SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

20152016

This Form is Open to Public

	Employee Benefits Security Administration								mapeedion	
Pension Benefit Guaranty Corporation File as an attachment to F				hment to Forr	orm 5500.					
For	calendar plan year 2015-2016 or fisc	cal plan year beginning				and	lending			
A Name of plan				В		e-digit number	(PN)	•		
C Plan sponsor's name as shown on line 2a of Form 5500				C	D Employer Identification Number (EIN)					
	mplete Schedule I if the plan covered t all plan under the 80-120 participant ru							nplete	Schedule I if you are filing a	s a
Pa	rt I Small Plan Financial I	nformation								
ass ben	port below the current value of assets lets held in more than one trust. Do n lefit at a future date. Include all incon urance carriers. Round off amounts	ot enter the value of the portion ne and expenses of the plan inc	of an i	nsurance cont	ract that	guarante	es during	this	plan year to pay a specific d	ollar
1	Plan Assets and Liabilities:			(a) E	Beginning	of Year			(b) End of Year	
а	Total plan assets		1a							
b	Total plan liabilities		1b							
С	Net plan assets (subtract line 1b fro	om line 1a)	1c							
2	Income, Expenses, and Transfers	s for this Plan Year:			(a) Amo	unt			(b) Total	
a	Contributions received or receivable	e:								
	(1) Employers		.2a(1)							
	(2) Participants		.2a(2)							
		Ì	2a(3)							
b	Noncash contributions		2b							
С	Other income		2c					-		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d							
е	Benefits paid (including direct rollov	´ ` ` ´ ´								
f	Corrective distributions (see instruc	·	2f					-		
g	Certain deemed distributions of par	ticipant loans						-		
	(see instructions)	İ	2g							
h	Administrative service providers (sa commissions)		2h							
i	Other expenses	t e e e e e e e e e e e e e e e e e e e								
i	Total expenses (add lines 2e, 2f, 2ç	İ								
, k	Net income (loss) (subtract line 2) f		-	i						
ı	Transfers to (from) the plan (see in:	´ -								
3	Specific Assets: If the plan held assermaining in the plan as of the end of line-by-line basis unless the trust mee	sets at any time during the plan ye the plan year. Allocate the value o	ar in an of the pla	an's interest in a	a commin					
	3, Sacre amose the tractifice	E 2 S G. C. G GPGGIIIG GAGGPGGIIG G				Yes	No		Amount	
а	Partnership/joint venture interests				3a		INU		Amount	
b	Employer real property									
С	Real estate (other than employer re									
d	Employer securities									
u	pioyor occurrico					r.	I	1		

Page	2-	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the linstructions for Form 5500.

Schedule I (Form 5500) 20152016 v. 150123160205

Pa	art II	Compliance Questions						
4	During	g the plan year:		Yes	No		Amount	<u> </u>
a	describ	nere a failure to transmit to the plan any participant contributions within the time period bed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until prected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)4a						
b	close c	any loans by the plan or fixed income obligations due the plan in default as of the of plan year or classified during the year as uncollectible? Disregard participant loans do by the participant's account balance4b						
С		any leases to which the plan was a party in default or classified during the year as ectible?4c						
d		there any nonexempt transactions with any party-in-interest? (Do not include ctions reported on line 4a.)						
е	Was th	ne plan covered by a fidelity bond?4e						
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was d by fraud or dishonesty?						
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser? 4 g						
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser? 4 h.						
i		e plan at any time hold 20% or more of its assets in any single security, debt, age, parcel of real estate, or partnership/joint venture interest? 4i .						
j		all the plan assets either distributed to participants or beneficiaries, transferred to er plan, or brought under the control of the PBGC?4j.						
k	public a	u claiming a waiver of the annual examination and report of an independent qualified accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 04-50 statement. (See instructions on waiver eligibility and conditions.)						
I	Has th	e plan failed to provide any benefit when due under the plan?41.						
m		is an individual account plan, was there a blackout period? (See instructions and 29 520.101-3.)	1					
n		was answered "Yes," check the "Yes" box if you either provided the required notice or the exceptions to providing the notice applied under 29 CFR 2520.101-3 4n	·					
0	Were a	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and t senarated from service?		ı				
00	Did the	plan trust incur unrelated business taxable income?	<u>40</u>					
p	-	L) If this is a section 401(k) plan, were hardship distributions made during the plan year?	<u>4Р1р</u>	(1)				
dist	ribution	s is a defined benefit plan or a money purchase pension plan, did the plan make any is during the plan year to employees who have attained age 62 and who were not from service when the distributions were made?	4p(2))				
5a I	Has a re	esolution to terminate the plan been adopted during the plan year or any prior plan year?)					
		enter the amount of any plan assets that reverted to the employer this year		Yes	ш		nount:	
		ig this plan year, any assets or liabilities were transferred from this plan to another plan(s red. (See instructions.)	s), iden	tify the	e plan(s)	to whi	ch assets or liabiliti	es were
		Name of plan(s)					5b(2) EIN(s)	5b(3) PN(s)
						+		

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined.

5	Schedule I (Form 5500) 2016	Page 3-					
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Part III	Trust Information						
6a Name o	of trust		6b Trust's EIN				
6c Name o	of trustee or custodian	6d Trustee's or custo	6d Trustee's or custodian telephone number				