions a	and complete Sch	redule S	В	Yos 🗓 No	
_11a	Enter the unpaid minimum required contribut							
12	is this a defined contribution plan subject to t ERISA?			ne Code or sectio	n 302 o		Yes X No	
a	(If "Yes," complete line 12a or lines 12b, 12c If a waiver of the minimum funding standard f	, 12d, and 12e below, as appli	cablo.)				lattar rulina	
	granting the waiver.	***************************************		Month	Day	1	ear	
	you completed line 12a, complete lines 3, 9,				·	<u> </u>		
<u> </u>	Enter the minimum required contribution for th	is plan year	***************************************	-,,	12b			
	Enter the amount contributed by the employer				12c			
d	Subtract the amount in line 12c from the amo negative amount)				12d	<u> </u>		
e	Will the minimum funding amount reported or	line 12d be met by the fundin	g doadline?	***************************************		Yos N	b N/A	
Part	VII Plan Terminations and Transf	ers of Assots						
13a	Has a resolution to terminate the plan been adop	oted in any plan year?	******			Yes [(No	
	If "Yes," enter the amount of any plan assets	that reverted to the employer I	his year		13a			
þ	Were all the plan assets distributed to particip control of the PBGC?	pants or beneficiaries, transfer	red to another plan, or t	prought under the		Yes X No		
С	If, during this plan your, any assets or liabilities which assets or liabilities were transferred. (S	es were transferred from this p						
1	3c(1) Name of plan(s):			13c(2)	EIN(s)	1	3c(3) PN(s)	
	VIII. Trust Information				146	Trust's EIN		
144	value of trost				146	rust s EIN		
14¢	Name of trustee or custodian	•		•		Frustee's or cu telephone num		
Pari	IX IRS Compliance Questions	•						
15a	is the plan a 401(k) plan? If "No," skip b		***************************************	Yes		∏ No		
	How did the plan satisfy the nondiscrimination 401(k)(3) for the plan year? Check all that appl				narbor ent yoar	⊔ test		
	What tosting method was used to satisfy the c year? Check all that apply:			perce	entag e	Average benefit to	est N/A	
	Did the plan satisfy the coverage and nondisc for the plan year by combining this plan with a	ny other plan under the permis	sive aggregation rules?	, 🗆 🗀 , 🚓		☐ No		
		erial number		•				
17b	If the plan is an individually-designed plan that letter	received a favorable determin	nation follor from the IR	S, ontor the date	of the m	ost recent dete	ermination	
	Defined Benefit Plan or Monoy Purchase Pons Were any distributions made during the plan y service?	ear to an employee who attain			You	s 🗌 No		
	Was any plan participant a 5% owner who had		· ·		[] Yes	No		