Benefit Plan 100000000000000000000000000000000000
Emprove Brandit Society Administrator Revenue Code (the Code). This Ferm is Open to Public Inspection Person Brandt Guaray Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Part I Annual Report Identification Information and ending 12/31/2017 and ending 12/31/2017 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) special extension (enter description) 10 Three-digit plan number (PN) ▶ 001 1c E Effective date of plan 01/01/2002 2 Plan sponsor's name (employer, if for a single-employer plan) 2 2 Employer Identification Number (EN) 2 C Sponsor's name (employer, if or a single-employer plan) 2 Second res relabors 2 Sponsor
Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning O1/01/2017 and ending 12/31/2017 and ending 13/31 24/31 25/31 2
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/21/2017 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report a short plan year return/report B a namended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 The e-digit plan number (PN) > 1A Name of plan if for a single-employer plan) Miling address (include room, apt., suite no. and street, or P.O. Box) 001 1 C Effective date of plan EXTILES 2 INC. 10 C202 2 Par sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., suite no. and street, or P.O. Box) 2 2 De Employer Identification Number (EIN) 0-01 1 2 Sponsor's telephone number 401/27/2002 2 De sumber 401/27/27800 2 De Employer identification Number (EIN) 0-
A This return/report is for:
A This return/report is for: Debuge chapter plan List of participating employer information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is the first return/report the first return/report B This return/report is the first return/report a short plan year return/report B This return/report is the first return/report a short plan year return/report B This return/report is the first return/report a short plan year return/report C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) special extension (enter description) DEVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) Maining address (include room, apt, suite no. and street, or P.O. Box) 2b Employer Identification Number (EIN) 05-0512311 C Sponsor's talephone number 01/01/2002 2d Business code (see instructions) 401-276-7900 2d Business code (seee Same as Plan Sponsor.
B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program general II Basic Plan Information—enter all requested information Ib Three-digit plan number (PN) 1a Name of plan Ib Three-digit plan number (PN) 001 1C Effective date of plan 1c Effective date of plan 0/10/12002 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 C Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 4d C MOS 7781 Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 PN Administrator's telephone number 4
intentist return/report intentist return/report intentist return/report is short plan year return/report intentist return/report is short plan year return/report intentist return/report is short plan year return/report intentist return/report is pecial extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan ib TEXTILES 2 INC. 401(K) PLAN ib 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PO BOX 7781 UMBERLAND, RI 02864-0898 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report 4 Sponsor's name
C C check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) ▶ 001 1a Name of plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's talephone number 401-276-7900 2d Business code (see instructions) PO BOX 7781 2c Sponsor's talephone number 423990 2d 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 423990 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name 4b EIN
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ 1a Name of plan 1b Three-digit plan number (PN) ▶ 1c Effective date of plan of the plan number (PN) ▶ 001 1c Effective date of plan of the plan number (PN) ▶ 001 2a Plan sponsor's name (employer, if for a single-employer plan) 1b Employer Identification Number (EIN) 05:0512311 2b Employer Identification Number (EIN) of two, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 401:276-7900 2d Business code (see instructions) 2d Business code (see instructions) 423990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 423990 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN PN PN PN
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number FEXTILES 2 INC. 401(K) PLAN 01 2a Plan sponsor's name (employer, if for a single-employer plan) 01/01/2002 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's tale or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c PO BOX 7781 00 2d UMBERLAND, RI 02864-0898 Same as Plan Sponsor. 3b 3a Plan administrator's name and address Same as Plan Sponsor. 3b 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN
1a Name of plan 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 001 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 20 BOX 7781 2c Sponsor's telephone number 401-276-7900 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN 4d PN
TEXTILES 2 INC. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's telephone number 401-276-7900 2d Business code (see instructions) PO BOX 7781 UMBERLAND, RI 02864-0898 3a Plan administrator's name and address Same as Plan Sponsor. 3a Plan administrator's name and address Same as Plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report 4b EIN 4d PN
Image: Entreme of Normal Street Processing Street Pr
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 2d Business code (see instructions) 423990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 2d Business code (see instructions) 423990 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PEXTILES 2 INC. Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PO BOX 7781 Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PO BOX 7781 Image: City or town, state or province, country, and ziP or foreign postal code (if foreign, see instructions) Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Image: City or town, state or province, country, and ziP or foreign postal code (if foreign, see instructions) Image: City of the plan sponsor Image: City of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Image: City of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Image: City of the plan sponsor's name Image: City of the plan sponsor's name Image: City of the plan sponsor's name
2C Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 423990 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name
PO BOX 7781 CUMBERLAND, RI 02864-0898 423990 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 Sponsor's name 4d PN
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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 Sponsor's name 4d PN
 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name
 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name
 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 B EIN 4 C PN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN
a Sponsor's name 4d PN
C Plan Name
5a 3 b Total number of participants at the end of the plan year 5b 3
b Total number of participants at the end of the plan year
complete this item)
d(1) Total number of active participants at the beginning of the plan year
A humber of a stick state when terminated explanated by the plan way with a second besp file that ways have
than 100% vested
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, if applicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.
SIGN Filed with authorized/valid electronic signature. 01/10/2018 JOHN F. HAYES, JR.
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	Are you claiming a waiver of the annual examination and report of a											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
c	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)											
Part III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year								
a	Total plan assets	7a	1187699	1313578								
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c	1187699	1313578								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
а	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)	3120									
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	183703									
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		186823								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55000									
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f	5944									
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		60944								
i	Net income (loss) (subtract line 8h from line 8c)	8i		125879								
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
0.0	If the plan provides pension benefits, enter the applicable pension	feature cor	les from the List of Plan Characterist	ic Codes in the instructions:								

а	If the	plan	provic	les pe	ension	benefits,	nter the applicable pension feature codes from the I	List of Plan	Characteristic Code	s in the instructions:
	2A	2E	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:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond? 1	10c	x		385000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	X		24342
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 55	600-SF	Short Form Annu		•	of Small Emplo	oyee	(DMB Nos. 1210-0110 1210-0089
Department of th Internal Revenu		This form is required to be file		nefit Plan sections 104 and 40	65 of the Employee Re	tirement		2017
Department o Employee Benefits Sec. Pension Benefit Guar	Internal	This Form is Open to Public Inspection						
		Complete all entries in a		nce with the instruc	ctions to the Form 55	00-SF.		•
		dentification Information						
For calendar plan y	year 2017 or fis	cal plan year beginning	51	/2017	and ending		/31/2017	
A This return/repo	ort is for:	a single-employer plan	list		i (not multiemployer) (F loyer information in acc		-	
P This seturn/see	atio	a one-participant plan		reign plan				
B This return/repo	IT IS	the first return/report	the f	inal return/report				
		an amended return/report	a sh	ort plan year return/	report (less than 12 mo	onths)		
C Check box if fili	ing under:	Form 5558	auto	omatic extension	ſ		C program	
		special extension (enter desci	ription)					
Part II Basi	ic Plan Info	rmation-enter all requested in	formation	1				
1a Name of plan							nree-digit	
TEXTILES 2 I	NC. 401(F	() PLAN				(P	an number N)	001
							fective date of / 01/2002	,
		yer, if for a single-employer plan)		******		2b Er	nployer Ident	ification Number
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		if foreign, see instru	ctions)		IN) 05-051	
TEXTILES 2				, , , , , , , , , , , , , , , , , , ,			ponsor's tele 1-276-79	ohone number
Po Box 7781						2d Bu		(see instructions)
Cumberland		RI 02864-089	8					
	rator's name ar	nd address X Same as Plan Spo				3b Ad	iministrator's	EIN
						3c A	dministrator's	telephone number
		e plan sponsor or the plan name h msor's name, EIN, the plan name				4b E	IN	
a Sponsor's na		moor o name, end, me plan heme	and the p	an namos nom ar		4d P	N	
c Plan Name								
5a Total number	r of participants	at the beginning of the plan year				5a		3
b Total number	r of participants	at the end of the plan year				5b		3
c Number of p	articipants with	account balances as of the end o	f the plan	year (only defined	contribution plans	5c		
	-	nticipants at the beginning of the p				5d(1)	
d(2) Total num	ber of active pa	articipants at the end of the plan ye	ear			5d(2)	
		b terminated employment during th				5e		(
		or incomplete filing of this retu				i use is e	stablished.	(
Under penalties of SB or Schedule M	of perjury and o MB completed a	ther penalties set forth in the instru indisigned by an enrolled actuary.	uctions, I	declare that I have	examined this return/re	port, inc	luding, if app	
belief, it is true, c	WILL		1	1/10/Dave	JOHN F. HAYES	TD		
SIGN HERE		Yun N		1/10/DOR				
Sigr	nature of plan	administrator		Date '	Enter name of individ	tual sign	ing as plan a	dministrator
SIGN HERE								•
Sigr	nature of empl	oyer/plan sponsor		Date	Enter name of individ	iual sign	ing as emplo	yer or plan sponsor

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

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined . (See instructions.)
Pa	rt III Financial Information	

_7	Plan Assets and Liabilities		(a) Beginning	of Year	·		(b) End of Year
a	Total plan assets	7a	1,	187,	699		1,313,578
b	Total plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	187,	699		1,313,578
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)		З,	120		
	(3) Others (including rollovers)	8a(3)				1. 19 19 11	
b	Other income (loss)	8b		183,	703		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		na filiana			186,823
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		55,	000		
e	Certain deemed and/or corrective distributions (see instructions)	8e					승규는 이 가지 않는 것을 하는 것을 했다.
f	Administrative service providers (salaries, fees, commissions)	8f		5,	944	att i set	
<u> </u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					60,944
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	an an an Arbana an Arbana Arbana	2	, in the second s		125,879
j Transfers to (from) the plan (see instructions)						1 T.	
	rt IV Plan Characteristics		des from the List of Pla	an Cha	racteri	stic Cod	des in the instructions:
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature	feature co					
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	feature co			acteris	tic Code	es in the instructions:
9a b Par 10 a	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	feature code eature code tions withir oluntary Fi	es from the List of Plan n the time period iduciary Correction				
9a b Par 10 a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature code eature code tions withir oluntary F	es from the List of Plan n the time period iduciary Correction nclude transactions	n Chara	acteris	tic Code	es in the instructions:
9a b Par 10 a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature code eature code tions withir oluntary F	es from the List of Plan n the time period iduciary Correction nclude transactions	n Chara	acteris	No X	es in the instructions:
9a b Par 10 a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feed t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	feature code eature code tions withir oluntary Fi ? (Do not i	es from the List of Plan In the time period iduciary Correction Include transactions Include transactions Include transactions	10a	Yes	No X	es in the instructions: Amount
9a b Par 10 a b c d	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature code eature code tions withir oluntary F ? (Do not i fidelity bor fidelity bor er persons e or all of 1	es from the List of Plan the time period iduciary Correction nclude transactions nd, that was caused by an insurance the benefits under	10a 10b 10c	Yes	No X	es in the instructions: Amount
9a b Par 10 a b c d	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	feature code eature code tions withir oluntary Fi ? (Do not i fidelity bor er persons e or all of f	es from the List of Plan in the time period iduciary Correction nclude transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X	es in the instructions: Amount
9a b Par 10 a b c d d e f g	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feed t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) 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	feature code eature code tions withir oluntary Fi ? (Do not i fidelity bor er persons e or all of fi 	es from the List of Plan in the time period iduciary Correction nclude transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X X X	es in the instructions: Amount
9a b Par 10 a b c d d e f g	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides applicable welfare ference of the plan provide any benefit when due under the plan plan plane. Was the plan failed to provide any benefit when due under the plane of the plan failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the plane failed to provide any benefit when due under the pl	feature code eature code tions withir oluntary Fi ? (Do not i fidelity bor er persons e or all of fi n? 	es from the List of Plan in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under ind.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X	es in the instructions: Amount 385,000

Form 5500-SF 2017

Part	VI	Pension Funding Compliance					
11	ls th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o m 5500) and line 11a below)	complete Sch	edule S	В		Yes 🗌 No
_11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ls ti ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectio	n 302 o	f		Yes 🛛 No
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver	Aonth	l enter t Day		of the let Year	-
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\circ}$	13.				
b	Ente	the minimum required contribution for this plan year		12b			
		the amount contributed by the employer to the plan for this plan year		12c			
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ative amount)	left of a	12d			
e	Will	the 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	X	No
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?	ght under the	Yes X No			
с 	lf, d whio	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to			
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN(s)

	·						