

**SCHEDULE I
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

20176

This Form is Open to Public Inspection

For calendar plan year 20176 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN)		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets.....	1a		
b Total plan liabilities.....	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c		
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)		
(2) Participants.....	2a(2)		
(3) Others (including rollovers).....	2a(3)		
b Noncash contributions.....	2b		
c Other income.....	2c		
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		
e Benefits paid (including direct rollovers).....	2e		
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Administrative service providers (salaries, fees, and commissions).....	2h		
i Other expenses.....	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		
k Net income (loss) (subtract line 2j from line 2d).....	2k		
l Transfers to (from) the plan (see instructions).....	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests.....	3a			
b Employer real property.....	3b			
c Real estate (other than employer real property).....	3c			
d Employer securities.....	3d			
e Participant loans.....	3e			
f Loans (other than to participants).....	3f			
g Tangible personal property.....	3g			

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

Part II Compliance Questions

Table with 4 columns: Question, Yes, No, Amount. Rows 4a through 4n.

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

[] Yes [] No

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

Table with 3 columns: 5b(1) 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.

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 of trust ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI-

6b-Trust's EIN

6c-Name of trustee or custodian ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI- ABCDEFGHI-

6d-Trustee's or custodian telephone number

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