Form	5500-SF	Short Form Annu		•	2015				
	t of the Treasury evenue Service	This form is required to be fil	Benefit Pla						
Employee Benefit	nent of Labor s Security Administration Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the	the Internal This Form is Open Public Inspection				
	• •	 Complete all entries in dentification Information 		nstructions to the Form 5	500-SF.		-		
		al plan year beginning 01/01/		and ending 1	2/31/2015				
A This return.	/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac		-			
B This return/	eport is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box	if filing under:	Form 5558	automatic extension		_	FVC progra	m		
		special extension (enter desc							
		mation—enter all requested in	nformation		41				
1a Name of p ADAMS GLASS	Ian S LLC RETIREMENT	SAVINGSS PLAN			1b Three- plan n (PN)	umber	001		
					1c Effecti				
		er, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)		2b Emplo (EIN)	01/01/ yer Identific 20-28	ation Number		
City or tow		country, and ZIP or foreign pos	tal code (if foreign, see	nstructions)	. ,		one number		
					2d Busine	ess code (s	ee instructions)		
5 TRADE RD. PLATTSBURGH	, NY 12901					23620	0		
3a Plan admi	nistrator's name and	address Same as Plan Spor	ISOr.		3b Admin	istrator's E	Ν		
							lephone number		
		blan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's					4c PN				
		t the beginning of the plan year.			5a 5b		16 14		
		t the end of the plan year count balances as of the end o			}ł		14		
					5c		14		
()	•	cipants at the beginning of the p			5d(1)		12		
		cipants at the end of the plan ye rminated employment during th			5d(2)		11		
than 100	% vested				5e		0		
Under penaltie	s of perjury and othe	r incomplete filing of this return er penalties set forth in the instru I signed by an enrolled actuary,	ictions, I declare that I h	ave examined this return/re	port, including	g, if applica			
	, correct, and comple ed with authorized/va	ete. alid electronic signature.	02/11/2016	SHANE NOYCE					
HERE S	gnature of plan adı	ministrator	Date	Enter name of individ	ual signing as	s plan admi	nistrator		
SIGN HERE									
S	gnature of employed ne (including firm nar	er/plan sponsor me, if applicable) and address (Date nclude room or suite nu	Enter name of individ	ual signing as Preparer's t				
	Ϋ́Ο								
For Papenwork	Peduction Act Notice	and OMB Control Numbers, see t	no instructions for Form 5	500 SE			orm 5500-SF (2015)		

	F0111 5500-5F 2015		raye Z					
6a	Were all of the plan's assets during the plan year invested in eligib	la assats?	(See instructions)					X Yes N
-	Are you claiming a waiver of the annual examination and report of		,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes [] N
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
		isurance p	Togram (See LINDA Se	501011 40	521):		163	
- Fa								
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning	<u>181 (181</u>		_		(b) End of Year 175342
<u>a</u> b	Total plan assets	7a 7b		101	509	_		175542
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c		181	560	-		175342
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		000			(b) Total
-	Contributions received or receivable from:			int				
	(1) Employers	8a(1)		35	713			
	(2) Participants	8a(2)		5	505			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		1	555			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		42773
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		43	788			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		5	212			
 q	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							49000
i	Net income (loss) (subtract line 8h from line 8c)							-6227
j	Transfers to (from) the plan (see instructions)							
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in t	the instructions:
	2E 2F 2G 2J 2K 2T 3D							
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	ne instructions:
Par	t V Compliance Questions							
10	t V Compliance Questions				Yes	No	N/A	Amount
a		itions withi	n the time period		103			Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction					
	Program)			10a		Х		
D	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		x		
c				10c		х		
d				TUC		~		
	by fraud or dishonesty?			10d		Х		
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under							
	the plan? (See instructions.)			10e		Х		
f				10f		Х		
g		•	,	10g		Х		
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 the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i	Х			

Part	rt VI Pension Funding Compliance		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes	No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes	X No

Х

10j

j Did the plan trust incur unrelated business taxable income?

Г

Form 5500-SF 2015

Page **3** - 1

-							
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted 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			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
D		e PBGC?				Yes 🗙	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No	
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Y€	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A

Form 5500-SF	Short Form Annu	ual Return/Report o Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil	ed under sections 104 and 406	65 of the Employee R	etirement		2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 197-	4 (ERISA), and sections 6057(Revenue Code (the Code).	b) and 6058(a) of the	Internal		orm is Open to
Pension Benefit Guaranty Corporation		accordance with the instruc	tions to the Form 5	500-SF.	Pub	lic Inspection
Part I Annual Report For calendar plan year 2015 or fis	dentification Information	1 01/01/2015	and anding	1.0.1		
Tor calched partych 2010 of he	X a single-employer plan	a multiple-employer plar	and ending		31/201	
A This return/report is for:	a one-participant plan	list of participating empl	oyer information in ac	cordance wit	ing this b Ih the form	ox must atlach a Finstructions)
B This return/report is	the first return/report an amended return/report	☐ the final return/report ☐ a short plan year return/r	eport (less than 12 m	nibs)		
C Check box if filing under:	Form 5558	automatic extension	- F	, 	FVC prog	'am
	special extension (enter desc		······			
	mation-enter all requested in	nformation				
1a Name of plan Adams Glass, LLC Retireme	nt Savings Plan				umber •	001
				1c Effecti 01/0	ive date of 01/2008	•
	er, if for a single-employer plan) a, apt., suite no. and street, or P. a, country, and ZIP or foreign pos		tions)	2b Emplo		ication Number
Adams Glass LLC			niona)	(518	3)561-1	······································
5 Trade Rd.				2d Busine 2362		see instructions)
			10000			
Plattsburgh 3a Plan administrator's name and	address XSame as Plan Spor		12901	3b Admin	istrator's F	
				3c Admin	istrator's t	elephone number
name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN	· · · · · · · · · · · · · · · · · · ·	
a Sponsor's name				4c PN		
5a Total number of participants a			}	5a		16
	It the end of the plan year ccount balances as of the end of			5b		14
complete this item)	*****	·····	·	5c	-W	1.4
d(1) Total number of active part			i i i i i i i i i i i i i i i i i i i	5d(1)		12
 d(2) Total number of active part e Number of participants that to 	erminated employment during th	e plan year with accrued bene	fits that were less	5d(2) 5e		11
Caution: A penalty for the late o	r incomplete filing of this retur	n/report will be assessed un	liess reasonable cau	1	ichod	0
Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instru d signed by an enrolled actuary,	ctions. I declare that I have ex	amined this return/rer	ort including	if annlin	able, a Schedule knowledge and
sign AF	XXX		Julie Dandrow	-Reidy		
HERE Signature of plan ad	ministrator	Date 2 11/11	Enter name of individu	al signing as	plan adm	Inistrator
SIGN	that		Julie Dandrow			
HERE Signature of employ Preparer's name (including firm no		Date 241116	Enter name of individu	al signing as Preparer's t	employei elephone i	or plan sponsor number
					<u> </u>	

Form 5500-SF 2015

 6a
 Were all of the plan's assets during the plan year invested in eligible 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)
 X
 Yes
 No

 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)
 X
 Yes
 No

 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
 X
 Yes
 No

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

7 Plan Assets and Liabilities. (a) Beginning of Year (b) End of Year a Total plan assets 7a 161, 569 175, 342 C Net plan assets (sother time To from time Ta) 7c 161, 569 175, 342 C Net plan assets (sother time To from time Ta) 7c 161, 569 175, 342 C Contributions recorded in controls (sother time To from time Ta) 7c 161, 75, 569 175, 342 C Ontra (reducting rolewars) 6a(1) 35, 71, 3 (b) Total (b) Total (1) Encloyena 6a(1) 35, 71, 3 (c) Total (c) Total (2) Dother (reducting rolewars) 6a(1) 35, 71, 3 (c) Total (c) Total (2) Dother (reducting rolewars) 6a(1) 5, 505 42, 77, 5 (c) Total accurate generals 6a(1), 555 42, 77, 5 C Total income (add) trans (add less (add), add, (c), 6d, (c), add), 8a(2),	Pa	rt III Financial Information							L		
a Total plon assets 7a 181, 555 175, 342 b Total plon heakilies 7b 7c 181, 559 175, 342 c Net plan assets (subtract line 7b from line 7a) 7c 181, 559 175, 342 a Contributions received or receivable from: 6a(1) 35, 713 (b) Total (b) Total a Contributions received or receivable from: 6a(2) 3, 555 (c) Amount (b) Total c Data plon assets (subtract line 7b) 6a(3) 3, 555 (c) Amount	7	Plan Assets and Liabilities	ŀ	(a) Beginnin	g of Ye	ar) End of	Year	
b Total plan labilities To C Net plan assets (aubtract line 7b from line 7a) Tc 181, 569 1/5, 342 B Income. Expanses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total B Contributions received or receivable from: 6a(1) 3, 57, 71,3 (b) Total (c) Participants 6a(2) 3, 555 (c) Amount (c) Amount <t< td=""><td>a</td><td>Total plan assets</td><td>7a</td><td>¥</td><td>18</td><td>1,56</td><td>9</td><td></td><td><u>// cild 01</u></td><td></td><td>5,342</td></t<>	a	Total plan assets	7a	¥	18	1,56	9		<u>// cild 01</u>		5,342
8 Income, Expanse, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: Ba(1) 35, 713 (a) Participants Ba(2) 3, 505	b	Total plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·							-
8 Income. Expenses. and Transfers for this Plan Year (a) Amount (b) Total 4 Contributions received or accelvable from: 6a(1) 35, 71.3 (2) Participanis. 6a(2) 5, 50.5 (3) Contractions (reducing relevens). 6a(3) 5, 50.5 (4) Do ther income (base). 6b 1, 55.5 (7) Contraling (reducing relevens). 8c 42, 773 (6) Contral income (base). 8c 42, 773 (7) Contral income (base). 8d 43, 786 (7) Contral income (base). 8d -6, 227 (7) Transfers to (from) the plan them from line for). 8d -6, 227 (7) Transfers to (from) the plan cheart instructions. 8d -6, 227 (8) If the plan provides precision tonorfatio, entire the applicable penalon feature codes from the List of Plan Characteristic Codes in the instructions: (7) Dourding the pany sea: <td>C</td> <td>Net plan assets (subtract line 7b from line 7a)</td> <td>7c</td> <td></td> <td>18</td> <td>1,56</td> <td>9</td> <td></td> <td></td> <td>1.</td> <td>5.342</td>	C	Net plan assets (subtract line 7b from line 7a)	7c		18	1,56	9			1.	5.342
a Contributions received or received by from: 9a(1) 35, 713 (b) Enclosers 6a(2) 5, 505 (c) Others (holding rotovers) 6a(2) 5, 505 (c) Others (holding rotovers) 6a(2) 5, 505 (c) Denoting the during rotovers and neurance premiums 6a(2) 6a(3) (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and finduling direct rotovers and neurance premiums 6a(4,7,788) 42,773 (c) Denoting and and the finduling interm the abg) 8b 5,212 5 (c) Denoting benefits 6a(2,7,73) 41,788 49,000 (c) Predicting controls 8i 49,000 49,000 (c) Predicting controls 8i 41,788 42,727 (c) Transfers to (from time 80, 6a, 6b, 81, end 80, 9b, end	8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Tot:		07032
(2) Participants 5, 503 (3) Others (including rollovers) 6a(3) (3) Others (including rollovers) 8a(3) (4) Other (acces) 8b (5) Other including rollovers and insurance premiums 8d (5) Other including rollovers and insurance premiums 8d (6) Exercise dended and/or corrective distributions (see instructions) 8e (7) Other expenses. 8g (7) Administrative service provides relative, cleans, cleans, cleans, elsens 8g (7) Other expenses. 8g (7) Part IV Plan Characteristics 8g (7) Transfers to (from; the plan (see instructions) 6j	а					c			(=) / • •	43	
(3) Offers (including rollovers) Ba(3) b) Other income (does) Bb c) Total income (does) Bb d) Banetits paid (including direct rollovers and insurance premiums to privide benefish). Bd e) Cartain deemed antire corrective distributions (see instructions). Bd e) Cartain deemed antire corrective distributions (see instructions). Bd g) Other asymmes. Bd g) Other asymmes. Bd h) Total expenses (add lines 8d, 8e, 9f, and 8g). Bf f) Transfers (corrective distributions). Bi f) Transfers (corrective distributions). Bi f) Transfers (corrective). Bi f) Transfers (corrective). Bi f) Transfers (corrective). Bi g) If the plan provides ponsion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: g) If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions f) Ob uring the plan year. Yes g) Uring the plan year. Yes g) Uring the plan year. Yes g) Uring the plan year. Yes			1								
b Other income (loss) 80 1,555 c Total income (loss) 82(1), 84(2), 84(2), 84(3), and 80) 8c 42,773 G Benefits paid (including direct rollowers and insurance premiums 8d 43,788 42,773 G Compute benefits) 8d 43,788 42,773 G Common (loss) Generation connective distributions (see instructions). 8f 5,212 G Other expenses. 8g 9g -6,227 Transfers to (from) the plan (see instructions). 8i -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Transfers to (from) the plan (see instructions). 8j -6,227 J Unstructure service, see the see failure to transfit on the applicable weilare feature codes from the List of Plan Characteristic Codes in the instructions: <td>•</td> <td></td> <td>1</td> <td></td> <td></td> <td>5,50</td> <td>5</td> <td></td> <td></td> <td></td> <td></td>	•		1			5,50	5				
c Total income (add lines 6a(1), 6a(2), 6a(3), and 6b)			I.								······
d Baretits paid (including direct rollovers and insurance premiums to provide benefits). 8d 4.3, 788 o Certain deemed and/or corrective distributions (see instructions). 8d 4.3, 788 o Certain deemed and/or corrective distributions (see instructions). 8d 4.3, 788 g Other expenses. 9g 5, 22.2 g Other expenses. 9g 6 h Total coxpones (add lines 8d, 6e, 6f, end 8g). 6h 4.9,000 I Nat income (less) (subtractine 8h from line 8c). 8i -6,227 J Transfers to (from) the plan (see instructions). 8i -6,227 Part IV Plan Characteristics 9g -6,227 B If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2F 26 20 2K 2T 3D Part IV Compliance Questions -6,227 10 During the plan syst: Yes No NA Amount Vest wes a failure to transmit to the plan any participant contributions within the time period described in 30 CFR 2503-127 (See instructions and DCL Voluntary Fidueiry Correction Program). 10a X b Wes there any nonzomy transactions with any party-in-interest? (Do not tholide transactions reported on line 10a). X						1,55	5			·····	
Bd 43, 788 e Cardian deemed and/or corrective distributions (see instructions)			80				_			4	2,773
e Certain demod and/or corrective distributions (see instructions) 8e f Administrative service providers (statistice, fees, commissions) 8f 5, 212 g Other expenses 8g		to provide benefits)	8d		4	3,78	8				
g Other expenses 8g 8h 49,000 h Total expenses (add lines 8c), 8e, 8f, and 8g) 8h 49,000 i Natincome (loss) (subtract line 8h from line 8c) 8i -6,227 Part IV Plan Characteristics 8j -6,227 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 27 26 2 J 28 2 T 3D 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 10 During the plan year: Yes No N/A a Was there a failure to transmit to the plan any participant contributions within the time period. 4b X 4mount a Was there a failure to transmit on the plan any participant contributions within the time period. 10a X 4mount a Was there a ny nenexempt transactions with any party-th-interest? (Do not include transactions reported on time 10a. X 4mount b Ware there any nenexempt transactions with any party-th-interest? (Do not include transactions reported on time 10a. X 4mount	е		8e		*****						
g Other expenses 8g 8h 49,000 In Total expenses (add lines 80, 8e, 8f, and 8g) 8h 49,000 -6,227 I Transfers to (from) the plate (see instructions) 8j -6,227 Part IV Plan Characteristics 9j -6 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 27 26 2 J 28 27 3 D 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	f	Administrative service providers (salaries, fees, commissions)	8f			5,21	2	····			
h Total expenses (add lines 8d, 6e, 6f, and 8g)	g	Olher expenses	8g				-1			······································	······
I Net income (loss) (subtract line Bh from line Bc)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)		· · · · · · · · · · · · · · · · · · ·						4	9.000
j Transfers to (from) the plan (see instructions) 6j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	I	Net income (loss) (subtract line 8h from line 8c)									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any perticipant contributions within the time period described in 29 CFR 2510 3-102? (See instructions and DCL's Voluntary Fiduciary Corraction 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	j										01221
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No N/A Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions freported on line 10a). 10b X c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions for a fidelity bond? 10c X d Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X	Pa	t IV Plan Characteristics									
10 During the plan year: Yes No N/A Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction 10a X Amount b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10a X Image: Comparison of the transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction 10a X Image: Comparison of the transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and 29 CFR 2520.101-3). 10a X Image: Comparison of the transmit to the plan any participant contributions within the time plan (See instructions and 29 CFR 2520.101-3). 10b X Image: Comparison of the transmit to the plan any participant contributions and 29 CFR 2520.101-3). 10b X Image: Comparison of the transmit to the plan any participant contributions and 29 CFR 2520.101-3). 10b X Image: Comparison of the transmit to the plan any participant contributions and 29 CFR 2520.101-3). 10b X Image: Comparison of the transmit to the plan any participant contribution for all years from Schedule SB (Form 10b) X Image: Comparison of the transmit to the plan any participant contribution and 29 CFR 10b) X Ima Image: Com		ZE ZF ZG ZJ ZK ZT 3D									
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described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciery Correction Program)			tions withi	n the time neriod		res	NO	N/A	Ar	nount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		 described in 29 CFR 2510.3-1027 (See instructions and DOL's V 	oluntary F	iduciary Correction							
reported on line 10a.)		Program)) + < +) + <i>< +</i> L>, < L + X + 4 y < + y + + + y + + + y + + + y + + + y + + + y +	10a	ļ	X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	a	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10b		х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X	C	Was the plan covered by a fidelity bond?	********	*****	10c		X				
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the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j X Image: Comparison of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10j	е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance							
f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X X j Did the plan trust incur unrelated business taxable income? 10j X X Part VI Pension Funding Compliance 11a Yes," see instructions and complete Schedule SB (Form 5500) line 40 Yes No		carrier, insurance service, or other organization that provides som	e or all of	the benefits under	40.						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 1 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X 1 j Did the plan trust incur unrelated business taxable income? 10j X 1 Part VI Pension Funding Compliance 10j X 1 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes No 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	f	Has the plan failed to provide any benefit when due under the plan	n?			ļ					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	100	[
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If this is an individual account plan, was there a blackout period? (See instru	ictions and 29 CFR			X				
j Did the plan trust incur unrelated business taxable income? 10j x Part VI Pension Funding Compliance 10j x 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes No 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the									
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Image: Schedule SB (Form 11a below) 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	j						×			•••••••	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	Part	VI Pension Funding Compliance				<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40		Is this a defined benefit plan subject to minimum funding requirement	ents? (If "	res," see instructions a	and cor	nplete	Sched	ule SB (Fo	m r	Ver 1	No
	11a									1.69	1.10
								and the second second		Yee	V No

F	Form 5500-SF 2015	Page 3 -					
(lf "Ye	as," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab				1		·····
a Ifawa	aiver of the minimum funding standard for a prior year is being amortized ng the waiver.	in this plan year, see in	structions, and Vionth	enter th Dav	e date of t	he letter ru Year	ling
lf you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line	13.	Day		i eai	-2
b Enter t	he minimum required contribution for this plan year			12b			
	he amount contributed by the employer to the plan for this plan year			12c	1		
d Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (e ive amount)	nter a minus sign to the	left of a	12d		,,,,,,,,,	
	e minimum funding amount reported on line 12d be met by the funding d			Π	Yes [No 🗌	N/A
Part VII	Plan Terminations and Transfers of Assets					d	
13a Hasa	resolution to terminate the plan been adopted in any plan year?			ļ	Yes	No No	
lf "Yes	s," enter the amount of any plan assets that reverted to the employer this	year		13a			· · · · · · · · · · · · · · · · · · ·
of the	all the plan assets distributed to participants or beneficiaries, transferred PBGC?		**************			Yes 🕅	No
C If durin	ng this plan year, any assets or liabilities were transferred from this plan t assets or liabilities were transferred. (See instructions.)	o another plan(s), identi	ly the plan(s) to)			
13c(1) N	iame of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII	Trust Information	an man ann an					·····
4a Name o	if trust			14b T	rust's EIN	·······	
14c Nome	of trustee or custodian						
ITC Name					Trustee's lelephone	or custodia	n's
					relepitone	number	
Part IX	IRS Compliance Questions	*****		L			
15a is the p	plan a 401(k) plan?		······	Ye	s	No	
· · · · · · · · · · · · · · · · · · ·				De	isign-		
15b If "Yes, matchir	" how does the 401(k) plan satisfy the nondiscrimination requirements fo ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	r employee deferrals an	d employer	ba ba	sed safe rbor shod	ADP/ test	ACP
testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the method* for nonhighly compensated employees (Treas. Reg sections 1.4	101(k)-2(a)(2)(ii) and 1.4	01(m)-	[] Ye		No	
	(ii))?			n Ra	tio		······
	the box to indicate the method used by the plan to satisfy the coverage re-				rcentage	Aver bene	age fit test
this pla	ne plan satisfy the coverage and nondiscrimination tests of sections 410(n with any other plans under the permissive aggregation rules?			Yes	5	No	
	e plan been timely amended for all required tax law changes?		1	Ye:		🗌 No	[] N/A
for tax i	he last plan amendment/restatement for the required tax law changes wa law changes and codes).						
advisor	an sponsor is an adopter of a pre-approved master and prototype (M&P) y letter, enter the date of that favorable letter	and the letter's serial nu	mber				ur
17d If the pl determi	an is an individually-designed plan and received a favorable determination in the second second second second s	on letter from the IRS, e	nter the date of	the plan	's last favo	orable	
18 Is the F made),	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E American Samoa, Guam, the Commonwealth of the Northern Mariana Is	RISA section 1022(i)(2) slands or the U.S. Virgin	has been Islands)?	Yes		[] No	
19 Were in	service distributions made during the plan year?	, , , , , , , , , , , , , , , , , , ,] Yes	3	No	
	" enter amount			19			
20 Were re retired),	equired minimum distributions made to 5% owners who have attained ag , as required under section 401(a)(9)?	e 70 ½ (regardless of w	nether or not	Yes		No	N/A