_	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	ł	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4				2014					
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		Interna	This F	rm is Open to c Inspection must attach a list uctions) 001 001 001 001 01 01 01 01 01 01 01 01					
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	ructions to the Form 55	00-SF.		lic Inspection					
Part I		Identification Information scal plan year beginning 01/01/201	15	and ending 08/	(31/201)	5						
		X a single-employer plan		lan (not multiemployer) (ox must attach a list					
A This retuB This retu	urn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	yer information in accord	dance w	-						
C Check b	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		[DFVC progra	ım					
Part II	Basic Plan Info	rmation—enter all requested info	rmation									
1a Name CHERRY ST	of plan FIX 401(K) PLAN				F	Three-digit plan number (PN) ▶	001					
					1c	Effective date o	f plan /1999					
2a Plan sp CHERRY ST	oonsor's name and adv	dress; include room or suite number	(employer, if for a single-	-employer plan)		Employer Identi	fication Number					
	WAY, SUITE 1503					Sponsor's telep						
NEW YORK,					2d E		(see instructions)					
3a Plan ad	dministrator's name ar	nd address XSame as Plan Sponso)r.		3b /	Administrator's						
		e plan sponsor has changed since th mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b 1							
a Sponso		at the beginning of the plan year			4c							
		at the end of the plan year			5a 5b		30 0					
C Numbe	er of participants with a	account balances as of the end of th	ne plan year (defined bene	efit plans do not	50 50							
		rticipants at the beginning of the plar					0					
.,		rticipants at the end of the plan year	-		5d(1	-	0					
		erminated employment during the plan			5d(2 5e	-	0					
Under pena SB or Sche	alties of perjury and oth edule MB completed ar true, correct, and comp		ions, I declare that I have	examined this return/rep	oort, inc	cluding, if applic	able, a Schedule knowledge and					
SIGN HERE	Filed with authorized/	valid electronic signature.	10/08/2015	DAVID APPERMAN								
HERE	Signature of plan a		Date	Enter name of individu	ual sign	ning as plan adr	ninistrator					
SIGN HERE		valid electronic signature.	10/08/2015	DAVID APPERMAN								
	Signature of emplo name (including firm n	oyer/plan sponsor name, if applicable) and address (inc	Date Jude room or suite numbe	Enter name of individuer) (optional)			er or plan sponsor number (optional)					

	Were all of the plan's assets during the plan year invested in eligible						X Yes No
b	Are you claiming a waiver of the annual examination and report of a			•	,		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno						
С	If the plan is a defined benefit plan, is it covered under the PBGC ins						
	t III Financial Information			,			
7	Plan Assets and Liabilities		(a) Paginning of Vac	-			(b) End of Yoor
<u>'</u> a	Total plan assets	7a	(a) Beginning of Yea 17948		_		(b) End of Year
	Total plan liabilities	7b			_		
	Net plan assets (subtract line 7b from line 7a)	7c	17948	800			0
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	512	201			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		51201
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18403	846			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
 f	Administrative service providers (salaries, fees, commissions)	8f	56	55			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1846001
	Net income (loss) (subtract line 8h from line 8c)	8i					-1794800
i	Transfers to (from) the plan (see instructions)	8i					
Pa	t IV Plan Characteristics	oj					
9a	If the plan provides pension benefits, enter the applicable pension f	eature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Coc	les in tl	he instructions:
_							
Par					v		_
10	During the plan year:		the time period dependent in		Yes	No	Amount
d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not i	nclude transactions reported	10h		х	
	on line 10a.)			10b	~	~	
				10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of	•					
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	ı?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х		0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						-
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No
	· · · · ·						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				

Day

Year

Page 3 - 1

lf	ou completed 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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		
	If "Yes," 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 of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1	3 c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

	of Small Emp	loyee	1210-0089 2014			
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				
Department of Labor Employee Benefits Security Administration	<u>n</u>	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Revenue Code (the Code).				
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form	6500-SF.	•	
Part i Annual Repor For calendar plan year 2014 or	rt Identification Information	01/01/2015	and ending	087	31/2015	
	a single-employer plan		ian (not multiemployer) (Filers checki	ing this box must attach a list	
A This return/report is for:	-	of participating employ				
	a one-participant plan	a foreign plan the final return/report				
B This return/report is	an amended return/report	x a short plan year retur	n/report /less than 12	months)	1. 	
			inepoli (leas diali 12	_		
C Check box if filing under:	Form 5558	automatic extension			VC program	
	special extension (enter desc	cription)			1. 	
Part II Basic Plan Inf	ormation enter all requested in	nformation		· · · · · · · · · · · · · · · · · · ·		
1a Name of plan		• •	· .	1b Three	-digit umber	
Cherry Stix 401(k)	Plan		-	(PN)	1	
• •				1	ive date of plan	
29. Blan enoncor's name and a	address; include room or suite numi	har (amplayer if for a single	employer nigo)		1/1999 yer Identification Number	
Cherry Stix LTD	success, include toont of sake humi	nei feimhiokei, ii ioi a siiftie.	employer plant		13-2923366	
-	·				or's telephone number	
1407 Broadway, Sui	te 1503) <u>221-5100</u>	
Tio, mrogouidl, dom	00 2000			Zu Dusine	ess code (see instructions)	
New York		NY	10018	4243	00	
New York 3a Plan administrator's name	and address XSame as Plan Spon		10018		00 Istrator's EIN Istrator's telephone number	
3a Pian administrator's name		ISOT.		3b Admin 3c Admin	istrator's EIN	
 3a Plan administrator's name 4 If the name and/or EIN of t 	and address XSame as Plan Spon he plan sponsor has changed since umber from the last return/report.	ISOT.		3b Admin 3c Admin 4b EIN	istrator's EIN	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 	he plan sponsor has changed since umber from the last return/report.	isor. • the last return/report filed fo	or this plan, enter the	3b Admin 3c Admin 4b EIN 4c PN	Istrator's EIN istrator's telephone number	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participan 	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year	isor. • the last return/report filed fo	or this plan, enter the	3b Admin 3c Admin 4b EIN 4c PN 5a	Istrator's EIN Istrator's telephone number 30	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants with 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year h account balances as of the end of	sor. • the last return/report filed fo f the plan year (defined bene	or this plan, enter the fit plans do not	3b Admin 3c Admin 4b EIN 4c PN 5a	Istrator's EIN Istrator's telephone number 30	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants with complete this item) 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year h account balances as of the end of	sor. • the last return/report filed fo f the plan year (defined bene	or this plan, enter the fit plans do not	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c	Istrator's EIN Istrator's telephone number 30	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participants with complete this item) d(1) Total number of active p 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p	the last return/report filed fo f the plan year (defined bene plan year	or this plan, enter the	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5c 5d(1) 5c	Istrator's EIN Istrator's telephone number 30 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year	sor. • the last return/report filed fo f the plan year (defined bene plan year	or this plan, enter the	3b Admin 3c Admin 4b EIN 4c PN 5a 5c 5b 5c 5d(1) 5d(2)	Istrator's EIN istrator's telephone number 30 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p	the last return/report filed fo f the plan year (defined bene plan year plan year with accrued bene	or this plan, enter the fit plans do not	3b Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5c 5d(1) 5c	Istrator's EIN Istrator's telephone number 30 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year terminated employment during the	the last return/report filed for the plan year (defined bene plan year plan year with accrued bene m/report will be assessed	or this plan, enter the fit plans do not fits that were unless reasonable ca	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5c 5c 5c 5d(1) 5e ause is establic 5e	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year terminated employment during the e or incomplete filing of this return other negatives set forth in the instru-	the last return/report filed for the plan year (defined bene plan year plan year with accrued bene m/report will be assessed retions. Lectare that L have	or this plan, enter the fit plans do not fits that were unless reasonable ca	3b Admin 3c Admin 3c Admin 4b EIN 4c PN	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year h account balances as of the end of participants at the beginning of the p participants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary,	the last return/report filed for the plan year (defined bene plan year plan year with accrued bene m/report will be assessed retions. Lectare that L have	or this plan, enter the offit plans do not offits that were unless reasonable ca examined this return/repo	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5c 5b 5c 5c 5d(1) 5d(2) 5e ause is establic Se establic	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan terminated employment during the <u>e or incomplete filing of this retur</u> other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the plan year (defined bena plan year plan year with accrued bena m/report will be assessed uctions, I declare that I have as well as the electronic ver 16/8/15	or this plan, enter the offit plans do not offits that were examined this return/r sion of this return/repo	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5c 5d(1) 5d(2) 5e ause is establi eport, including rt, and to the b	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and corr SIGN HERE 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan terminated employment during the <u>e or incomplete filing of this retur</u> other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for f the plan year (defined bene plan year	or this plan, enter the fit plans do not fits that were unless reasonable ca examined this return/r sion of this return/repo David Apperm Enter name of indivi	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiced is establiced in the branding and to the branding astronomic and to the branding astronomic and to the branding astronomic and the branding astronomic and the branding astronomic and the branding astronomic astro	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p d(1) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late belief, it is true, correct, and correct a	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for the plan year (defined bene plan year	or this plan, enter the fit plans do not fits that were unless reasonable ca examined this return/r sion of this return/repo David Apperm Enter name of indivi David Apperm	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5c 5b 5c 5d(1) 5d(2) 5e 5d(2) ause is establic 5e ause is establic 5d(2) 5e 5d(2) 5a 5d(2)	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants will complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and os B or Schedule MB completed belief, it is true, correct, and cor sign HERE Signature of plan Signature of emp 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for f the plan year (defined bene plan year	or this plan, enter the offit plans do not fits that were unless reasonable ca examined this return/r sion of this return/report David Apperm Enter name of indivi David Apperm	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiceport, including of the branding as an idual signing as an	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants will complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and os B or Schedule MB completed belief, it is true, correct, and cor sign HERE Signature of plan Signature of emp 	he plan sponsor has changed since umber from the last return/report. Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for f the plan year (defined bene plan year	or this plan, enter the offit plans do not fits that were unless reasonable ca examined this return/r sion of this return/report David Apperm Enter name of indivi David Apperm	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiceport, including of the branding as an idual signing as an	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants will complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and os B or Schedule MB completed belief, it is true, correct, and cor sign HERE Signature of plan Signature of emp 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for f the plan year (defined bene plan year	or this plan, enter the offit plans do not fits that were unless reasonable ca examined this return/r sion of this return/report David Apperm Enter name of indivi David Apperm	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiceport, including of the branding as an idual signing as an	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants will complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and os B or Schedule MB completed belief, it is true, correct, and cor sign HERE Signature of plan Signature of emp 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the last return/report filed for f the plan year (defined bene plan year	or this plan, enter the offit plans do not fits that were unless reasonable ca examined this return/r sion of this return/report David Apperm Enter name of indivi David Apperm	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiceport, including of the branding as an idual signing as an	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
 3a Plan administrator's name 4 If the name and/or EIN of t name, EIN, and the plan n a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested. Caution: A penalty for the late Under penalties of perjury and of SIGN HERE Signature of plan Signature of emp 	he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the a or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last return/report filed for the plan year (defined beneficial of the plan year (defined beneficial of the plan year with accrued beneficial of the plan ye	or this plan, enter the fit plans do not fits that were unless reasonable ca examined this return/r sion of this return/reporn David Apperm Enter name of indivi David Apperm Enter name of indivi r) (optional)	3b Admin 3c Admin 3c Admin 4b EIN 4c PN 5a 5b 5c 5d(1) 5e ause is establiceport, including of the branding as an idual signing as an	Istrator's EIN istrator's telephone number 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	Form 5500-SF 2014		Page Z				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			,,,,,,,,,,,,,	Yes No
Ь	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accounta	nt (IQ	PA)		Π. Π.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and conditi	ons.) m 5500-SF and must instead	i use	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No Not determined
1.	t III Financial Information	•	· · · · · · · · · · · · · · · · · · ·				
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
	Total plan assets	7a	1,794		0		0
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	1,794	,80	0		. 0
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					-
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	51	,20	1		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>					51,201
d	Benefits paid (including direct rollovers and insurance premiums to provide benafits)	8d	1,840), 34	6		
e	Certain deemed and/or corrective distributions (see instructions)	8e				:	
f	Administrative service providers (salaries, fees, commissions)	8f	. 5	5,65	5		
g	Other expenses	8g	·				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,846,001
i	Net income (loss) (subtract line 8h from line 8c)	81					-1,794,800
j	Transfers to (from) the plan (see instructions)	8	, ·				· ·
	t IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteria	stic Co	ides in	the instructions:
••• b	2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	terist	ic Cod	les in t	he instructions:
							· .
Par	V Compliance Questions						· · · · · · · · · · · · · · · · · · ·
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	itions withir uciary Com	n the time period described in ection Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		х	
С				10c	х		1,000,000
d				100			2,000,000
	or dishonesty?			10d		. X	
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	
f				101		х	
ġ				10g	Х		0
h				109	<u>~</u>		<u> </u>
	2520.101-3.)			10h		<u> </u>	
•	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101			
	VI Pension Funding Compliance		6		Calassi	4. 00	
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)						
	Enter the unpaid minimum required contribution for current year fi					11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being			tions	and	ntor th	Leader of the letter ruling
d	It a waiver of the minimum funding standard for a prior year is beil granting the waiver.				, and 6	Day	Year

	Page 3 -				:	
10 of Schedule MB (F	orm 5500), and skip to lin	.e 13.	T			
lan year			12b			
	·		40.	1		
the plan for this plan yea	I r		120			
		******	12d		<u></u>	
12d be met by the fund	ling deadline?			Yes	U NO	N/A
s of Assets						
d in any plan year?			` ليا ا	Yes	No	
reverted to the employe	r this year		. 13a			0
·····	*** ** *** ****				Ye	s X No
ere transferred from this nstructions.)	plan to another plan(s), ide					
			13c(2) E	IN(s)	<u>13c(</u>	(3) PN(s)
	······································				R	
	· .		14b T	rust's EIN	J	
	the plan for this plan year n line 12b. Enter the res a 12d be met by the fund s of Assets d in any plan year? reverted to the employe s or beneficiaries, transfer re transferred from this	the plan for this plan year n line 12b. Enter the result (enter a minus sign to the a 12d be met by the funding deadline? s of Assets d in any plan year? reverted to the employer this year s or beneficiaries, transferred to another plan, or bro- ere transferred from this plan to another plan(s), ide	s of Assets d in any plan year? reverted to the employer this year s or beneficiaries, transferred to another plan, or brought under the ere transferred from this plan to another plan(s), identify the plan(s) instructions.)	Image: series of the series	Image: series of a sector of the series of a sector of the sector of	Ian year

Authorization Letter Regarding Electronic Filing of Form 5500 for the

Cherry Stix 401(k) Plan

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Chernoff Diamond & Co., LLC (CDC) to electronically file the plan sponsor's Form(s) 5500 annually, but only upon CDC's receipt of a copy of the manually signed pages of the Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the department of Labor on the Internet for public disclosure.

The employer may revoke or change this authorization at any time by notification in writing to CDC.

David Apperman (Plan Administrator)

David Apperman (Plan Sponsor)

Date

10/8/15

Date