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| SCHEDULE R(Form 5500) Department of the Treasury  Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation | | | Retirement Plan Information  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  ⏵ File as an attachment to Form 5500. | | OMB No. 1210-0110  2016  This Form is Open to Public Inspection. | |
| For calendar plan year 2016 or fiscal plan year beginning and ending | | | | | | |
| A Name of plan  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | B Three-digit plan number (PN) ⏵ | | 001 | |
|  | | | |
| C Plan sponsor’s name as shown on line 2a of Form 5500  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | D Employer Identification Number (EIN) 012345678 | | | |
| Part I | Distributions | | | | | |

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| **All references to distributions relate only to payments of benefits during the plan year.** |

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| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions | 1 | -123456789012345 |

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| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): | | |
| EIN(s): | | |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |  | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 12345678 |

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| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |

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| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | | X Yes | X No | X N/A |
| If the plan is a defined benefit plan, go to line 8. | | | | |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this  plan year, see instructions and enter the date of the ruling letter granting the waiver. |
| **Date:** Month \_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ | | | |

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| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |

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| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | -123456789012345 |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | -123456789012345 |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result   (enter a minus sign to the left of a negative amount) | 6c | -123456789012345 |

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| If you completed line 6c, skip lines 8 and 9. | | | | | | | | | |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? | | | | | X Yes | X No | | X N/A | |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? | | | | |  |  | |  | |
| X Yes | X No | | X N/A | |
| Part III | Amendments | | | | | | | | |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the “No” box. | |  | |  | |  | |  | |
| X Increase | | X Decrease | | X Both | | X No | |
| Part IV | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. | | | | | | | | |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? | | | | | | | X Yes | | X No |
| 11 a Does the ESOP hold any preferred stock? | | | | | | | X Yes | | X No |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a “back-to-back” loan?   (See instructions for definition of “back-to-back” loan.) | | | | | | | X Yes | | X No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | | | | | | | X Yes | | X No |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500. | | | Schedule R (Form 5500) 2016  v. 160205 | | | | | | | |

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| **Part V** | **Additional Information for Multiemployer Defined Benefit Pension Plans** | |
| **13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.* | | |
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| a Name of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): | | |
|  | | |
| a Name of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| a Name of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| aName of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| aName of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| aName of contributing employer | | |
| b EIN | | c Dollar amount contributed by employer |
| d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box X and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | |
| e Contribution rate information *(If more than one rate applies, check this box X and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)* (1) Contribution rate (in dollars and cents) \_\_\_\_\_\_\_\_\_\_\_\_\_  (2) Base unit measure: X Hourly X Weekly X Unit of production X Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| 14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:  a The current year | | |  | | 123456789012345 |
| 14a | |  |
| b The plan year immediately preceding the current plan year | | | 14b | | 123456789012345 |
| c The second preceding plan year | | | 14c | | 123456789012345 |
| 15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: | | | | |  |
| a The corresponding number for the plan year immediately preceding the current plan year | | | 15a | | 123456789012345 |
| b The corresponding number for the second preceding plan year | | | 15b | | 123456789012345 |
| 16 Information with respect to any employers who withdrew from the plan during the preceding plan year: | | | | |  |
| a Enter the number of employers who withdrew during the preceding plan year | | | 16a | | 123456789012345 |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | | | 16b | | 123456789012345 |
| 17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. X | | | | | |
| Part VI | Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans | | | |
| 18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment X | | | | |
| 19 If the total number of participants is 1,000 or more, complete lines (a) through (c) | | |  | |
| a Enter the percentage of plan assets held as:  Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_% | | | | |
| b Provide the average duration of the combined investment-grade and high-yield debt:  X 0-3 years X 3-6 years X 6-9 years X 9-12 years X 12-15 years X 15-18 years X 18-21 years X 21 years or more | | | | |
| c What duration measure was used to calculate line 19(b)?  X Effective duration X Macaulay duration X Modified duration X Other (specify): | | | | |

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| Part VII | **IRS Compliance Questions** | | | | | | | | |
| **20a** Is the plan a 401(k) plan? If “No,” skip b | | X Yes | | | | X No | | | |
| **20b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | | X | Design-based safe harbor | | | X | “Prior year” ADP test | | |
| X | “Current year” ADP test | | | X | N/A | | |
| 21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | | X | Ratio percentage test | X | Average benefit test | | | X | N/A |
| 21b 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? | | X Yes | | | | X No | | | |
| 22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and the serial number \_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | |
| 22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_. | | | | | | | | | |