### 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

Part I		Identification Information				
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/2	<u>2015</u>	and ending 1	2/31/2015	
Δ This rot	turn/report is for:	x a single-employer plan		plan (not multiemployer) employer information in a		
A IIIIS IEI	turn/report is for.	a one-participant plan	a foreign plan	imployer information in a	coordance with the	iomi matruotiona)
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC	orogram
Dort II	Pagia Blan Infe	special extension (enter description	• •			
Part II		ormation—enter all requested in	formation		1h Thron digit	
1a Name JANOS P. S		INC. DEFINED BENEFIT PLAN			<b>1b</b> Three-digit plan numbe (PN) ▶	er 001
					1c Effective da	
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				lentification Number 13-2846451
	town, state or province PITZER FLOORING,	ce, country, and ZIP or foreign post INC.	al code (if foreign, see ins	structions)		elephone number
					2d Business co	ode (see instructions)
	4TH STREET NY 10011-1942				:	238900
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		<b>3b</b> Administrate	or's EIN
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed	for this plan enter the	4b EIN	or's telephone number
name	, EIN, and the plan nu	imber from the last return/report.	the last return/report filed	nor this plan, enter the		
	or's name	and the character of the color of the color			<b>4c</b> PN <b>5a</b>	2
_		s at the beginning of the plan year s at the end of the plan year			5b	2
C Numb	er of participants with	account balances as of the end of	the plan year (defined be		5c	
		articipants at the beginning of the pl			5d(1)	2
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	2
than	100% vested	terminated employment during the			5e	0
Under pens	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a plete.	ctions, I declare that I hav	re examined this return/re	port, including, if a	pplicable, a Schedule
SIGN		/valid electronic signature.	07/11/2016	JANOS SPITZER		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE	Signature of emple		Date			oloyer or plan sponsor
Preparer's	name (including firm i	name, if applicable) and address (ir	iciude room or suite num	per)	Preparer's teleph	one number

	Form 5500-SF 2015		Page 2							
<b>b</b> /	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	X	Yes	No	Not deterr	nined
Part	III Financial Information									
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a ⊤	otal plan assets	7a	(1)		3192			<b>1</b>	4383	34
<b>b</b> T	otal plan liabilities	7b			0					0
C N	Net plan assets (subtract line 7b from line 7a)	7c		433	3192				4383	34
<b>8</b> II	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
	Contributions received or receivable from:  1) Employers	8a(1)		99	0000					
(	2) Participants	8a(2)			0					
(	3) Others (including rollovers)	8a(3)			0					
<b>b</b> 0	Other income (loss)	8b		13	3522					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1125	22
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d		107	'380					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)								1073	80
i N	Net income (loss) (subtract line 8h from line 8c)	8i							51	42
j⊺	ransfers to (from) the plan (see instructions)	8j			0					
Part	IV Plan Characteristics									
B Part	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruct	ions:	
10	During the plan year:				Yes	No	N/A		Amount	
а	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 F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g						
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	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		X				
Part '	ų i									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······			········			•	X Yes	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	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	e date of t	he letter rul Year	ing
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter ti	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		nct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d			
е		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			<u> </u>		
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broup PBGC?		ontrol		Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII	Trust Information			•		
14a	Name o	f trust		14b <sup>-</sup>	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
					telephone	e number	
Don	4 IV	IDS Compliance Questions					
Par	τιχ	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		∐ Ye		X No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Ye	s	No	
		(ii))?					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	I IXI	atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	X No	
17a	Has the	e plan been timely amended for all required tax law changes?		X Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter is serial representation.		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 pla	n's last fa	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	n-service distributions made during the plan year?		Ye	s	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)?		X Ye	s	No	N/A

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as an	attachment to Form	5500 or 5	5500-SF.			
For	calendar plan year 2015 or fiscal p	lan year beginning 01/0	01/2015		and endi	ng 12/3	1/2015	
<b>▶</b> F	Round off amounts to nearest do	ollar.						
<u></u>	Caution: A penalty of \$1,000 will be	e assessed for late filing of t	his report unless reaso	onable ca	use is establishe	ed.		
	ame of plan				<b>B</b> Three-dig	jit		
JAN	NOS P. SPITZER FLOORING, INC	. DEFINED BENEFIT PLAN			plan num	ber (PN)	•	001
<u> </u>		: 0 F FF00 FF00	) CE		D. Employee	-  +: f: +	iana Niverala an /F	-181
	lan sponsor's name as shown on li		J-5F		<b>D</b> Employer		ion Number (E	:IIN)
J/II	VOOT: OF TIZERY EOORING, INC	•				13-2846	9451	
E T	ype of plan: X Single Multiple	e-A Multiple-B	<b>F</b> Prior year pla	an size: X	100 or fewer	101-50	00 More th	an 500
Pa		<u> </u>	, , ,	_	l			
1	Enter the valuation date:	Month <u>01</u> Da	y <u>01</u> Year <u>2</u>	2015				
2	Assets:	Month of Da	ly rear_					
-	a Market value					2a		429916
						2b		429916
	<b>b</b> Actuarial value				lumber of	1	ad Funding	(3) Total Funding
3	Funding target/participant count b	reakdown		` '	ticipants		ted Funding arget	Target
	a For retired participants and ben	neficiaries receiving payment	t		0		0	(
	<b>b</b> For terminated vested participa	unte			0		0	
	C For active participants				2		775430	779644
					2			
	<b>d</b> Total						775430	779644
4	If the plan is in at-risk status, chec	ck the box and complete line	es (a) and (b)		Ш			
	a Funding target disregarding pre	scribed at-risk assumptions				4a		
	<b>b</b> Funding target reflecting at-risk					4b		
5	at-risk status for fewer than t	•				5		5.84%
6	Effective interest rate					6		20492
	Target normal costement by Enrolled Actuary					0		20492
	to the best of my knowledge, the information s	upplied in this schedule and accompa	anying schedules, statements	and attachme	ents, if any, is comple	ete and accur	ate. Each prescrib	ed assumption was applied in
	ccordance with applicable law and regulations ombination, offer my best estimate of anticipat		on is reasonable (taking into a	ccount the ex	xperience of the plan	and reasona	ble expectations) a	and such other assumptions, in
_	ICN							
	IGN   ERE						07/00/00	146
		Simple of patrices			<del>-</del>		07/02/20	710
E014		Signature of actuary					Date	00
ESK	AY AHUA PHD ASA MSPA EA				_	N4 1	14-023	
A O.T.	,,	or print name of actuary				Most re	ecent enrollme	
ACT	UARIAL BENEFIT CONSULTING				- <del></del>		818-591	
P.O.	BOX 3659	Firm name			Te	elephone	number (includ	ding area code)
HUN	ITINGTON BEACH, CA 92605-365	59						
		Address of the firm			_			
If the	actuary has not fully reflected any	regulation or ruling promulga	ated under the statute	in comple	ting this schedu	le, check	the box and s	ее П

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year C	Carryov	er and Prefunding Ba	alances						
							(a) (	Carryover balance		(b) F	Prefundi	ng balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0		
8			•	•	unding requirement (line 35				0			0
9		,							0			0
10					urn of <u>29.42</u> %				0			0
11	Prior ye	ar's exce	ess contributions to	be added	to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	tions (line	38a from prior year)							24554
	` '		, ,	•	Ba over line 38b from prior ye interest rate of <u>6.04</u> %							4.400
	<b>b(2)</b> In	nterest or	line 38b from prio	r year Sch	nedule SB, using prior year's	actual						1483
												0
					ear to add to prefunding balar							26037
	<b>d</b> Portion	on of (c)	to be added to pref	unding ba	alance							0
12	Other re	eductions	s in balances due to	elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current yea	ar (line 9 +	- line 10 + line 11d – line 12	)			0			0
P	art III	Fun	ding Percenta	ges						•		
14	Funding	g target a	ttainment percenta	ge							14	55.14 %
15	Adjuste	d funding	g target attainment	percentag	je						15	55.14 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								47.28 %				
17	If the cu	urrent val	ue of the assets of	the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	55.14 %
Pa	art IV	Con	tributions and	Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat IM-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(		(0	•	nt paid by oyees
	6/17/2016		omployor(c	99000	0	(111111 52	, , , , ,	ompleyer(			отпрі	0,000
	<i>,,,,,</i>			00000								
											5	
				·		Totals ▶	18(b)		99000	18(c)		0
19	Discour	nted emp	loyer contributions	– see inst	tructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	<b>a</b> Contr	ributions	allocated toward u	npaid min	imum required contributions	from prior	years		19a			0
	<b>b</b> Contr	ributions	made to avoid rest	rictions ac	djusted to valuation date				19b			0
	<b>C</b> Contr	ributions a	allocated toward min	imum requ	uired contribution for current y	ear adjuste	d to valuation	n date	19c			88853
20		•	outions and liquidity								-	
			_		he prior year?						<u>×</u>	Yes No
	<b>b</b> If line	e 20a is "	Yes," were required	d quarterly	installments for the current	t year made	in a timely	manner?				Yes X No
	C If line	20a is "	Yes," see instructio	ns and co	omplete the following table a							
		(1) 19	st T		Liquidity shortfall as of e	nd of quarte		n year 3rd			(4) 4th	<u> </u>
		(-) (	0		0		(5)	0			\., .u	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	unt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	eld curv	e used	
	<b>b</b> App	licable month (	enter code)			21b			0	
22	Weigh	ted average ret	tirement age			. 22			78	
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current				ed Yes	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No	
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	× Yes	No No	
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment									
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0	
29				dunpaid minimum required contrib		29			0	
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30			0	
Pa	art VIII Minimum Required Contribution For Current Year									
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	<b>a</b> Target normal cost (line 6)									
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0	
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Insta	llment		
	<b>a</b> Net	shortfall amorti	zation installment		•	349728			66155	
	<b>b</b> Wai	ver amortization	n installment			0			0	
33				ter the date of the ruling letter gra) and the waived amount	0	33			0	
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	. 34			86647	
				Carryover balance	Prefunding bala	nce	Total b	palance		
35			use to offset funding							
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36			86647	
37			•	ontribution for current year adjuste		37			88853	
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)						
	<b>a</b> Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			2206	
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b			0	
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0	
40	Unpaid	d minimum requ	uired contributions for all years	i		40			0	
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected					2 plus 7 years	15	years	
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009 20	010	2011	
42	2 Amount of acceleration adjustment									
	43 Excess installment acceleration amount to be carried over to future plan years									

### 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 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

Part I Annual Report	Identification Information	ordance with the instri	ictions to the Form 55	00-SF.	
or calendar plan year 2015 or fis		01/01/2015	and ending	12/31/2015	5
This return/report is for:  This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/report	olan (not multiemployer) employer information in employer information in	accordance with the	
Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pro	ogram
Part II Basic Plan Info	prmation enter all requested in	formation			
a Name of plan	LOORING, INC. DEFINED BE			1b Three-digit plan number (PN) ▶	001
				1c Effective dat 07/01/20	
Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O. ce, country, and ZIP or foreign posta	Box)	ructions)		entification Number
JANOS P. SPITZER F		(in tolongin, odd into	i dodono)	2c Sponsor's te (212) 62	7-1818
131 WEST 24TH STREE	ET			2d Business co 238900	de (see instructions)
a Plan administrator's name a	nd address X Same as Plan Spor	nsor Name		3b Administrato	r's EIN
If the name and/or EIN of the	e plan sponsor has changed since the	e last return/report filed	or this plan, enter the	4b EIN	r's telephone number
a Sponsor's name	inder from the last return/report.			4c PN	
a Total number of participants	at the beginning of the plan year				2
	at the end of the plan year				2
	account balances as of the end of th			5c	
	ticipants at the beginning of the plan			5d(1)	2
(2) Total number of active par	ticipants at the end of the plan year			5d(2)	2
1 th 4000/t1	terminated employment during the pl			5e	0
	or incomplete filing of this return			use is established.	
Under penalties of perjury and on SB or Schedule MB completed a pelief, it is true, correqt, and com	ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	ions, I declare that I have swell as the electronic ve	e examined this return/reportsion of this return/repo	eport, including, if ap rt, and to the best of	plicable, a Schedule my knowledge and
SIGN /	7	7/11/16	JANOS SPITZER		
HERE Signature of plan adn	ninistrator	Date	Enter name of individu	al signing as plan ad	dministrator
SIGN ~ ~	$\sim$	7(11/16	JANOS SPITZER		
HERE Signature of employe		Date	Enter name of individu	al signing as employ	er or plan sponsor
Preparer's name (including firm	name, if applicable) and address; inc	lude room or suite numb	er	Preparer's telepho	one number

	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 Ye	es No
_	Are you claiming a waiver of the annual examination and report of ar	,	,	ntant	(IQP/	<b>A</b> )			_	_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.) ••••••					•••••	<b>X</b> Ye	es No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst			_				
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)? .	••••••	X Yes	□ №	□ №	t determined
_	rt III   Financial Information							<u> </u>	• • • •	
	Plan Assets and Liabilities	_	(a) Beginning of					(b) End		
	Total plan assets	7a	4.3	3,1					43	8,334
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c	43	3,1	92				43	0 8,334
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	J , 1				(b) T		0,334
	Contributions received or receivable from:	2 (1)	` ` `		^^					
	(1) Employers	8a(1)	9	9,0	0					
	(2) Participants(3) Others (including rollovers)	8a(2) 8a(3)			0					
b	Other income (loss)	8b	1	3,5	22					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11	2,522
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04	10	7,3	8 N					
	Certain deemed and/or corrective distributions (see instructions)	8d 8e	10	7,5	0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	7,380
i								5,142		
	Transfers to (from) the plan (see instructions)									
$\overline{}$	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	es in the	e instructi	ons:	
+	1A 1I 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (	Codes	in the	instructio	ns:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	nt
а		ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
С				10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's f	•		40-1		x				_
е	by fraud or dishonesty?			10d		^				
·	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under							
	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••••••	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	j Did the plan trust incur unrelated business taxable income?									
Pai	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								.   x	Yes 🗌 No
118	Enter the unpaid minimum required contribution for current year from				••••••		11a			0
12	Is this a defined contribution plan subject to the minimum funding r		· · · · · · · · · · · · · · · · · · ·					RISA?	. 🗆	Yes X No

	Fo	rm 5500-SF 2015 Page <b>3-</b>					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	granting	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr the waiver. Month		enter th	e date of Ye		uling —
If	-	ppleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		I	T		
b	Enter t	he minimum required contribution for this plan year	•••••	12b			
C	Enter t	he 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 left we amount)		12d			
e	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes [	□ No □	□ N/A
Par	t VII	Plan Terminations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?		☐ Y	es X N	lo	
		," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?				☐ Yes │	X No
С	If durir	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)		••••••			
		lame of plan(s):	130	(2) EIN	(s)	13c(3)	PN(s)
<b>D</b>		Toront Information					
	t VIII	Trust Information					
14a	Name o	f trust		14b ⊤	rust's EIN	I	
140	Name o	of trustee or custodian			rustee or phone nu	custodian' mber	s
Pai	rt IX	IRS Compliance Questions					
158	s the p	olan a 401(k) plan:	••••••	☐ Ye	s	X No	
15k		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and eg contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba:	sign- sed safe rbor ethod	ADP/	ACP
150	testing	ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(rii))?	•	☐ Ye	s	☐ No	
		the box to indicate the method used by the plan to satisfy the coverage requirements under section	. ,	X Ra Pe Te	rcentage	Avera	age fit Test
16k		ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin with any other plans under the permissive aggregation rules?		☐ Ye	s	X No	
		e Plan been timely amended for all required law changes?	••••••	X Ye	s	☐ No	□ N/A
	instruct	f the last plan amendment/restatement for the required tax law changes was adopted//ions for tax law changes and codes).				(Se	ee
	advisor If the p	lan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that y letter, enter the date of that favorable letter / / and the letter's serial number lan is an individually-designed plan and recieved a favorable determination letter from IRS, please en nation letter / / /	er.			-	
18	Is the P	an maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Ye	s	☐ No	
19	Were in	-service distributions made during the plan year?	••••••	☐ Ye	s	☐ No	
	If Yes,	enter amount	••••••	19			
20		inimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth ed) as required under section 401(a)(9)?		X Ye	s	☐ No	□ N/A

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration** Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110 2015

This Form is Open to Public Inspection

	<u> </u>	▶ File	as an attachm	ent to Form 5500 or	5500-SF.			
For cale	ndar plan year 2015 or fiscal p	olan year beginning	01/01	/2015	and endin	g 12/31/	2015	
▶ Roun	d off amounts to nearest do	ollar.				-		-
<u> </u>	on: A penalty of \$1,000 will b	e assessed for late filin	ng of this report	unless reasonable c	ause is establishe	d.		
A Name	of plan				B Three-dig	it		
JANOS I	P. SPITZER PLOORING,	INC. DEFINED F	BENEFIT PL	an	plan numb	per (PN)	•	001
C Plan s	ponsor's name as shown on li	ine 2a of Form 5500 or	5500-SE		D Employer Id	antification N	umber (	EIM\
	P. SPITZER FLOORING,		3300-31					EIN)
UANOS A	. SPITZER FLOORING,	INC.			1	3-2846451		
Е Туре о	of plan: X Single  Multiple	e-A Multiple-B	F	Prior year plan size:	X 100 or fewer □		More	than 500
<b>H</b>	Basic Information	<u>-</u>	(Feb) (10), 681, 1607			<u>_</u>		
-	·	144- 01	D- 41				-	
2 Ass	er the valuation date:	Month 01	Day01	Year <u>2015</u>		機能數		i gildan kalingan siseen haar akka
						第4組	Militaria de la	420.014
	arket value					2a 2b	<del></del>	429,916
			*********	r	<del>                                     </del>		_	429,916
3 Fun	ding target/participant count b	reakdown:		(1) Number of participants	(2) Vested	•		(3) Total Funding Target
a Fo	or retired participants and ben	eficiaries receiving pay	ment	0	)		,	(
_	or terminated vested participal			O	0	(	,	
	or active participants			2	2	779,644	1	779,644
	tal			2	!	779,644	ī	779,644
	e plan is in at-risk status, ched			(b)				
a Fu	inding target disregarding pre	scribed at-risk assump	tions	• • • • • • • • • • • • • • • • • • • •		4a	11:11:18:18:18:18:18	
<b>b</b> Fu	nding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disreve consecutive years	egarding transit	ion rule for plans that	have been in	4b		
_						5		5.84 %
6 Targ	et normal cost	· · · · ·	-		**	6		20,492
	t by Enrolled Actuary							
accordance	of my knowledge, the information suppl with applicable law and regulations. In n, offer my best estimate of anticipated of	my opinion, each other assum	mpanying schedules option is reasonable	s, statements and attachment (taking into account the exp	ts, if any, is complete an erience of the plan and i	id accurate. Each reasonable expec	presribed : tations) an	assumption was applied in id such other assumptions, in
N.		om	mò	-		07/0	2/201	.6
	S	ignature of actuary	V		·		Date	
	eskay ahua Phd a	SA MSPA EA				14-0	2362	
	Type o	or print name of actuary	1			Most recent e	enrolime	ent number
	ACTUARIAL BENEFI	T CONSULTING				(818) 5	91-97	777
		Firm name			Tele	phone numb	er (inclu	ding area code)
	P.O. BOX 3659							
	US HUNTINGTON BEACH	CA 9260	5-3659					
		Address of the firm						
f the actua	ry has not fully reflected any r	egulation or ruling pror	mulgated under	r the statute in comple	eting this schedule	e, check the b	ox and	see

Schedule SB (Form 5500) 2015	Page 2	

Page	2
raut	_

Pa		Beginning of Yea	r Carryo	ver and Prefunding Ba	lances						
						(a)	) Carryover baland	ce	(b)	Prefundi	ng balance
7	Balanci year)	e at beginning of prior ye	ar after apr	olicable adjustments (line 13 f	rom prior			0			
8	Portion prior ye	elected for use to offset	from			0	:				
9	•							0			
10				etum of <u>29.42</u> %				0			
11	•	<del></del>		ed to prefunding balance:						40.00	
	a Pres	ent value of excess cont	ributions (li	ne 38a from prior year)							24,554
	b(1) in	iterest on the excess, if a	ny, of line	38a over line 38b from prior y	ear						
		chedule SB, using prior	=	•	4 %						
	b(2) in	iterest on line 38h from r	rior vear S	chedule SB, using prior year's	actual						1,483
				Greddie OD, dsilig prior years							•
				an year to add to prefunding I							
							todo da Artigo 15 de Gasta Casale				26,037
-12				balance							0
				ns or deemed elections				0			0
				+ line 10 + line 11d - line 12)	*******			0			0
		Funding Percen		<u>,</u>							
14	Funding	target attainment perce	ntage	***************************************	*******		*******		• • • • • • • • •	14	55.14 %
				age						15	55.14 %
16	Prior yea	ar's funding percentage i vear's funding requireme	for purpose	s of determining whether can	yover/prefi	unding bal	ances may be use	ed to red	uce	16	47.28 %
17				is less than 70 percent of the					********	17	55.14 %
		Contributions a		· · · · · · · · · · · · · · · · · · ·	ianong to	got, onto	- sadi persenage			_ ''	33.14 /6
-10	(a) Date			year by employer(s) and emp (c) Amount paid by		Date	(b) Amou		. 1	(a) A	
(MN	A-DD-YY	YY) employer	(s)	employees		D-YYYY)	emplo		'	emplo)	int paid by byees
06/	17/201	.6	99,000				<u> </u>				
										· · ·	
•									_		
					1						<del></del>
					<del> </del>		1		-   -		<del></del>
		· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>		<del> </del>		<del></del>		
					†						<del>_</del>
					Totals	► 18(b)		00.0	18(c)		
19	Discount	ed employer contribution	ne coo in	structions for small plan with a	<u> </u>		the besides of		ייין טטי		0
				nimum required contributions							
								19a			0
				adjusted to valuation date				19b			0
				required contribution for curre	nt year adj	usted to va	aluation date	19c			88,853
		contributions and liquid									
		•		the prior year?				• • • • • • • • •		X	Yes 🗌 No
١	) If line	20a is "Yes," were requir	red quarterl	ly installments for the current	year made	in a timel	y manner?	• • • • • • • • • • • • • • • • • • • •	<u></u>	<u> </u>	Yes X No
	lf line	20a is "Yes," see instruc	tions and c	omplete the following table as	applicable	e:				d salah	
		(4) 4-4		Liquidity shortfall as of end	of quarter	4-1	<del></del>	<del>-</del>			
		(1) 1st		(2) 2nd		(3)	3rd	+-	(	4) 4th	
				0	<u> </u>		0				0

P	Assumption	ons Used To Determin	e Funding Target and Targ	get Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment:	2nd segment:	3rd segment	:	N/A, full yield curve used	
		4.72 %	6.11 %	6.81	<u> </u>	N/A, Idii yiela carve asea	
			<u> </u>		21b	0	
_22			· · · · · · · · · · · · · · · · · · ·		22	78	
23	Mortality table(s) (see	e instructions)	rescribed - combined Pre	scribed - separate	Substit	ute	
Pa	Miscellane	ous items		•			
24	Has a change been r	made in the non-prescribed a	ctuarial assumptions for the curren	t plan year? If "Yes." see	e instructio	ns regarding required	
			<u>.</u>				
25			plan year? If "Yes," see instructions				
26	Is the plan required to	o provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachme	nt X Yes No	
27			nter applicable code and see instru			1	
					27	<u></u>	
PE			um Required Contribution				
_28	Unpaid minimum requ	uired contributions for all prio	r years		28	0	
29	Discounted employer	contributions allocated towar	d unpaid minimum required contril	outions from prior years	29		
					29	0	
30	200000000000000000000000000000000000000		ontributions (line 28 minus line 29)	<del> </del>	30		
Pa	Minimum Minimum	Required Contribution	For Current Year			_	
31	Target normal cost ar	nd excess assets (see instruc	tions):				
	a Target normal cost	(line 6)	<u> </u>		31a	20,492	
			line 31a		31b	0	
32	Amortization installme	ents:		Outstanding Bala	ance	Installment	
	a Net shortfall amortiz	zation installment			349,728	66,155	
	<b>b</b> Waiver amortization	n installment			0	0	
			nter the date of the ruling letter gra	nting the approval			
			) and the waived amount .		33	o	
34	Total funding requirem	<del></del>	r/prefunding balances (lines 31a - 3		34	86,647	
	·		Carryover balance	Prefunding Bala	ince	Total balance	
35	Balances elected for u	use to offset funding		,			
-		· · · · · · · · · · · · · · · ·					
36	Additional cash requir	rement (line 34 minus line 35)			36	86,647	
			contribution for current year adjuste			30,047	
					37	88,853	
38	Present value of exce	ss contributions for current ye	ear (see instructions)				
. 6	Total (excess, if any	, of line 37 over line 36)			38a	2,206	
			prefunding and funding standard o		38b	0	
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
_	40 Unpaid minimum required contributions for all years						
Par	1930 1940 1960 1		Pension Relief Act of 2010			<u>_</u>	
	300488888	e to use PRA 2010 funding re					
			<del> </del>			10-17	
					· · <u>· · ·</u>	2 plus 7 years 15 years	
			41a was made			08 2009 2010 2011	
			<u>.</u>		42		
43 E	xcess installment acci	eleration amount to be carried	d over to future plan years	· · · · · · · · · · · · · · · · · · ·	43		

# Schedule SB, line 19 - Discounted Employer Contributions

### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 01/01/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	06/17/2016	\$99,000					
Applied to Additional Contribution	01/01/2015	2,397	2,206	0	0	5.84	0
Applied to MRC	01/01/2015	27,987	25,763	0	0	5.84	0
Applied to Quarterly Contribution	04/15/2015	17,154	14,958	0	17,154	5.84	10.84
Applied to Quarterly Contribution	07/15/2015	17,154	15,131	0	17,154	5.84	10.84
Applied to Quarterly Contribution	10/15/2015	17,154	15,308	0	17,154	5.84	10.84
Applied to Quarterly Contribution	01/15/2016	17,154	15,487	0	17,154	5.84	10.84
Totals for Deposited Contribution		\$99,000	\$88,853	\$0	\$68,616		

### Schedule SB, line 22 - Description of Weighted Average Retirement Age

Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

### Schedule SB, line 26 - Schedule of Active Participant Data

Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451/001 For the plan year 01/01/2015 through 12/31/2015

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		1								
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up									1	

### Schedule SB, line 32 - Schedule of Amortization Bases

### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

### For the plan year 01/01/2015 through 12/31/2015

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2014	409,998	Shortfall	364,530	6	68,617
	01/01/2015	-14,802	Shortfall	-14,802	7	-2,462
Totals:				\$349,728		\$66,155

### Schedule SB, Part V Summary of Plan Provisions

### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

For the plan year 01/01/2015 through 12/31/2015

**Employer:** Janos P. Spitzer Flooring, Inc.

Type of Entity - S-Corporation

EIN: 13-2846451 TIN: Plan #: 001 Plan Type: Defined Benefit

**Dates:** Effective - 07/01/2011 Year end - 12/31/2015 Valuation - 01/01/2015

Top Heavy Years - 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - N/A Months of service - 24

Hours Required for - Eligibility - 0 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Anniversary date on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of service

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 10/01/2015

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of service excluding years prior to the adoption date of the

plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

## Schedule SB, Part V Summary of Plan Provisions

### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

For the plan year 01/01/2015 through 12/31/2015

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - U84 - 1984 Unisex

### Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 01/01/2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -

117 (11 / (		
Segment #	Year	Rate %
Segment 1	0 - 5	4.72
Segment 2	6 - 20	6.11
Segment 3	> 20	6.81

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 15C - 2015 Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - U84 - 1984 Unisex at 5%

or

15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

### Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Janos P. Spitzer Flooring, Inc. Defined Benefit Plan 13-2846451 / 001

For the plan year 01/01/2015 through 12/31/2015

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 100% Survivor Benefits

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older