| Form 5500-   | SF                                      | Short Form Annu  |   | ort of Small Empl  | oyee                                       | C                    | MB Nos. 1210-0110<br>1210-0089 |  |  |
|--|---|--|---|--|--|----------------------|--------------------------------|--|--|
| Department of the Treas<br>Internal Revenue Servi                              |   | This form is required to be file   | Benefit Pla                                     |  | Patirament                                 | ant <b>2015</b>      |                                |  |  |
| Department of Labor<br>Employee Benefits Security Adn                          | ninistration                            | Income Security Act of 1974  | Internal This Form is Open to Public Inspection |  |  |                      |                                |  |  |
| Pension Benefit Guaranty Co  | -                                       |  |   | instructions to the Form 5                                   | 500-SF.                                    |                      |                                |  |  |
| Part IAnnual FFor calendar plan year 2   |   | lentification Information<br>al plan year beginning 01/01/   |   | and ending 1   | 2/31/2015                                  |                      |                                |  |  |
| A This return/report is for  | ×                                       | a single-employer plan   |   | yer plan (not multiemployer)<br>ng employer information in a |  | -                    |                                |  |  |
| ${f B}$ This return/report is  |   | the first return/report<br>an amended return/report  | the final return/re                             | port<br>return/report (less than 12 m                        | nonths)                                    |                      |                                |  |  |
| C Check box if filing une  | der:                                    | Form 5558<br>special extension (enter desc   | automatic extens                                | sion   | 0 []                                       | FVC progra           | m                              |  |  |
| Part II Basic Pla  | an Inforr                               | nation—enter all requested in  |   |  |  |                      |                                |  |  |
| 1a Name of plan  |   | K) PROFIT SHARING PLAN   |   |  | (PN)                                       | number               | 001                            |  |  |
|  |   |  |   |  |  | 01/01                |                                |  |  |
| Mailing address (inc   | lude room,                              | r, if for a single-employer plan)<br>apt., suite no. and street, or P.<br>country, and ZIP or foreign pos  |   | instructions)  | (EIN)                                      | 14-17                | cation Number<br>84045         |  |  |
| THE MICHAELS GROUP,  |   |  |   | ,  | 2c Sponsor's telephone number 518-899-6311 |                      |                                |  |  |
| 0 BLACKSMITH DRIVE<br>SUITE 1<br>MALTA, NY 12020                               |   |  |   |  | 20 Busin                                   | ess code (s<br>23611 | ee instructions)               |  |  |
|  | name and                                | address XSame as Plan Spor   | isor.   |  | <b>3b</b> Admir                            | nistrator's E        | N                              |  |  |
|  |   |  |   |  | 3c Admir                                   | histrator's te       | lephone number                 |  |  |
|  |   | lan sponsor has changed since  | the last return/report f                        | iled for this plan, enter the                                | 4b EIN                                     |                      |                                |  |  |
| <b>a</b> Sponsor's name  | pian numb                               | er from the last return/report.  |   |  | <b>4c</b> PN                               |                      |                                |  |  |
| 5a Total number of par   | ticipants at                            | the beginning of the plan year.  |   |  | 5a   |                      | 12                             |  |  |
| <b>b</b> Total number of par   | ticipants at                            | the end of the plan year   |   |  | 5b   |                      | 13                             |  |  |
|  |   | count balances as of the end of  |   |  | 5c   |                      | 12                             |  |  |
| <b>d(1)</b> Total number of a  | active partic                           | pipants at the beginning of the p  | lan year  |  | 5d(1)                                      |                      | 10                             |  |  |
| e Number of participa  | ants that ter                           | cipants at the end of the plan ye<br>rminated employment during th   | e plan year with accrue                         | ed benefits that were less                                   | 5d(2)<br>5e                                |                      | 11<br>0                        |  |  |
| Caution: A penalty for t<br>Under penalties of perjur<br>SB or Schedule MB com | the late or<br>y and othe<br>pleted and | incomplete filing of this return<br>r penalties set forth in the instru-<br>signed by an enrolled actuary, | rn/report will be asses                         | ssed unless reasonable ca<br>have examined this return/re    | use is estab                               | g, if applica        |                                |  |  |
| belief, it is true, correct, aSIGNFiled with au                                |   | te.<br>lid electronic signature.   | 06/10/2016                                      | HEIDI A. HARKINS   |  |                      |                                |  |  |
| HERE Signature of  |   |  | Date  | Enter name of individ  | lual signing a                             | s plan admi          | nistrator                      |  |  |
| SIGN<br>HERE Signature of  | fomnlour                                | r/plan sponsor   | Date  | Enter name of individ  | tual cianina a                             | s employer           | or plan sponsor                |  |  |
|  |   | ne, if applicable) and address (i  |   |  | Preparer's                                 |                      |                                |  |  |
| For Paperwork Reduction  | Act Notice a                            | and OMB Control Numbers, see ti  | ne instructions for Form                        | 5500-SF.   |  | F                    | orm 5500-SF (2015)             |  |  |

| Form 5500-SF 20  | 015  |  | Page <b>2</b>  |          |                   |             |           |                  |   |          |  |  |
|--|--|--|--|----------|-------------------|-------------|-----------|------------------|---|----------|--|--|
| <ul> <li>b Are you claiming a waive<br/>under 29 CFR 2520.104</li> <li>If you answered "No" f</li> </ul> | sets during the plan year invested in eligib<br>or of the annual examination and report of<br>-46? (See instructions on waiver eligibility<br>o either line 6a or line 6b, the plan cann<br>enefit plan, is it covered under the PBGC ir | an indeper<br>and condit<br>I <b>ot use Fo</b> | ndent qualified public a<br>ions.)<br>rm 5500-SF and mus | t instea | ant (IQ<br>Id use | PA)<br>Form | 5500.     |                  | X Yes Xes Xes Xes Xes Xes Xes Xes Xes Xes X | No<br>No |  |  |
| Part III Financial Inf   | ormation   | -  |  |          |                   |             |           |                  | -   |          |  |  |
| 7 Plan Assets and Liabilitie   |  |  | (a) Beginning  | n of Ye  | ar                |             | of Year   |                  |   |          |  |  |
|  |  | 7a   | (,   | 3020     |                   |             |           | 2829998          |   |          |  |  |
|  |  | 7b   |  |          | 0                 |             |           |                  | 0   |          |  |  |
|  | t line 7b from line 7a)  | 7c   |  | 3020     | 173               |             |           |                  | 2829998                                     |          |  |  |
| 8 Income, Expenses, and  | Transfers for this Plan Year   |  | (a) Amou   | unt      |                   |             |           | (b) <sup>-</sup> | Fotal                                       |          |  |  |
| a Contributions received o<br>(1) Employers  | r receivable from:   | 8a(1)  |  | 48       | 817               |             |           |                  |   |          |  |  |
| (2) Participants   |  | 8a(2)  |  | 116      | 810               |             |           |                  |   |          |  |  |
| (3) Others (including rol  | overs)   | 8a(3)  |  |          | 0                 |             |           |                  |   |          |  |  |
| <b>b</b> Other income (loss)   |  | 8b   |  | -59      | 266               |             |           |                  |   |          |  |  |
| <b>C</b> Total income (add lines   | 3a(1), 8a(2), 8a(3), and 8b)   | 8c   |  |          |                   |             |           |                  | 106361                                      |          |  |  |
|  | direct rollovers and insurance premiums  | 8d   |  | 296      | 536               |             |           |                  |   |          |  |  |
| e Certain deemed and/or of   | corrective distributions (see instructions)  | 8e   |  |          | 0                 |             |           |                  |   |          |  |  |
| f Administrative service p   | oviders (salaries, fees, commissions)  | 8f   |  | 0        |                   |             |           |                  |   |          |  |  |
| g Other expenses   |  | 8g   |  |          | 0                 |             |           |                  |   |          |  |  |
| h Total expenses (add line   | s 8d, 8e, 8f, and 8g)  | 8h   |  |          |                   |             |           |                  | 296536                                      |          |  |  |
| i Net income (loss) (subtra  | act line 8h from line 8c)  | 8i   |  |          |                   |             |           |                  | -190175                                     |          |  |  |
| j Transfers to (from) the p  | lan (see instructions)   | 8j   |  |          | 0                 |             |           |                  |   |          |  |  |
| Part IV Plan Chara   | cteristics   |  |  |          |                   |             |           |                  |   |          |  |  |
| 9a If the plan provides pen<br>2E 2G 2J 2K   | sion benefits, enter the applicable pension<br>3B 3D   | feature co                                     | odes from the List of Pl                                 | an Cha   | racteri           | stic Co     | odes in t | the instru       | ctions:                                     |          |  |  |
| B If the plan provides well  | are benefits, enter the applicable welfare f   | eature cod                                     | les from the List of Pla                                 | n Chara  | acterist          | tic Coc     | des in th | e instruc        | tions:                                      |          |  |  |
| Part V Compliance C  | Questions  |  |  |          |                   |             |           |                  |   |          |  |  |
| <b>10</b> During the plan year:  |  |  |  |          | Yes               | No          | N/A       |                  | Amount                                      |          |  |  |
| described in 29 CFR 2  |  |  |  |          |                   | x           |           |                  |   |          |  |  |
| <b>b</b> Were there any nonexe   | empt transactions with any party-in-interest   | n-interest? (Do not include transactions       |  |          |                   | x           |           |                  |   |          |  |  |
| <b>C</b> Was the plan covered  | by a fidelity bond?  |  |  | 10c      | х                 |             |           |                  | 3450  | 000      |  |  |
|  | s, whether or not reimbursed by the plan's   |  |  | 10d      |                   | х           |           |                  |   |          |  |  |
| e Were any fees or comr  | nissions paid to any brokers, agents, or oth<br>ce, or other organization that provides som  | ner person                                     | s by an insurance  |          |                   |             |           |                  |   |          |  |  |

| 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) | Yes | X No |
| 11a  | 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 |

the plan? (See instructions.).....

Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

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.....

Did the plan trust incur unrelated business taxable income?

f

h

i.

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10e

10f

10g

10h

10i

10j

Form 5500-SF 2015

Page **3** - 1

| -  |  |  |                   |                 |  |  |                     |  |  |  |
|--|--|--|-------------------|-----------------|--|--|---------------------|--|--|--|
|  | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |  |                   |                 |  |  |                     |  |  |  |
| a  | 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 granting the waiver |  |                   |                 |  |  |                     |  |  |  |
| lf   | you c  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  | 13.               |                 | <b>.</b>                               |  |                     |  |  |  |
| b  | Enter  | the minimum required contribution for this plan year   |                   | 12b             |  |  |                     |  |  |  |
| -  |  | 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<br>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 EIN |  |  |                     |  |  |  |
|  |  |  |                   |                 |  |  |                     |  |  |  |
| 14c Name of trustee or custodian   |  |  |                   |                 |  | <b>14d</b> Trustee's or custodian's telephone number |                     |  |  |  |
| 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<br>h          | esign-<br>ased safe<br>arbor<br>nethod | e ADF<br>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<br>ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4<br>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<br>ercentage<br>est               |  | erage<br>nefit test |  |  |  |
| 16b  |  | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con<br>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 placory 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<br>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?  |                   | <b>Y</b>        | es                                     | No   |                     |  |  |  |
|  | lf "Y€   | es," enter amount  |                   | 19              |  |  |                     |  |  |  |
| 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? |  |  |                   |                 |  | No   | N/A                 |  |  |  |

| Form 5500-SF  | Short Form Annua   | l Return/Report<br>Benefit Plan                               | of Small Empl   | оуее                        |  | OMB Nos. 1210-0110<br>1210-0089           |  |
|---|--|---|---|-----------------------------|--|---|--|
| Department of the Treasury<br>Internal Revenue Service  | This form is required to be  |   | and 4065 of the Emplo   | ovee -                      |  | 2015                                      |  |
| Department of Labor<br>Employee Benefits Security Administration  | Retirement Income Security   | Act of 1974 (ERISA), and<br>iternal Revenue Code (the         | section 6057(b) and 60  | 058(a) of                   | This Form is Open to Public                      |   |  |
| Pension Benefit Guaranty Corporation  | Complete all entries in ac   | cordance with the instr                                       | uctions to the Form 5   | 500-SF.                     | 11   | nspection                                 |  |
|   | entification Information   |   |   |                             |  |   |  |
| For calendar plan year 2015 or fisca  | I plan year beginning  | 01/01/2015  | and ending  |                             | 31/2015  |   |  |
| A This return/report is for:  | a single-employer plan<br>a one-participant plan<br>the first return/report<br>an amended return/report      | a list of participating a foreign plan the final return/repor | plan (not multiemploye<br>employer information i<br>t<br>urn/report (less than 12 | in accordanc                | ecking this be<br>be with the fo                 | ox must attach<br>rm instructions)        |  |
| C Check box if filing under:  | Form 5558<br>special extension (enter descr  | automatic extension   |   |                             | DFVC progra                                      | am  |  |
| Part II Basic Plan Inform   |  |   |   |                             |  |   |  |
| 1a Name of plan   | nation enter all requested i   |   |   | pla<br>(Pt<br><b>1c</b> Eff | ree-digit<br>an number<br>N) ►<br>fective date o | 001<br>f plan                             |  |
| 2a Plan sponsor's name (employe<br>Mailing Address (include room,<br>City or town, state or province,   | r, if for a single-employer plan)<br>, apt., suite no. and street or P.C<br>country, and ZIP or foreign post | ). Box)<br>al code (if foreign, see ins                       | structions)   | 2b Em<br>(El                | N) 14-17   |   |  |
| The Michaels Group, 1<br>10 Blacksmith Drive<br>Suite 1<br>US Malta NY 12020  | LLC  |   |   | (5<br><b>2d</b> Bu          | 18) 899-   | hone number<br>6311<br>(see instructions) |  |
| 4 If the name and/or EIN of the p   | lan sponsor has changed since  | the last return/report filed                                  | for this plan, enter the  |                             |  | telephone number                          |  |
| name, EIN, and the plan number  | er from the last return/report.  |   |   |                             |  |   |  |
| a Sponsor's name  | the bestering of the states  |   |   | 4C PN                       | 1  |   |  |
| <ul><li>5a Total number of participants at</li><li>b Total number of participants at</li></ul>  |  |   |   |                             |  | 12  |  |
| C Number of participants with acc   | the end of the plan year   | he plan year (defined ben                                     | efit plans do not   | E.                          |  | 13  |  |
| d(1) Total number of active partici   |  |   |   |                             |  | 10  |  |
| d(2) Total number of active partici   |  | •   | ******  |                             |  | 11  |  |
| e Number of participants that terr  | ninated employment during the  | plan year with accrued be                                     | nefits that were  |                             |  | 0   |  |
|   |  |   |   |                             |  | · · · · · · · · · · · · · · · · · · ·     |  |
| Caution: A penalty for the late or<br>Under penalties of perjury and other<br>SB or Schedule MB completed and<br>belief, it is true, correct, and completed | r penalties set forth in the instruction signed by an enrolled actuary, a                                    | ctions. I declare that I hav                                  | e examined this return  | /report.inclu               | iding if applie                                  | cable, a Schedule<br>y knowledge and      |  |
|   |  | 6/10/16   | Heidi A. Harki  | ns                          |  |   |  |
| HERE Signature of plan admini   | istrator   | Date /  | Enter name of individ   | ual signing a               | as plan admi                                     | nistrator                                 |  |
| SIGN  | W/F  | 6/10/16   | Heidi A. Harki  | ns                          |  |   |  |
| HERE Signature of employer/pl<br>Preparer's name (including firm name   |  | Date '  | Enter name of individ   |                             | as employer<br>'s telephone                      |   |  |
|   |  |   |   |                             |  |   |  |

|                   | Form 5500-SF 2015  |             | Page 2  |        |         | _                  |                   |   |               |  |
|-------------------|--|-------------|---|--------|---------|--------------------|-------------------|---|---------------|--|
| 6a                | Were all of the plan's assets during the plan year invested in eligible  | - assets?   | (See instructions )   |        |         |                    |                   |   | X Yes No      |  |
|                   | 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  |             |   |        | •       | •                  | ********          |   | XYes No       |  |
|                   | If you answered "No" to either line 6a or line 6b, the plan canno  | ot use Fo   | rm 5500-SF and must in  |        |         |                    |                   |   |               |  |
| c                 | If the plan is a defined benefit plan, is it covered under the PBGC in   | surance p   | orogram (see ERISA sect   | ion 40 | 21)?    | •••••              | 🗌 Yes             | No  | Not determine |  |
| Pa                | rt III Financial Information   |             |   |        |         |                    |                   |   |               |  |
| 7                 | Plan Assets and Liabilities  |             | (a) Beginning (   | of Yea | ar      |                    |                   | (b) End o   | f Year        |  |
| <u>a</u>          | Total plan assets  | 7a          | 3,0   | 20,1   | .73     |                    |                   |   | 2,829,998     |  |
| b                 | Total plan liabilities   | 7b          |   |        | 0       |                    |                   |   | 0             |  |
| ÷                 | Net plan assets (subtract line 7b from line 7a)  | 7c          | 3,020,173   |        |         |                    | 2,                |   |               |  |
|                   | Income, Expenses, and Transfers for this Plan Year<br>Contributions received or receivable from:   |             | (a) Amoun   | t      | (       |                    |                   |   | tal           |  |
| a                 | (1) Employers  |             |   | 48,8   | 317     |                    |                   |   |               |  |
|                   | (2) Participants   | 8a(2)       |   | 16,8   |         |                    |                   |   |               |  |
|                   | (3) Others (including rollovers)   | 8a(3)       |   |        | 0       |                    |                   |   |               |  |
| b                 | Other income (loss)  | 8b          | (5  | 9,26   | 56)     |                    |                   |   |               |  |
|                   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |   |        |         |                    |                   | a latera e construir an   | 106,361       |  |
|                   | Benefits paid (including direct rollovers and insurance premiums   | 6.1         | 2   | 06 5   | 20      | 1992)<br>1973      |                   |   |               |  |
|                   | to provide benefits)<br>Certain deemed and/or corrective distributions (see instructions)  | 8d          | Z   | 96,5   | 0       | 1893<br>1999       |                   |   |               |  |
|                   | Administrative service providers (salaries, fees, commissions)   | 8e<br>8f    |   |        | 0       | - 14473<br>- 14573 |                   | <u>er staten</u><br>Referense   |               |  |
| g                 | Other expenses   | 8g          |   |        | 0       |                    |                   |   |               |  |
|                   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |   | 8833   |         |                    |                   | 296,536   |               |  |
|                   | Net income (loss) (subtract line 8h from line 8c)  | 8i          |   |        |         |                    |                   | ·1  | (190,175)     |  |
| -                 | Transfers to (from) the plan (see instructions)  | 8j          | Control 11, Control 14, Control 14, Control 14, Rev. Control 14, Control 14 |        | 0       |                    |                   |   |               |  |
| Pa                | rt IV Plan Characteristics   | ·           |   |        |         | l                  |                   |   |               |  |
| 9a                | If the plan provides pension benefits, enter the applicable pension fe   | eature coo  | les from the List of Plan C   | hara   | cterist | ic Coc             | les in th         | e instructio  | ins:          |  |
|                   | 2E 2G 2J 2K 3B 3D  |             |   |        |         |                    |                   |   |               |  |
| b                 | If the plan provides welfare benefits, enter the applicable welfare fea  | ature code  | s from the List of Plan Ch  | aract  | eristic | : Code             | s in the          | instruction   | s:            |  |
|                   |  |             |   |        |         |                    |                   |   |               |  |
| Pa                | rt V Compliance Questions  |             |   |        |         |                    |                   |   |               |  |
| <u>10</u>         | During the plan year:  |             |   |        | Yes     | No                 | N/A               | A   | mount         |  |
| a                 | and the second sec |             |   |        |         |                    |                   |   |               |  |
|                   | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo   |             |   |        |         |                    |                   |   |               |  |
| —b                | Program)   |             |   | 10a    |         | X -                |                   |   |               |  |
|                   | reported on line 10a.)   |             |   | 10b    |         | x                  |                   |   |               |  |
| С                 | Was the plan covered by a fidelity bond?   |             |   | 10c    | x       |                    |                   |   | 345,000       |  |
| d                 | Did the plan have a loss, whether or not reimbursed by the plan's  | fidelity bo | nd, that was caused   |        |         |                    |                   |   |               |  |
| . <u> </u>        | by fraud or dishonesty?  |             |   | 10d    |         | x                  |                   |   |               |  |
| е                 | Were any fees or commissions paid to any brokers, agents, or oth<br>carrier, insurance service, or other organization that provides some   |             |   |        |         |                    |                   |   |               |  |
|                   | the plan? (See instructions.)  |             |   | 10e    |         | x                  |                   |   |               |  |
| f                 | Has the plan failed to provide any benefit when due under the plan   |             |   | 10f    |         | x                  |                   |   |               |  |
| g                 |  |             |   | 10g    |         |                    |                   |   |               |  |
| <del>y</del><br>h |  |             |   | 109    |         | x                  | 는 양관적<br>1992년 14 | a de la compañía de<br>La compañía de la comp |               |  |
|                   | 2520.101-3.)   |             |   | 10h    |         | x                  |                   |   |               |  |
| i                 | i If 10h was answered "Yes," check the box if you either provided the required notice or one of the  |             |   | 10i    |         |                    |                   |   |               |  |
| j                 | Did the plan trust incur unrelated business taxable income?  |             | •••••••••••••••••••••••••••••••••••••••   | 10j    |         |                    |                   | <u></u>   |               |  |
| Pai               | t VI Pension Funding Compliance  |             |   |        |         |                    | <b>i</b>          |   |               |  |
| 11                | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   | ents? (If " | Yes," see instructions and  | d com  | plete   | Scheo              | lule SB           | (Form   | Yes X No      |  |
| 11a               | a Enter the unpaid minimum required contribution for current year fro  |             |   |        |         |                    | 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?...

| Form 5500-SF 2015  | Page 3-  |                       |            |                                 |                |        |
|--|--|-----------------------|------------|---------------------------------|----------------|--------|
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |  | •                     | 1          | · · · · · · · · · · · · · · · · | •              |        |
| 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                           | tructions, an         | d enter th | he date of th                   | ne letter      | ruling |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500   | Mon  | ih [                  | Day        | Year                            |                |        |
| b Enter the minimum required contribution for this plan year   |  |                       |            |                                 |                |        |
| c Enter the amount contributed by the employer to the plan for this plan year  |  |                       | 12b        |                                 |                |        |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter   |  |                       | 12c        |                                 |                |        |
| negative amount)   | a minus sign to the le                           | ent of a              | 12d        |                                 |                |        |
| e Will the minimum funding amount reported on line 12d be met by the funding dead  |  |                       |            | Yes 🗌                           | No [           |        |
| Part VII Plan Terminations and Transfers of Assets   |  |                       |            |                                 |                |        |
| 13a Has a resolution to terminate the plan been adopted in any plan year?  | *****  |                       | 🗌 Ye       | s 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 ar<br>of the PBGC?   |  |                       |            |                                 | Yes            | X No   |
| C If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)  | other plan(s), identify                          | the plan(s) to        | )          | ·                               |                |        |
| 13c(1) Name of plan(s):  |  | 130                   | (2) EIN(s  | 5)                              | 13c(3)         | PN(s)  |
|  |  |                       |            |                                 |                |        |
|  |  |                       |            |                                 |                |        |
| Part VIII Trust Information  |  |                       |            |                                 |                |        |
| 14a Name of trust  |  |                       |            |                                 |                |        |
| 14a Name of trust  |  |                       | 14b Tri    | ust's EIN                       |                |        |
| 14c Name of trustee or custodian   |  |                       | 114 -      | ustee or cus                    |                |        |
|  |  |                       |            | hone numbe                      |                | 5      |
| Part IX IRS Compliance Questions   |  |                       |            |                                 |                |        |
|  |  |                       |            |                                 |                |        |
| <b>15a</b> is the plan a 401(k) plan:  |  |                       | C Yes      |                                 | ] No           |        |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for em   | novee deferrals and                              | employer              | Desi       | ign-<br>ed safe                 | ] ADP//        | ACB    |
| matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?   |  |                       | harb       | or 🗀                            | test           |        |
|  |  |                       | meth       | 100                             |                |        |
| 15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using<br>testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k))   | g the "current year<br>-2(a)(2)(ii) and 1 401(   | m)                    | 🗌 Yes      |                                 | No             |        |
| 2(a)(2)(ii))?  |  |                       |            |                                 |                |        |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage require  |  |                       |            | entage                          | Avera<br>Benef | -      |
| <b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) an this plan with any other plans under the permissive aggregation rules?   | d 401(a)(4) by combi                             |                       | Test       |                                 | No             |        |
| 17a Has the Plan been timely amended for all required law changes?   |  |                       | T Yes      |                                 | 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).  |  |                       | applicab   | le code                         |                |        |
| 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volum  | ne submitter plan tha                            | t is subject to       | a favora   | ble IRS opi                     | nion or        |        |
| advisory letter, enter the date of that favorable letter       /       and the         17d       If the plan is an individually-designed plan and recieved a favorable determination letter         determination letter       /       / | e letter's serial numbe<br>er from IRS, please e | er.<br>enter the date | of plan's  | ast favora                      | ble            |        |
| 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 Islands   | section 1022(i)(2) ha<br>or the U.S. Virgin Isl  | s been<br>ands)?      | Yes        |                                 | No             |        |
| 19 Were in-service distributions made during the plan year?  |  |                       | Yes        |                                 | No             |        |
| If Yes, enter amount   |  | ······                | 19         |                                 | ·              |        |
| 20 Were minimum required distributions made to 5% owners who have attained age 70 % not retired) as required under section 401(a)(9)?  | ∕₂ (regardless of whet                           | her or                | Yes        |                                 | No             | □ N/A  |