Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	nal Revenue Service	This form is required to be filed	under sections 104 ar	d 4065 of the Employee R		2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co		Internal	This Form is Open to			
Pension Be	nefit Guaranty Corporation	Complete all entries in a	ccordance with the in	structions to the Form 5	500-SF.	Public Inspection			
Part I		Identification Information							
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20			1/19/2018				
A This ret	urn/report is for:	a single-employer plan	list of participating	employer information in ac		king this box must attach a vith the form instructions.)			
B This retu	rn/roport is	a one-participant plan	a foreign plan						
		the first return/report							
		an amended return/report	X a short plan year re	turn/report (less than 12 m	onths)				
C Check b	box if filing under:	X Form 5558	automatic extensio	n	DFVC p	program			
		special extension (enter descri	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan				1b Thre	3			
MAJESTIC O	GLOVE 401(K) PLAN				plan (PN)	number 001			
					. ,	ctive date of plan			
						01/01/2003			
	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)					loyer Identification Number 91-1190648			
City or	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) S GLOVE CO., INC.			(EIN) 91-1190648 2C Sponsor's telephone number 425-740-5850					
					2d Business code (see instructions)				
	CASINO ROAD					315280			
EVERETT, W	VA 98204								
3a Plan ad	dministrator's name an	d address X Same as Plan Spon	sor.		3b Admi	inistrator's EIN			
					3c Administrator's telephone number				
		plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN				
a Sponso	or's name		·	•	4d PN				
C Plan N	ame								
5a Total r	number of participants	at the beginning of the plan year			5a	78			
		at the end of the plan year			5b	0			
C Numbe	er of participants with a	account balances as of the end of t	he plan year (only defir	ed contribution plans	5c	0			
•	,	ticipants at the beginning of the pla			5d(1)	62			
		ticipants at the end of the plan yea	-		5d(2)	0			
		terminated employment during the			5e	0			
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assess	ed unless reasonable ca	use is esta	blished.			
Under pena	alties of perjury and oth	ner penalties set forth in the instruc	tions, I declare that I ha	ive examined this return/re	port, includi	ing, if applicable, a Schedule			
	edule MB completed an rue, correct, and comp	d signed by an enrolled actuary, as lete.	s well as the electronic	version of this return/repor	τ, and to the	e best of my knowledge and			
SIGN	Filed with authorized/	valid electronic signature.	08/02/2018	JOHANNES KRUINIG	BER				
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing	g as plan administrator			
SIGN									
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponso				

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

Form 5500-SF (2017) v.170203

 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 an independent qualified public accountant (IQPA) inder 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.) 						
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year		
а	Total plan assets	7a	1689727	0		
b	Total plan liabilities	7b	0	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1689727	0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	0			
	(2) Participants	8a(2)	15078			
	(3) Others (including rollovers)	8a(3)	0			
b		8b	53955			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		69033		

	(-) (
b	Other income (loss)	8b	53955						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		69033					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g Other expenses			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i Net income (loss) (subtract line 8h from line 8c)				69033					
j Transfers to (from) the plan (see instructions)			-1758760						
Pa	Part IV Plan Characteristics								

e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		69033
j Transfers to (from) the plan (see instructions)	8j	-1758760	
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Plan Characte	ristic Codes in the instructions:

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

Part	V Compliance Questions				
10	During the plan year:		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) 1	10a		х	
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	х		120000
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?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 1	10g	Х		58746
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	Х		

r

r

Page **3-** 1

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch n 5500) and line 11a below)	edule \$	SB		Yes	X No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA?	n 302 c	of		Yes	X No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver			of the let _ Yea		ing
If y	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-			
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	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?		X Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					X Yes	N	0
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s h assets or liabilities were transferred. (See instructions.)) to				
1	3c(1)	Name of plan(s): 13c(2)	EIN(s)	130	(3) PN	√(s)
BUNZL	USA, LLC DEFERRED SAVINGS PLAN 13-1884179				002	2	

For	rm 5500-SF	Short Form Annu		t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	etirement	2017		
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection		
Part I		Complete all entries in		ructions to the Form 5	500-SF,			
		t Identification Information fiscal plan year beginning	01/01/2018	and ending	01/	19/2018		
	a plan jear zerr er			10	- Contraction	ing this box must attach a		
A This ret	turn/report is for:	⊠ a single-employer plan				ith the form instructions.)		
B This retu	urn/report is							
		an amended return/report	the first return/report Image: the final return/report an amended return/report Image: the final return/report (less than 12 months)					
C Check	box if filing under:	X Form 5558	automatic extension	· 、	, ☐ DFVC pr	ogram		
e oncorri		special extension (enter desc				ogram		
Part II	Basic Plan Infe	ormation—enter all requested in						
1a Name		enter an requested in	Ionnation		1b Three	-digit		
	ic Glove 401((k) Plan			plan r	number		
					(PN)			
						live date of plan		
2a Plan sr	oncor's name (ompl	oyer, if for a single-employer plan)				01/2003		
		om, apt., suite no. and street, or P.C). Box)			oyer Identification Number 91-1190648		
-		ce, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)		sor's telephone number		
US GLOT	ve Co., Inc.				2.9	5) 740-5850		
				1		ess code (see instructions)		
2510 We	est Casino Ro	ad	5.					
Everett	5		WA	98204	315	280		
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spo				nistrator's EIN		
					3c Admir	nistrator's telephone number		
4 If the n	ame and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN	X =		
'		onsor's name, EIN, the plan name a	and the plan number from the	he last return/report.	4d PN			
a Sponso C Plan Na					40 PN			
5a Total n	umber of participants	at the beginning of the plan year.			5a	78		
		at the end of the plan year			5b	(
C Numbe	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	(
		rticipants at the beginning of the pl		r r	5d(1)	62		
		articipants at the end of the plan year		F	5d(2)			
		terminated employment during the						
than 1	00% vested				5e	(
Under pena SB or Scheo	Ities of perjury and ot dule MB completed a	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	port, includin	g, if applicable, a Schedule		
	rue, correct, and com	plete.	82208	DHANNES	La.	uate.		
SIGN HERE	Signature of the					4		
SIGN	Signature of plan a	iamin i strator	Date	Enter name of individu	ual signing a	s plan administrator		
HERE	Clanature of any l			Estas and the state	at she had			
For Paperwo	Signature of emplo	over/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individu	ial signing a	s employer or plan sponsor Form 5500-SF (2017)		

v.170203

Form 5500-SF 2017

Page **2**

 6a Were all of the plan's assets during the plan year invested in e b Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib If you answered "No" to either line 6a or line 6b, the plan of C If the plan is a defined benefit plan, is it covered under the PBG 	t of an independ ility and condition annot use Form	dent qualified public a ons.) m 5500-SF and mus	accoun t inste	tant (le ad us	QPA) e Form 5	500	X Yes No
If "Yes" is checked, enter the My PAA confirmation number from							1
Part III Financial Information				_			
7 Plan Assets and Liabilities		(a) Beginning	of Yea	.		(b) End of	Year
a Total plan assets			689,			<u>, , , , , , , , , , , , , , , , , , , </u>	(
b Total plan liabilities				0			(
C Net plan assets (subtract line 7b from line 7a)		1,	689,	727			(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Tot	al
a Contributions received or receivable from:		(u) Anoun				(14) 101	
(1) Employers	8a(1)			0			
(2) Participants	8a(2)		15,	078			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		53,	955			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						69,033
d Benefits paid (including direct rollovers and insurance premium to provide benefits).				0			
e Certain deemed and/or corrective distributions (see instructions	s) 8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(
i Net income (loss) (subtract line 8h from line 8c)	8i						69,033
j Transfers to (from) the plan (see instructions)	····· 8j	-1,	758,	760			
Part IV Plan Characteristics		· · · · · ·	,				
9a If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 2T 3D 3H	sion feature cod	es from the List of Pl	an Cha	racter	istic Code	es in the instruc	tions:
b If the plan provides welfare benefits, enter the applicable welfa	re feature code	s from the List of Pla	n Char	acteris	tic Codes	in the instruct	ions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	Am	ount
a Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fid	uciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-inte reported on line 10a.).	rest? (Do not in	clude transactions	10b		x		
C Was the plan covered by a fidelity bond?			10c	Х			120,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X		
e Were any fees or commissions paid to any brokers, agents, or							12

	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		58,746
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
j.	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	x		

Form 5500-SF 2017

Page **3-**

Part	/I Pension Funding Compliance			2	1		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)		nedule S	B		Yes X] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302 c	f	. [] Yes 🛛] No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		d enter Da		of the le Yea		3
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			100.007	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N//	4
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?				X Yes	No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to				
1	3c(1) Name of plan(s): 13c(2				13	c(3) PN(s)
Bunz	l USA, LLC Deferred Savings Plan	13-18	8417	9		002	

194