For	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed unde		065 of the Employee R	etirement	2014			
	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration								
Pension Benefit Guaranty Corporation Public Inspection Public Inspection									
Part I		dentification Information			104/0044				
For calenda	ar plan year 2014 or fisc			<b>4</b>	/31/2014	lie this have several attach a list			
	urn/report is for: urn/report is	of a one-participant plan a the first return/report the	participating employ foreign plan e final return/report	an (not multiemployer) er information in accord /report (less than 12 m	dance with t	king this box must attach a list he form instructions)			
C Check b	box if filing under:		utomatic extension			FVC program			
Part II	Basic Plan Infor	mation—enter all requested information	20						
1a Name			JII		(PN)	number 001			
2a Plan sp C&C TRADIN		ress; include room or suite number (emp	bloyer, if for a single-e	employer plan)	2b Empl (EIN)	01/01/1987 loyer Identification Number 23-2266678			
111 BROADV	NAY	111 BROADWA	Y		. , ,	nsor's telephone number 212-964-5543			
8TH FLOOR, SUITE 808 NEW YORK, NY 10006 NEW YORK, NY 10006						2d Business code (see instructions) 523210			
3a Plan a	dministrator's name and	address Same as Plan Sponsor.			3b Admi	inistrator's EIN 14-2648136			
		plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b EIN	inistrator's telephone number			
name, <b>a</b> Sponso	•	ber from the last return/report.			<b>4c</b> PN				
- <u>-</u>		t the beginning of the plan year			5a	10			
<b>b</b> Total r	number of participants a	It the end of the plan year			5b	10			
		ccount balances as of the end of the pla			5c	10			
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the plan yea	r		5d(1)	10			
<b>d(2)</b> Tota	al number of active part	icipants at the end of the plan year			5d(2)	10			
		minated employment during the plan yea			5e				
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/reporter penalties set forth in the instructions, in the signed by an enrolled actuary, as well stee.	declare that I have e	examined this return/re	port, includir	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	alid electronic signature.							
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administrator			
SIGN HERE				_					
Preparer's RICHARD E EISENBER(	EISENBERG G & BLAU CPA PC WAY #1102	er/plan sponsor me, if applicable) and address (include r	Date oom or suite number			as employer or plan sponsor telephone number (optional) 212-964-5543			
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-5	SF		Form 5500-SF (2014)			

6a	Were all of the plan's assets during the plan year invested in eligibl	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	33745				3841112
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	33745	58			3841112
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)	2734	77			
	(3) Others (including rollovers)	8a(3)	1930	)77			
b	Other income (loss)	8b					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		466554
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			_		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		
	Net income (loss) (subtract line 8h from line 8c)	8i			_		466554
j	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to $\frac{2E}{2}$ $\frac{2J}{3}$ $\frac{3B}{3D}$	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
c	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	· · · · · · · · · · · · · · · · · · ·						
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)			10e		X	
	Has the plan failed to provide any benefit when due under the plan			10f		X	
		-		10g		Х	
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		Х	
i 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i		x	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<b>b</b> Enter the minimum required contribution for this plan year		12b				
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c				
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d				
e 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?		· 🗆 ۲	Yes X 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 brought under the control of the PBGC?						
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN			

Form **5558** 

(Rev. August 2012) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Pa	art I	Identification	w.no.	900/10/11/0000			
A		of filer, plan administrator, or plan sponsor (see instructions)	в	Filer's identi	ifying num	ber (see i	nstr)
C&C TRADING LLC Employer identification number 23-2266678						•	
	Numb	er, street, and room or suite no. (If a P.O. box, see instructions) BROADWAY					
		r town, state, and ZIP code	•	Social security nu	umber (SSN) (9	digits XXX-X	(-XXXX)
		VORK, NY 10006					
~				Plan	PI	an year e	nding -
С		Plan name		number	ММ	DD	YYYY
	050	TRADING LLC PROFIT SHARING PLAN		001	12	31	2014
Pa	art II	Extension of Time To File Form 5500 Series, and/or Form 8955-SSA		001		1 21	2014
1		Check this box if you are requesting an extension of time on line 2 to file the first For	m 550	) series return/	report for t	he plan lis	ted
•		in Part 1, C above.					
2	l rec	uest an extension of time until 10/15/2015 to file Form	5500 s	eries (see instr	ructions).		
	Not	e. A signature IS NOT required if you are requesting an extension to file Form 5500 seri	es.				
3	l rec	uest an extension of time until to file Form	8055-5	SA (see instru	ctions)		
Ŭ		e. A signature IS NOT required if you are requesting an extension to file Form 8955-SS/			0101137.		
Pa	late	date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested r than the 15th day of the third month after the normal due date. Extension of Time To File Form 5330 (see instructions)	l, and i	(b) the date on	line 2 and	or line 3 (a	above) is not
4		uest an extension of time until to file Form	5330.				
	You	may be approved for up to a 6 month extension to file Form 5330, after the normal due	e date	of Form 5330.			
i	a Ente	er the Code section(s) imposing the tax					
		er the payment amount attached			b		
		excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendmen	t date	►	с		
5	Sta	te in detail why you need the extension:					
		nalties of perjury, I declare that to the best of my knowledge and belief, the statements am authorized to prepare this application.	made	on this form ar	e true, corr	ect, and c	omplete,
	nature			Date 🕨			

Form 5558 (Rev. 8-2012)

EISENBERG & BLAU CPA PC 150 BROADWAY #1102 NEW YORK NY 10038 212 964 5543

OCTOBER 15, 2015

WILLIAM CHARLTON 111 BROADWAY, SUITE 808 NEW YORK, NY 10006

WILLIAM CHARLTON,

ENCLOSED IS 2014 FORM 5500-SF FOR C&C TRADING LLC PROFIT SHARING PLAN, PLAN NUMBER 001.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETAIN AN ORIGINAL OF THE RETURN FOR THE PLAN'S RECORDS. WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY OF YOUR RETURN TO EFAST2.

SINCERELY ,

RICHARD EISENBERG

	orm 5500-SF		Short Form		eturn/Re Benefit F	eport of Small I Plan	Empl	oyee	OMB N	Nos. 1210-0110 1210-0089		
ט 	epartment of the Treasury Internal Revenue Service	Ret	This form is required	d to be filed u	under sect	tions 104 and 4065 ( ISA), and sections 6	of the	Employee	20	)14		
	Department of Labor Benefits Security Administration		01	f the Internal	l Revenue	Code (the Code).			This For	m is Open		
	n Benefit Guaranty Corporation				nce with	the instructions to	the Fo	orm 5500-SF.	to Public	Inspection		
<b>Part</b>	endar plan year 2014 or fi				)1/201	1	and or	ndina 1	2/31/20	14		
-	s return/report is for:	iscal p X	<u>, , , , , , , , , , , , , , , , , , , </u>			<b></b> e-employer plan (not m	and er nultiemp					
	5 loturi / oport lo lot.		a single chipleye.		-	pating employer inform			-			
		Г	a one-participant p	olan	a foreigr					'		
<b>B</b> Thi	s return/report is	Ľ	the first return/rep	ort	the final	return/report						
~		1	an amended return	n/report		plan year return/repo	ort (les	s than 12 mont	· ·			
C Ch	eck box if filing under:	X		L	-	tic extension		Ц	DFVC program	n		
Part	II Basic Plan Info	rmat	special extension									
	me of plan						1b	Three-digit				
	TRADING LLC	PRO	FIT SHARIN	IG PLAN	1			plan number (F	PN) 🕨	001		
							1c	Effective date 01/0	of plan 1/1987			
	n sponsor's name and addre TRADING LLC	ss; incl	ude room or suite nur	nber (employe	er, if for sing	gle-employer plan)	2b	Employer Iden	-	ber (EIN)		
111	BROADWAY							Sponsor's tele 2 – 964 – 55		r		
	FLOOR, SUITE	80	8				2d	Business code	-	ons)		
	YORK		<u>N</u> Y 100	06				5232				
	n administrator's name an		dress Same as	s Plan Spons	sor.		3b	<b>3b</b> Administrator's EIN 14-2648136				
	BROADWAY, SU						3c	Administrator's		umber		
NEW	YORK		NY 100	)06								
	e name and/or EIN of the	-				/report filed for this	4b	EIN				
•	, enter the name, EIN, an	d the j	plan number from th	ne last return	1/report.							
<b>a</b> 5µ	oonsor's name						4c	PN				
<b>5a</b> To	otal number of participant	s at th	e beginning of the	nlan vear			5a	1		10		
	otal number of participant						5b	<u> </u>		10		
	umber of participants with							1				
	enefit plans do not comple		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>5c</u>			10		
	Total number of active						5d(1)	·		10		
	Total number of active						5d(2)	)		10		
	umber of participants that enefits that were less thar			during the pi	lan year w	/ith accrueu	5e					
-	on: A penalty for the late			this return/r	eport will	be assessed unles		sonable cause	is established	d.		
Under Schedu	penalties of perjury and o ule SB or Schedule MB co wledge and belief, it is tru	ther p	enalties set forth in ted and signed by a	the instruction the instruction and enrolled action the second seco	ions. I dec	lare that I have exan	nined t	this return/repo	rt. includina. if	applicable, a		
SIGN	william J Ch	arl	ton	10/15/	2015	WILLIAM CH	HARI	LTON				
	Signature of plan admi	nistra	tor	Date		Enter name of indiv			administrator			
SIGN												
HERE	Of the strength of semaloy of			Data		Ester same of indi	-idual (	-inning og ompl				
Dropo	Signature of employer/	-	-	Date	luda room	Enter name of indiv		<u> </u>				
Prepa	rer's name (including firm	name	, if applicable) and a	address (inci	lude room	or suite number) (or	otionai	) Preparer s ter	epnone numb	er (optional)		
RICHARD EISENBERG 212-964-5543 EISENBERG & BLAU CPA PC												
	BROADWAY #11											
NEW	YORK		NY 100	)38								

<u></u>									<u> </u>	
-	Were all of the plan's assets during the plan year invested in eligible assets? (							X Yes		)
b	Are you claiming a waiver of the annual examination and report of an independent							<b>v</b>	Π	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes		)
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form							Π		
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see rt III Financial Information	ERISA SE	CUON 4021)	<u> </u>	Y	es	No	Not de	etermine	a
7			(a) Ragi	nning	of Vo	or I	()	) End of Y	loor	
<u>/</u>	Plan Assets and Liabilities	7.	(a) Begi ว	, 374			(r		ear 11,11	5
	Total plan assets	7a		, 57.	±,J	50		5,04	*⊥,⊥⊥	
	Total plan liabilities	7b	3	,374	4 5	58		3 8/	11,11	2
8	Net plan assets (subtract line 7b from line 7a)	7c		Amou	-			(b) Total	-	
a	Income, Expenses, and Transfers for this Plan Year		(a)	Amou		-		(b) 10ta		_
a	Contributions received or receivable from:	00(1)								
	(1) Employers	8a(1)		27	3,4	77				_
	(2) Participants	8a(2)			<u>5, 4</u> 6, 0					_
h	(3) Others (including rollovers)	8a(3) 8b			0,0	<u>, ,</u>				
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		46	59,55	Ā
d	Benefits paid (including direct rollovers and insurance premiums to provide	00				_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
u		8d								
_	benefits) Certain deemed and/or corrective distributions (see instructions)	8e				-				-
f	Administrative service providers (salaries, fees, commissions)	8f				-				-
- <u>-</u>		8g				-				-
 h	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				_
- <u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						46	59,55	4
÷	Transfers to (from) the plan (see instructions)	8i							,,,,,	_
Pa	rt IV Plan Characteristics									_
Pa	rt V Compliance Questions									_
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time	period des	cribed							
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc	tion Prog	ram.)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	Iclude								
	transactions reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?	<u></u>		10c		Х				
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon									
	was caused by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other persons	-								
	carrier, insurance service, or other organization that provides some or all of the	ha hanafi	ts under							
						v				
	the plan? (See instructions.)			10e		x				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?			10f		Х				_
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year en	nd.)							_	_
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year er If this is an individual account plan, was there a blackout period? (See instru-	nd.)		10f 10g		X X				_
g h	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year er If this is an individual account plan, was there a blackout period? (See instru- and 29 CFR 2520.101-3.)	nd.) ctions		10f		Х				
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year er If this is an individual account plan, was there a blackout period? (See instru- and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required	nd.) ctions I notice o	r one	10f 10g 10h		X X X				
g h i	<ul> <li>the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of year er</li> <li>If this is an individual account plan, was there a blackout period? (See instrue and 29 CFR 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3</li> </ul>	nd.) ctions I notice o	r one	10f 10g		X X				
g h i Pa	the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year er         If this is an individual account plan, was there a blackout period? (See instruction and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3.         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3.         If VI       Pension Funding Compliance	nd.) ctions I notice o	r one	10f 10g 10h 10i		X X X X				
g h i	the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year er         If this is an individual account plan, was there a blackout period? (See instruction and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3 <b>rt VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes")	nd.) ctions I notice o Yes," see	r one instructior	10f 10g 10h 10i		X X X X				
 h i [Pa 11	the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year er         If this is an individual account plan, was there a blackout period? (See instruction and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3         If VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)	nd.) ctions I notice o Yes," see	r one instructior	10f 10g 10h 10i		X X X X lete		Yes		)
 h i Pa 11 11a	the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year er         If this is an individual account plan, was there a blackout period? (See instruction and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3         If VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from Schedule	rd.) ctions I notice o Yes," see ule SB (Fo	r one instructior orm 5500)	10f 10g 10h 10i s and c		X X X X lete	75	 		
 h i [Pa 11	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year er If this is an individual account plan, was there a blackout period? (See instru- and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3 <b>irt VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If " Schedule SB (Form 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Schedul Is this a defined contribution plan subject to the minimum funding requirements of sec	rd.) ctions notice o Yes," see ule SB (Fo tion 412 of	r one instructior orm 5500)	10f 10g 10h 10i s and c		X X X X lete		∏ Yes ∐ Yes		
 h i 11  11a  12	the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as of year er         If this is an individual account plan, was there a blackout period? (See instruction and 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the required of the exceptions to providing the notice applied under 29 CFR 2520.101-3         If VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirements? (If "Schedule SB (Form 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from Schedule	nd.) ctions I notice o Yes," see ule SB (Fo tion 412 of uble.)	r one instructior orm 5500) i the Code on	10f 10g 10h 10i is and o line 39 section	n 302 c	X X X k lete 11a		Yes	X No	)

Form 5500-SF 2014 Page <b>3-</b>						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year		12	2b			
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12	2c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig	gn to					
the left of a negative amount)		12	2d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Υ	'es	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?			Υ	'es	X <sub>No</sub>	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13	la			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan under the control of the PBGC?	n, or brought				∏ <sub>Yes</sub>	X No
<ul> <li>C If during this plan year, any assets or liabilities were transferred from this plan to another plan liabilities were transferred. (See instructions.)</li> </ul>	(s), identify the	plar	n(s)	to whic		
13c(1) Name of plan(s):	13c(2	) EIN	۷(s)	)	13c(3	PN(s)
Part VIII Trust Information (optional)						
	146	<b>F</b>	<b>1</b> /-			
14a Name of trust	14b 1	rus	τS	EIN		

# Signature Certificate

Document Reference: S93SYIJ9P4GMMAELJYZEHZ



Easy Online Document Signing



### **Bill Charlton** Party ID: LX45FXIGJ24A5LHE5W2EZA IP Address: 38.104.191.110

VERIFIED EMAIL: bcharlton@candctrading.com

Multi-Factor Digital Fingerprint Checksum

#### 5c96e9edec34502f021c5d1c59e8e38a57c66bc8

Electronic Signature: ceretto Omby

# 

Timestamp	
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### Audit

2015-10-15 11:46:50 -0700	All parties have signed document. Signed copies sent to: Bill Charlton and
	Estelle Debates.
2015-10-15 11:46:50 -0700	Document signed by Bill Charlton (bcharlton@candctrading.com) with drawn
	signature 38.104.191.110
2015-10-15 11:36:54 -0700	Document viewed by Bill Charlton (bcharlton@candctrading.com)
	38.104.191.110
2015-10-15 11:18:29 -0700	Document created by Estelle Debates (edebates@eandbcpa.com)
	142.255.115.156

