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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number SPECIALTY SIGNS CO., INC. PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/1995 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-3118847 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number SPECIALTY SIGNS COMPANY, INC. 215-793-4300 2d Business code (see instructions) **54 WEST 21ST STREET** NEW YORK, NY 10010 326100 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year...... 5b **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) R d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested...... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 true, correct, and complete

Filed with authorized/valid electronic signature 01/20/2016 MARC FRANKEL SIGN **HERE** Date

Signature of plan administrator Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	l of Year	r
a Total plan assets	7a		1708					17	62539
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		1708	8648					62539
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)		52	2797					
(2) Participants	8a(2)		25	080					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-23	3632					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								54245
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			314					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			40					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								354
i Net income (loss) (subtract line 8h from line 8c)	8i								53891
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics					•				
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	he instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo code	os from the List of Pla	n Char	actoriet	ic Coc	loc in the	o inetrue	tions:	
in the plan provides wellare benefits, effer the applicable wellare is	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 1116	z IIISII UC	dioris.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					176254
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons	by an insurance he benefits under			X				
the plan? (See instructions.)			10e						
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 a		,	10g		X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ				
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						
j Did the plan trust incur unrelated business taxable income?			10i		X				
Part VI Pension Funding Compliance						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)] [] \	Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. [] `	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	13c(3) PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				s	No		
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19 Were in-service distributions made during the plan year?						No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

2015

This Form is Open to Public Inspection

	art i Aimuai Kepoi	rt identification imormation								
Fo	calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/2015					
Α	a single-employer plan This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan									
В	This return/report is:	the first return/report	the final return/report							
		an amended return/report	nonths)							
С	Check box if filing under:	Form 5558	automatic extension	clan year return/report (less than 12 months) ic extension						
		special extension (enter descri	iption)							
P	art II Basic Plan Int	formation enter all requested i	nformation							
	Name of plan	Name of plan Specialty Signs Co., Inc. Profit Sharing Plan				001				
		(PN) ▶ 001 1c Effective date of plan 01/01/1995								
2a	Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P.O nce, country, and ZIP or foreign post		tructions)	2b Employer Identification Number (EIN) 13-3118847					
	Specialty Signs Co		(,	2c Sponsor's telephone number					
	(()				(215) 793					
	54 West 21st Stree	et			2d Business code (see instructions) 326100					
	US New York NY 10010									
3a	Plan administrator's name	and address 🗵 Same as Plan Spo	nsor Name		3b Administrator	's EIN				
		3c Administrator's telephone number								
_										
4	name, EIN, and the plan n	the plan sponsor has changed since to umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
_	Sponsor's name				4c PN					
	· ·	ts at the beginning of the plan year			5a	9				
b	· · ·	ts at the end of the plan year			5b	9				
C	complete this item)	h account balances as of the end of t		***************************************	5c	9				
d(1) Total number of active page	articipants at the beginning of the pla	n year		5d(1)	7				
d(2) Total number of active pa	articipants at the end of the plan year			5d(2)	8				
е	1 N 4000/4	t terminated employment during the p			5e	0				
Ca	ution: A penalty for the lat	e or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is established.	9				
Un SE	der penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	eport, including, if ap	plicable, a Schedule				
0	IGN Z	Facilia	1/20/10	Marc Frankel						
11 200	ERE Signature of plan ad	ministrator	Date	Enter name of individua	al signing as plan ad	ministrator				
s	IGN									
1000	ERE Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing as employ	er or plan sponsor				
Pre	eparer's name (including firm	n name, if applicable) and address; in	nclude room or suite num	per	Preparer's telephor	ne number				

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	Were all of the plan's assets during the plan year invested in eligible								X Yes No	
								X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC in:	t use Forn	ns.) n 5500-SF and must ins	stead	use F	orm	5500.			
Pa	rt III Financial Information									
ale ale ale	Plan Assets and Liabilities	Tella de	(a) Beginning o	f Yea	r			(b) End o	f Year	
а	Total plan assets	7a	1,70	08,6	48				1,762,539	
b	Total plan liabilities	7b		-	0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,70	08,6	48				1,762,539	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal	
	Contributions received or receivable from:				0.7	High	1, 1, 15	TEMPLE		
_	(1) Employers	8a(1)		52,7	_					
	(2) Participants	8a(2)		25,0		1000			MASSES VENSION	
-	(3) Others (including rollovers)	8a(3)			0		14(4)	1,0,6		
	Other income (loss)	8b	(23	3,63	2)			AND RESIDENCE OF THE PARTY OF T		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			- 1				54,245	
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	14					
	Certain deemed and/or corrective distributions (see instructions)	8e			0	BX.		(IA)		
	Administrative service providers (salaries, fees, commissions)	8f			40					
	Other expenses	8g			0	7.3		98753		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			100				354	
	Net income (loss) (subtract line 8h from line 8c)	8i			J.				53,891	
-	Transfers to (from) the plan (see instructions)	8j			0	100	i silet			
9a	f the plan provides pension benefits, enter the applicable pension for 2A 2E 2J 3D	ature code	es from the List of Plan C	harad	cteristi	c Coc	les in th	e instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:	
Pa	rt 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 contribut	ions within	the time period				1191		,,,,,,	
-	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		·							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	х		18		176,254	
d	Did the plan have a loss, whether or not reimbursed by the plan's a by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of the	he benefits under	10e		x				
		9201020000								
f	Has the plan failed to provide any benefit when due under the plan	l		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х	1,520			
h	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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i			July 2			
j	Did the plan trust incur unrelated business taxable income?	••••••		10j		x				
Par	VI Pension Funding Compliance						И			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No	
11a	Enter the unpaid minimum required contribution for current year fro	om Schedu	le SB (Form 5500) line 4	10			11a			
12	Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	Yes X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.	his plan year, see ins Mont		d enter th	he date of t Yea		ruling
lf	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line 13					
b	Enter the minimum required contribution for this plan year			12b			
c	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ne?	***************************************		Yes \square	No [□ N/A
Par	rt VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Ye	es 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 an of the PBGC?			ontrol	Г	——— П _{Yes}	X No
С)	_		
	13c(1) Name of plan(s):		130	(2) EIN((s)	13c(3)	PN(s)
				.(-)			
Par	t VIII Trust Information (optional)						
14a	Name of trust			14b Ti	rust's EIN		
140	C Name of trustee or custodian				rustee or c		's
Pai	rt IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:			Ye:	s [□ No	
15k	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas bar	sign- sed safe [rbor ethod	ADP/ test	ACP
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(ii))?	-2(a)(2)(ii) and 1.401		☐ Yes	s [No	
	1 Check the box to indicate the method used by the plan to satisfy the coverage require			Rat Per Tes	rcentage	Avera Bene	age fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by combi		☐ Yes	s [No	
17a	Has the Plan been timely amended for all required law changes?			Yes	s [No	☐ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	dopted//_	Enter th	e applica	able code _	(Se	e
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu	ne submitter plan tha e letter's serial numb		o a favor	rable IRS o	pinion or	ſ
17d	If the plan is an individually-designed plan and recieved a favorable determination le determination letter / /			e of plar	ı's last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	section 1022(i)(2) has or the U.S. Virgin Is	s been lands)?	☐ Yes	s [□ No	
19 Were in-service distributions made during the plan year?						No	
	If Yes, enter amount			19			
	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?			Yes	s [No	□ N/A