Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit PRODUCTION RESOURCES INC PENSION PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PRODUCTION RESOURCES INC 13-3496841 (EIN) Sponsor's telephone number 212-268-9212 16 WEST 37TH STREET 4TH FLOOR Business code (see instructions) NEW YORK, NY 10018 541990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.			
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)

0

5e

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and conditi	ident qualified public accounta	nt (IC	PA)			<u>.</u>	′es [′es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	X	Yes	No [Not de	termir	ned
Par	t III Financial Information	1			-					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	•	
<u>a</u>	Total plan assets	7a	2719					2	77250	
	Total plan liabilities	7b		0	_				0	
	Net plan assets (subtract line 7b from line 7a)	7с	2719	996				2	77250	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from: (1) Employers	8a(1)	276	550						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	52	254						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						;	32904	
	Benefits paid (including direct rollovers and insurance premiums		276	SEO.						
	to provide benefits)	8d	270	0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g 8h							27650	
	Net income (loss) (subtract line 8h from line 8c)	8i							5254	
	Transfers to (from) the plan (see instructions)	8j		0						
Par		oj								
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instruct	ions:		
10	During the plan year:				Yes	No		Amou	nt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X				0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				0
c	Was the plan covered by a fidelity bond?			10c		X				0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X				0
e	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				0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				0
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						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	'es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				0
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?	١	′es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		the lette Year _	r rulinç	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	T CHSION D	delient Guaranty Corpor	iauon	File as	an attacl	nment to Form	5500 or	5500-SF.				
For	calenda	r plan year 2014	or fiscal plan y	ear beginning 0	1/01/201	4		and endi	ng 1 <mark>2/</mark> 3	31/2014		
•	Round o	off amounts to n	earest dollar.									
•	Caution	: A penalty of \$1,	000 will be ass	essed for late filing of	of this rep	ort unless reas	onable c	ause is establish	ed.			
	lame of			NELAN				B Three-dig	git		002	
PRO	DDUCTIO	ON RESOURCES	S INC PENSIO	N PLAN				plan num	ber (PN)	•		
<u> </u>	Dlan enor	neor'e namo ae el	hown on line 2	a of Form 5500 or 55	00 SE			D Employer	Idontifica	tion Number (E	EINI\	
		ON RESOURCES		3 01 1 01111 3300 01 33	00-31			Lilipioyei	13-349	•	-1111)	
Fτ	ype of pla	an: X Single	Multiple-A	Multiple-B		F Prior year pla	an size.	X 100 or fewer	101-5	00 More th	an 500	
	· ·			Watapie B		1 Horycarpi	ui i 0i20.	A 100 OI IOWOI		oo 📗 word a	1000	-
_		Basic Inform										_
1		he valuation date	: N	Month [Day0*	1 Year _	2014					_
2	Assets											
	a Mark	cet value							2a		33649	6
	b Actua	arial value							2b		33649	6
3	Fundin	g target/participa	nt count break	down			` '	Number of articipants	,	ited Funding arget	(3) Total Funding Target	
	a For r	etired participant	s and beneficia	aries receiving payme	ent			0		0		0
	b For t	terminated vested	d participants					0		0	(0
	C For a	active participants	S					2		322087	323048	8
	d Tota	I						2		322087	323048	8
4				box and complete li				П				Г
•				ed at-risk assumption				_	4a			
				imptions, but disrega								_
				onsecutive years and					4b			
5	Effectiv	ve interest rate							5		6.59%	
6	Target	normal cost							6		481	1
Stat	ement b	y Enrolled Actu	ary									
á	accordance	with applicable law an	d regulations. In my								ed assumption was applied in and such other assumptions, in	
S	IGN											_
Н	ERE									10/06/20	015	
			Signa	ture of actuary						Date		
RAL	PH GAF	RFIELD, PHD, EA	A.							14-012	19	
		, ,		int name of actuary				<u> </u>	Most i	ecent enrollme		
RAL	.PH GAF	RFIELD, PHD, EA	ν	·						732-567	7-6679	
		, , <u>, , , , , , , , , , , , , , , , , </u>		irm name					elephone		ding area code)	_
		VOOD DR .N, NJ 07726							·	,	,	
			Addr	ress of the firm				_				
lf tha	notus:	has not fully raft		ation or ruling promu	lanted	dor the statute	in acm-	loting this saba-	ام مام ما	the how and -		_
ıı ıne	actuary	nas not fully refle	ected any regul	auon or ruing promu	igated ur	iuei ine statute	m comp	ieung mis scheat	ne, cneck	une box and s	ee	

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefundin	g Ba	alances								
								(a)	Carryover balance	!	(b) l	Prefundir	ng balar	ce	
		•	0 , ,		cable adjustments (line		•			0				0	
8			•	-	unding requirement (lir					0	0				
9	Amount	remainir	ng (line 7 minus lin	ne 8)						0	0				
10	Interest	on line 9	using prior year's	s actual ret	urn of <u>0.00</u> %					0				0	
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance	e:									
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)									7815	
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.42 %											502				
	b(2) In	terest on	line 38b from prid	or year Sch	nedule SB, using prior	year's	actual								
														0	
			0 0		ear to add to prefunding									8317	
	d Portion	on of (c)	to be added to pre	efunding ba	alance									0	
12	Other re	ductions	in balances due	to election	s or deemed elections					0				0	
13	Balance	at begir	ning of current ye	ear (line 9 -	line 10 + line 11d – lin	ne 12)			0				0	
Pa	art III	Fun	ding Percenta	ages											
14	Funding	target a	ttainment percent	age								14	104	1.16 %	
15	Adjusted	d funding	target attainmen	t percentaç	је							15	104	1.16 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	97	7.01 %				
17	If the cu	rrent val	ue of the assets o	of the plan i	s less than 70 percent	of the	e funding targe	et, enter	such percentage			17	(0.00 %	
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) and	d emp	oloyees:								
(M	(a) Date M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	у	(a) Da ⁻ (MM-DD-Y		(b) Amount p employer	-	(0	c) Amoui emplo	•	у	
12	/31/2014			27650		0									
							T-4-1- N	40(1-)			40(-)				
40							Totals ▶	18(b)		27650	18(c)			0	
19			•		tructions for small plan										
	_				imum required contribu		-			19a				0	
					djusted to valuation dat					19b				0	
20				·	uired contribution for cu	rrent y	ear adjusted to	o valuatio	n date	19c				25945	
20		•	utions and liquidit	•								Г	l von l	V No	
		•	-		the prior year?							<u> </u>	Yes	X No	
					y installments for the co		-	ı a umeiy	manner?				Yes	No	
	C If line	∠∪a IS "	res, see instructi	ons and co	emplete the following ta Liquidity shortfall as			of this pla	an vear						
		(1) 1s	st .		(2) 2nd	0 01 01	is or quarter t	(3)	3rd			(4) 4th			
			0		0				0				0		

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discount rate:		<u> </u>						
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ll yield c	urve	used
	b Applicable month (enter code)			21b				2
22	Weighted average ret	tirement age			22				65
23	Mortality table(s) (see			scribed - separate	Substitute)			
Pa	rt VI Miscellane	ous Items	<u></u>						
24			tuarial assumptions for the current	nlan year? If "Yes " see	instructions	regarding re	equired		
	•	·		•			· —	Yes	X No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment		<u> </u>	Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		<mark>X</mark> ,	Yes	No
27		o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27		<u> </u>	L	
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	1				
28		•	years		28				0
29			d unpaid minimum required contrib						
			· · · · · · · · · · · · · · · · · · ·		29				0
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line 29)		. 30				0
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost a	nd excess assets (see instruc	tions):						
	a Target normal cost	(line 6)			31a				481
-	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b				481
32	Amortization installment	ents:		Outstanding Bala	ance	lı	nstallme	nt	
	a Net shortfall amortize	zation installment			0				0
-	b Waiver amortization	n installment			0				0
33			nter the date of the ruling letter grar) and the waived amount		33				
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
			Carryover balance	Prefunding bala	nce	To	tal balaı	nce	
35	Balances elected for requirement	use to offset funding	0		0				0
36	Additional cash require	rement (line 34 minus line 35)			36				0
37			ontribution for current year adjuste		37				25945
38	Present value of exce	ess contributions for current ye	ear (see instructions)		l L				
		•	,		38a				25945
-			prefunding and funding standard c		38b				0
39			ear (excess, if any, of line 36 over		39				0
40			S	•	40				0
Pa	rt IX Pension I	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)				
41		de to use PRA 2010 funding r			<u> </u>				
					Π:	2 plus 7 yea	rs \square	15 ye	ears
			41a was made						011
42		•	41a was made		42	L 2005 L			<u> </u>
		•			43				
43	Excess installment ac	celeration amount to be carrie	ed over to future plan years		43				

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp	No.	To 4 Avg. Comp	5 No.	To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg. Comp		Avg.
8				<u> </u>		1		<u>r</u>		1	\top		I		1				1		
Under 25	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	(0
25 to 29	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(0
30 to 34	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
35 to 39	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
40 . 44											+										
40 to 44	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	+	0
45 to 49	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(0
50 to 54	0	0	0	0	0	0	0	0	0	0	$\frac{1}{1}$	0	0	0	0	0	0	0	0		0
											\perp										
55 to 59	0	0	0	0	1	0	0	0	0	0	+	0	0	0	0	0	0	0	0	(0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(0
65 to 69	0	0	0	0	0	0	0	0	0	0	$\frac{1}{2}$	0	0	0	0	0	0	0	0	(0
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(0

Name of plan: Production Resources Inc Pension Plan

Plan sponsor's name:

Production Resources Inc

Plan number: 002

EIN: 13-3496841

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2014 Nonannuitant Male Use optional combined mortality table for small plans:

Female Nonannuitant:

2014 Nonannuitant Female Use discount rate transition:

Yes

Setback

Setback

Yes

No

Male Annuitant: 2014 Annuitant Male Lump sums use proposed regulations:

Female Annuitant: 2014 Annuitant Female **Actuarial Equivalent Floor**

Applicable months from valuation month:

Stability period: plan year

100.00% Probability of lump sum:

Lookback months: 2

<u>1st</u>

Use pre-retirement mortality: No Nonannuitant: 2014 Applicable

2nd

Annuitant:

2014 Applicable

3rd

5.66

<u>1st</u> 2nd <u>3rd</u> Segment rates: 4.05 5.05 1.31 **High Quality Bond rates:** N/A N/A N/A

Current: 1.19 4.53

Final rates: 4.99 6.32 6.99 Override: 0.00 0.00 0.00

Override:

0.00 0.00 0.00

Salary Scale

Late Retirement Rates

Male: 0.00% Female: 0.00%

Male: None Female: None

Withdrawal

Marriage Probability

Male:

Male: 0 0.00%

None Female: None

Female: 0.00% **Expense loading:** 0.00%

Withdrawal-Select

Disability Rates

Male: None Female: None

Male: None

Early Retirement Rates

Female: None

Male: None Female: None **Mortality**

Subsidized Early Retirement Rates

0 Male: None 0 None Female:

Male: None Female: None

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841

Plan Number: 002

Schedule B, line 6 - Statement of Actuarial Assumptions/Methods

Payout Method: Actuarial Equivalence

Pre-retirement Assumptions:

RPA

Interest: 4.23% **Limited to:** 90.00%

Funding:

Interest: 5.50%

MortalitySetbackMale:NoneNoneFemale:NoneNone

Salary Scale

Male: 0.00% Female: 0.00%

Withdrawal

Male: None Female: None Withdrawal-Select

Male: None
Female: None
Early Retirement Rates
Male: None

Subsidized Early Retirement Rates

None

Male: None Female: None

Disability Rates

Female:

Male: None Female: None

Mortality Setback

ale: None None

Male:NoneNoneFemale:NoneNone

Insurance method: Envelope funding

Term mortality

Male: Setback
2007 male comb None

Male:2007 male combNoneFemale:2007 female combNone

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841

Plan Number: 002

Post-retirement Assumptions:

RPA

Interest: 4.23% High Interest: 4.70%

Funding:

Interest: 5.50%

Male: PPA Lump Sum Mortality None
Female: PPA Lump Sum Mortality None

Late Retirement Rates

Male: None Female: None

Marriage Probability
Male: 0.00% Setback

Female: 0.00% Expense loading: 0.00%

Cost Methods

Actuarial Cost Method: Individual aggregate

Funding as level: Dollar
Normal cost expense load: 0.00%
Funding ages defined as: Nearest
Entry age calculated as of: Date of hire
Apply the 401(a)(17) when calculating

present value of compensation: No

Adjust valuation assets by:

Accumulated Reconciliation Account: No

Basis for PVAB

Applicable interest: 3.80%

Applicable mortality: 2013 Applicable

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes:

Two year eligibility: No

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

Age: 65
Service: 0
Participation: 5

Defined: Date of event

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition: Elapsed time - completed mc **Percentage of accrued benefit:** 100.00%

Death Benefit Payment method: PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2008

Unit type: Percent
Unit based on: Service
Maximum total percent: 100.00%
Tiers based on: Dates
First tier: 6.50%

 First tier:
 6.50% up to 01/01/2013

 Second tier:
 2.00% up to 01/01/2023

 Third tier:
 1.00% for remaining yrs

Maximum credit:

Past years: None Future years: None Total years: None

Averaging

Projection method:Accrued Benefit AverageApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 15 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: No

Definition of years: Hours worked **Fractions based on:** N/A

Precision: N/A Continuing **Died Disabled** Retired **Terminated** Accrual credit: 1000 1000 1000 1000 1000 Limit current credit to: N/A

Page 2

Years based on:ServiceCap/floor years:0Maximum past accrual years:5.0000Cap or floor:FloorMethod:FractionalAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841 Plan Number: 002

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2014 Effective: 6.59% Late Quarterly: 11.59%

Effective Date	<u>Amount</u>	Discounted	
12/31/2014	\$27,650	\$25,945	
	\$27,650	\$25,945	

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841 Plan Number: 002

Plan Sponsor's Name: Production Resources Inc

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 1/1/2014	and e	nding 12/	31/2014			
Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ss reasonable cause is estab	ished.				
A Name of plan	B Three	-digit				
Production Resources Inc Pension Plan	plan r	umber (PN)	•	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Emplo	er Identificat	tion Number (EIN)		
Production Resources Inc			133496841	•		
			133430041			
E Type of plan: X Single Multiple-A Multiple-B F Prior	year plan size: 🔀 100 or fewe	er 🗌 101-5	00 🔲 More th	nan 500		
Part I Basic Information						
1 Enter the valuation date: 1/1/2014	-					
2 Assets:					A	
a Market value		2a		3364	96	
b Actuarial value		2b		3364	96	
3 Funding target/participant count breakdown	(1) Number of	(2) Ves	ted Funding	(3) Total Fi	-	
3 For retired noticinants and handfairning acceptance.	participants		arget	Targe	<u></u>	
a For retired participants and beneficiaries receiving payment			0	0		
b For terminated vested participants			0	0		
C For active participants			2087	32304		
d Total		32	22087	32304	18	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	⊢					
a Funding target disregarding prescribed at-risk assumptions						
b Funding target reflecting at-risk assumptions, but disregarding transition ru at-risk status for fewer than five consecutive years and disregarding loa	ule for plans that have been in ding factor	4b				
5 Effective interest rate		5		6.59	%	
6 Target normal cost		6		481		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, state accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (take combination, offer my best estimate of accordance experience under the plan.	atements and attachments, if any, is co ding into account the experience of the	mplete and accur plan and reasona	ate. Each prescrib ble expectations) a	ed assumption was and such other assu	applied in umptions, i	
SIGN Lapus Cranquis			10/6/2015	5		
Signature of actuary			Date			
RALPH GARFIELD, PhD, EA			1401219			
Type or print name of actuary		Most re	ecent enrollme	nt number		
RALPH GARFIELD, PhD, EA			732567667			
Firm name 223 LONGWOOD DR		Telephone r	number (includ	ding area code	;) [*]	
MANALAPAN NJ 07726 Address of the firm						
f the actuary has not fully reflected any regulation or ruling promulgated under the substructions	statute in completing this sche	edule, check	the box and s	ee		

Schedule	QD.	/Earm	EEOO\	2014
Scheome	58	(Form	ວວບບາ	2014

Page 2 -

Pa	art II	Begi	nning of Year	Carryov	er and Prefunding	В	alances									
_								(a)	Carryover balanc	е	(b)	Prefun	ding balaı	nce		
7	Balanc year)	e at begi	nning of prior yea	r after applic	cable adjustments (line	13 f	rom prior		0			C)			
8					unding requirement (line				0			()			
9									0			(
10	Interes	t on line	9 using prior year'	s actual retu	urn of <u> </u>				0			()			
11	Prior ye	ear's exc	ess contributions	to be added	to prefunding balance:									:		
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)							78	15			
	b(1) II	nterest o chedule	n the excess, if an SB, using prior ye	y, of line 38 ar's effective	a over line 38b from price interest rate of 6.42 s	or y	ear					5.0				
					edule SB, using prior ye							50	12			
					ar to add to prefunding ba											
							L L					831		-		
					lance								-			
					or deemed elections				0			0 0 0				
		e at begi	nning of current ye	ear (line 9 +	line 10 + line 11d – line	12)			0			0				
	art III		ding Percent													
												14	104.	16 %		
			g target attainmen									15	104.	16 %		
16	Prior ye current	ear's func year's fu	ling percentage for inding requiremen	r purposes	of determining whether	carr	yover/prefu	nding bala	ances may be used	to reduc	e	16	97.0	1 %		
17					less than 70 percent of							17		%		
Pa	art IV	Con	tributions an	d Liquidi	ty Shortfalls											
18	Contrib	utions m	ade to the plan for	the plan ye	ar by employer(s) and e	emp	loyees:									
/8.4	(a) Dat		(b) Amount p	· ·	(c) Amount paid by		(a) D		(b) Amount p		(4	•	unt paid t	ру		
	IM-DD-Y 12/31/2		employer	27650	employees	0	(MM-DD	-	employer	(s)		emp	loyees			
			! 	27000		귀			 		-					
					- n	\dashv					-					
			- 1 WALL			-		~		-,-						
		•				\dashv										
						\dashv					+					
				<u>-</u>			Totals ►	18(b)		27650	18(c)			0		
19	Discour	nted emp	loyer contributions	s – see instr	uctions for small plan w	ith a	a valuation o	late after t	the beginning of th	e year:						
	a Cont	ributions	allocated toward	unpaid minir	num required contribution	ons	from prior y	ears		19a		C)			
	b Contr	ributions	made to avoid res	trictions adj	usted to valuation date.					19b		C)			
	C Contr	ibutions a	allocated toward mi	nimum requi	red contribution for currer	nt ye	ear adjusted	to valuatio	n date	19c		259	45			
20	Quarter	ty contrib	outions and liquidit	y shortfalls:												
	a Did t	he plan h	ave a "funding sh	ortfall" for th	e prior year?		•••••					[Yes ₽	No		
	b If line	20a is "	Yes," were require	d quarterly	installments for the curr	ent	year made	in a timely	manner?	••••••		[Yes	No		
	C If line	20a is "	Yes," see instructi	ons and con	nplete the following table									,		
		(4) 4			Liquidity shortfall as o	f en	d of quarter									
	•	(1) 1s	ot 0		(2) 2nd	0	+	(3)	3rd C			(4) 4t	<u>h</u>	0		
					 					<u> </u>				U		

Pa	art V	Assumptio	ns Used to Determine	Funding Target and Ta	rget Norma	l Cost		
21	Disco	ount rate:						
	a Se	egment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	6.32 % 6.99 %			N/A, full yield curve used
	b Ap	plicable month (enter code)		•••••		21b	2
22	Weig	hted average ret	tirement age				22	65
23	Morta	ality table(s) (see	e instructions) 💌 F	Prescribed - combined	Prescribed - se	eparate	Substitu	ite
Pa	rt VI	Miscellane	ous Items					
24				ctuarial assumptions for the cu				
25	Has a	method change	been made for the current	plan year? If "Yes," see instruc	ions regarding	required atta	chment	
26				ve Participants? If "Yes," see in				<u></u>
27	If the	plan is subject to	o alternative funding rules, e	nter applicable code and see in	structions regar	ding	27	
Pa	rt VII			num Required Contribut			·	
28	Unpa			r years			28	0
29	Disco	unted employer	contributions allocated towa	rd unpaid minimum required co	ntributions from	prior years	29	0
30				ontributions (line 28 minus line 2			30	0
Pa	rt VIII	Minimum	Required Contributio	n For Current Year			·	
31			nd excess assets (see instru	W				
	a Tarç	get normal cost ((line 6)				31a	481
	b Exc	ess assets, if ap	pplicable, but not greater tha	n line 31a			31b	481
32	Amor	tization installme	ents:		Out	standing Bala	ance	Installment
	a Net	shortfall amortiz	zation installment				0	0
	b Wa	iver amortization	n installment				0	0
33	lfawa (aiver has been a	approved for this plan year, e	enter the date of the ruling letter) and the waived amou		•	33	
34	Total	funding requirem	nent before reflecting carryo	ver/prefunding balances (lines 3	1a - 31b + 32a	+ 32b - 33)	34	0
				Carryover balance	Pre	funding bala	nce	Total balance
35			use to offset funding		0		0	0
36	Additi	onal cash require	ement (line 34 minus line 35)			36	0
	Contri	ibutions allocated	d toward minimum required	contribution for current year adj	usted to valuation	on date	37	25945
38			ss contributions for current y				L 1	
							38a	25945
	b Port	tion included in li	ine 38a attributable to use o	f prefunding and funding standa	rd carryover ba	lances	38b	0
39	Unpai	d minimum requ	ired contribution for current	year (excess, if any, of line 36 c	ver line 37)		39	0
40	Unpai	d minimum requ	ired contributions for all yea	rs			40	0
Pai	rt IX	Pension F	unding Relief Under	Pension Relief Act of 20	10 (See Ins	tructions))	
41	If an e	lection was mad	e to use PRA 2010 funding	relief for this plan:				
	a Sch	edule elected						2 plus 7 years 15 years
	b Elig	ible plan year(s)	for which the election in line	41a was made			200	8 2009 2010 2011
42	Amour	nt of acceleration	adjustment				42	<u> </u>
			v	ed over to future plan years			43	
							<u> </u>	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		l Identification Information				
For calenda	ar plan year 2014 or t	fiscal plan year beginning	1/1/2014	and ending	12/31/201	4
∆ This refu	urn/report is for:	a single-employer plan	☐ a multiple-employe	r plan (not multiemployer)		
A IIIIS ICI	anneport is ion.	a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)	
C Check h	oox if filing under:	√ Form 5558	automatic extensio	n	☐ DFVC pro	ogram
O Check b	ox it filling diffeer.	special extension (enter description)	ription)			
			· · · · · · · · · · · · · · · · · · ·			
Part II		ormation—enter all requested in	formation		1h There digit	· · · · · · · · · · · · · · · · · · ·
1a Name o	•	Ine Dension Dlan			1b Three-digit plan numbe	1 002
Produ	action Resources	s Inc Pension Plan			(PN) •	002
					1c Effective da	te of plan
2 - Di		11	(-11	1	1/2008
	onsor's name and a ion Resources Ir	ddress; include room or suite numb 1C	er (employer, it for a sing	gie-empioyer pian)	(EIN)	entification Number 133496841
						elephone number
4th Floo	t 37th Street				1	22689212
New You		NY				de (see instructions)
10018	/41/ <u></u>					541990
3a Plan ad	dministrator's name a	and address / Same as Plan Spon	sor.		3b Administrate	or's EIN
					3c Administrato	or's telephone number
A If the m	ama and/ar EINI of th	no plan aparent has abanged since	the last return/report file	d for this plan, optor the	Ab civi	
		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
a Sponso	•	•			4c PN	
5a Total n	number of participant	s at the beginning of the plan year.			5a	2
b Total n	number of participant	s at the end of the plan year			5b	2
		account balances as of the end of	• •	•	5c	0
•	•	articipants at the haginains of the n				
u(1) Tota	arnumber of active pa	articipants at the beginning of the p	ian year		5d(1)	2
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	2
		terminated employment during the			5e	0
Under nena	penalty for the late	or incomplete filing of this return other penalties set forth in the instru	ctions. I declare that I ha	ed unless reasonable cal ive examined this return/re	oort, including, if at	onlicable, a Schedule
SB or Sche	dule MB completed a	and signed by an enrolled actuary,	as well as the electronic	version of this return/repor	t, and to the best o	f my knowledge and
	rue correct, and con	nplete.	11115/13	51 5/15/10	FSFDVO	110
SIGN HERE	Ausan	. Drorn	1010/10	Jusun	<u>۱۵۱۲۲۱</u>	[7]
	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN HERE						
		oyer/plan sponsor	Date			oloyer or plan sponsor none number (optional)
Preparers	name (including firm	name, if applicable) and address (i	nciude room or suite nun	nber) (optional)	Preparer's teleph	ione number (optional)
						:
I					Ī	£

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		_	Yes		
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	<u>V</u>	Yes	∐ No ∐	Not	deten	nine	d ——
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea	r	_		(b) End	of Ye	ar	.,	
a	Total plan assets	. 7a	27	7199	6				277	<u> 250</u>	
b	Total plan liabilities	. 7b			0					. 0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2	7199	6				277	250	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	<u>otal</u>			
	Contributions received or receivable from: (1) Employers	8a(1)		705	اہ					:	
	(2) Participants	8a(2)		2765							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		525						•	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		JZJ	7				32	904	
	Benefits paid (including direct rollovers and insurance premiums	1			\dashv					507	
	to provide benefits)	8d	2	<u> 2765</u>	<u> </u>						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			<u> </u>						
f	Administrative service providers (salaries, fees, commissions)	8f			<u> </u>						
<u>g</u>	Other expenses	. 8g			<u> </u>					<u>:</u>	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27	350	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							5	254	
j_	Transfers to (from) the plan (see instructions)	- 8j		()					1	
Par	t IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amı	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	itions withi	n the time period described in rection Program)	10a		1					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		✓					0
C	Was the plan covered by a fidelity bond?			10c		✓					0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		1					0
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	her person of the ben	s by an insurance carrier, pefits under the plan? (See	10e		1	· · · · · · · · · · · · · · · · · · ·				0
	Has the plan failed to provide any benefit when due under the pla				\vdash	1					0
				10f	<u> </u>			—			<u>_</u>
<u>g</u>				10g	<u> </u>	✓					
	If this is an individual account plan, was there a blackout period?	······		10h						1	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	Enter the unpaid minimum required contribution for current year fi	rom Sched	tule SB (Form 5500) line 39		.,	11a	<u> </u>				0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes		No

a 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 letter ruling

Day

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

granting the waiver.

	Form 5500-SF 2014	Page 3 -					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?			Yes	No 1	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			\ \ \ \	es 🗙 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, transfer of the PBGC?					Yes ×	No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s)	to		:	
1	13c(1) Name of plan(s):		1	3c(2) Ell	V(s)	13c(3) PN	1(s)
Part	VIII Trust Information (optional)					<u> </u>	
<u> </u>	Name of trust			14b Tr	ust's EIN		

PRODUCTION RESOURCES INC PENSION PLAN

E-Signature Attachment

I certify that I have been specifically authorized in writing by the plan administrator/employer as applicable, to enter my EFAST2 PIN on this return in order to electronically submit this return. I further certify that:

- I will retain a copy of the administrator's/employer's specific written authorization in my records;
- I have attached to this electronic filing, in addition to any other required schedule or attachment, a true and correct pdf copy of the first 2 pages of the completed Form 5500 or 5500SF return bearing the annual signature of the plan administrator/employer under penalty of perjury;
- I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return posted by the Department of Labor on the internet for public disclosure; and
- I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return.

Susie	October 8, 2015
	•
Susan Estomin	Date

I declare that I have examined a copy of form 5500 and any accompanying schedules for plan year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider or transmitter to send my return to the EBSA and to receive from the EBSA an acknowledgement of receipt or reason for rejection of the transmission.

Plan Sponsor Signature

Date

10/15/15

RE: 5500 I	RETURN/REPORT OF EMPLOYE	EE BENEFIT PLAN checklist for electronic submission
PLAN NAME:	Production Resources, Inc. Pensio	n Plan
PLAN YEAR ENDED:	12/31/2014 - (Due to be filed by C	October 15, 2015)
X FILING FORM	5500 or 5500-SF (A, B or C BELC	<u>:</u> DW):
		back of your report. If you have any issues with how the form is a may discuss the issue and make any revision necessary.
[] A. I WILL OBTA	IN AN ELECTRONIC SIGNATURE.	·
	electronic signature, log onto <u>www.efas</u> order to complete the filing process.	st.dol.gov to register. We need the email address you used in this
[] B. I ALREADY H	AVE AN ELECTRONIC SIGNATURE AND I	WILL SIGN ELECTRONICALLY.
**Please provio	le your email address	
	e the email address you used to registe ure. Please follow instructions to sign t	r, you will receive an email indicating that your form 5500 or 5500-SF is he form electronically.
[] C. I CHOOSE NO	OT TO GET AN ELECTRONIC SIGNATURE	AND AUTHORIZE ADVANCED PENSION DESIGNS TO FILE ON MY BEHALI
***PLI	EASE SIGN E-SIGNATURE ATTACHMENT	***
X FILING FORM	I PBGC: If you have a defined benefit	plan and have employees, you are subject to the PBGC.
[] D. I WILL OBTA	NIN AN ELECTRONIC SIGNATURE.	
To obtain your elec	tronic signature, please log onto <u>mypa</u>	a@pbgc.gov and register.
[] E. I ALREADY H	AVE AN ELECTRONIC SIGNATURE AND I	WILL SIGN ELECTRONICALLY.
**Please provid	le your email address	
	ve the email address you used to registe view the form. Please follow instruction	er, you will receive an email from mypaa@pbgc.gov. Please log onto the sign the form electronically.
	nium must be paid by a check or by an a ding a check, be sure to print out the p	automatic withdrawal from your account. ayment voucher.
		TURE AND AUTHORIZE ADVANCED PENSION TO FILE ON MY BEH have sent the voucher along with my check to the PBGC.
	15/15 te	Plan Sponsor Signature
X WE MUST HA	VE A HARD COPY OF THE SIG	NED FORMS ON FILE.
	DATE (the same date as your electronic by mail, email or fax (732-568-7776).	signature) and return the attached signature page to our office.
D	ate	Susan@advpen.biz For: Advanced Pension Designs