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		t Identification Information										
For calend	lar plan year 2015 or f	fiscal plan year beginning 01/01	<u>/2015</u>	and ending 12	/31/2015							
A This ref	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attal list of participating employer information in accordance with the form instructions a foreign plan											
B This reti	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return	report ar return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program						
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name SOLERA C	•	PROFIT SHARING PLAN & TRUS	т		1b Three-dig plan numb (PN) ▶							
					1c Effective of	date of plan 01/01/2000						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer (EIN)	Identification Number 52-2180394						
City or SOLERA CA	, ·	ce, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)		s telephone number 212-833-1477						
625 MADISC	ON AVENUE 3RD FLO	OOR				code (see instructions)						
NEW YORK,	, NY 10022				523900							
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administra	ator's EIN						
					3c Administra	ator's telephone number						
name	e, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN							
	sor's name				4c PN	0						
-	·	s at the beginning of the plan year.		Ť	5a	9						
		s at the end of the plan year		F	5b	11						
comp	lete this item)	account balances as of the end o			. 5c ₁							
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year		5d(1)							
		articipants at the end of the plan ye			5d(2) 1							
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0						
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have	e examined this return/rep	ort, including, if	applicable, a Schedule						
SIGN	Filed with authorized	d/valid electronic signature.	07/29/2016	MOLLY ASHBY								
HERE	Signature of plan	administrator	Date	Enter name of individu	an administrator							
SIGN												
HERE		oyer/plan sponsor	Date			nployer or plan sponsor						
riepaiers	name (including ilm	name, if applicable) and address (include room of Suite numb	ы <i>)</i>	Preparer's telep	onone numbel						

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not	determ	nined
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	. 7a		761	720					75569	14
b Total plan liabilities	7b		761	720					75569	14
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		720			(b)	Total	75508	14
a Contributions received or receivable from:		(a) Amot	anı				(D)	TOLAI		
(1) Employers	8a(1)									
(2) Participants	. 8a(2)		72	2502						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-1	569					7000	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								7093	13
to provide benefits)	. 8d		76	959						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7695	j 9
Net income (loss) (subtract line 8h from line 8c)	. 8i								-602	<u>26</u>
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics	_									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in t	he instr	uctions	5 :	
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:		
Part V Compliance Questions				ı	ı					
10 During the plan year:				Yes	No	N/A		Am	ount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					X					
reported on line 10a.)			10b							
C 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					
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 t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Х					
				X						1500
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR									1300
i If 10h was answered "Yes," check the box if you either provided the	2520.101-3.)									
j Did the plan trust incur unrelated business taxable income?			10i 10i							
Part VI Pension Funding Compliance			וטן	<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	☐ No
11a Enter the unpaid minimum required contribution for all years from						11a		··	<u> </u>	<u></u>
12 Is this a defined contribution plan subject to the minimum funding							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	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	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		"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)?		Design- based safe ADP/ACP harbor test method					
15c	testing	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(ii))?	101(m)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Avera percentage test			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	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)?		Ye	s	No	N/A		

Form 5500-SF

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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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information								
For calend	dar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/	31/2015				
_		X a single-employer plan				king this box must attach a				
A This re	eturn/report is for:	iccordance w	ith the form instructions)							
		a one-participant plan	a foreign plan							
D		П.,	П., .							
B This ret	turn/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:	Пг	DFVC program							
	· ·	X Form 5558	automatic extension		П	or vo program				
D-4 II	Deci Di Li	special extension (enter descrip								
Part II	W	ormation—enter all requested info	mation		Tar					
1a Name		401(K) PROFIT SHARING	DIAM C MDHCM		1b Three	- 1				
SOLEKA	CAPITAL, LLC	401(K) PROFII SHARING	PLAN & IRUSI		(PN)	number 001				
					4.004	tive date of plan				
						01/2000				
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)			2h Emple	oyer Identification Number				
Mailin	g address (include roo	m, apt., suite no. and street, or P.O.				52-2180394				
		e, country, and ZIP or foreign postal	code (if foreign, see ins	tructions)		sor's telephone number				
SOLEK	A CAPITAL, LL	<u> </u>				-833-1477				
COE M	ADICONI ATTENTIO	THE PROPERTY OF THE PROPERTY O			2d Busin	less code (see instructions)				
025 M	ADISON AVENUE,	THIRD FLOOR			523900					
NEW YO	אמר	NV 10000								
		NY 10022			26					
Ja Plan a	uministrator's name ar	nd address XSame as Plan Sponsor	s		3b Administrator's EIN					
					3c Admir	nistrator's telephone number				
					7.011111	ilistrator s telepriorie riginiser				
4 If the r	nama and/ar EIN of the			e H.'. I t H	41					
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total r	number of particinants	at the beginning of the plan year			1	9				
		at the end of the plan yearaccount balances as of the end of the			50					
		account balances as of the end of the			5c	11				
		rticipants at the beginning of the plan			5d(1)					
140					- ***	9				
		rticipants at the end of the plan year. terminated employment during the pl			3u(2)	11				
		terminated employment during the pi			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable ca	use is estab	lished.				
Under pena	alties of perjury and oth	ner penalties set forth in the instruction	ns, I declare that I have	examined this return/re	port, includin	g, if applicable, a Schedule				
belief, it is t	true, correct, and comp	nd signed by an enrolled actuary, as volete.	well as the electronic ve	rsion of this return/repoi	t, and to the	best of my knowledge and				
SIGN	0		7/21/16	Molly Ashby						
HERE	· colla	20210	Date							
		\bigcirc	lual signing a	s plan administrator						
SIGN		<u> </u>								
HERE	Signature of emplo	ature of employer/plan sponsor Date Enter name of individu				s employer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address (inclu	ıde room or suite numb	er)	Preparer's	telephone number				
					ľ					

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6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can be compared to the plan in it is expected under the PRCC.	f an indepe y and condi i not use F o	ndent qualified public tions.) orm 5500-SF and mus	account at inste	tant (IC	PA) Form	ı 5500.		X Ye	s No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA s	ection 4	1021)?] Yes []No ∏	Not dete	rmined
Part III Financial Information					_				
7 Plan Assets and Liabilities	-	(a) Beginnin					(b) End o		55 604
a Total plan assets			76	1,72	-				55,694
C Net plan assets (subtract line 7b from line 7a)			76	1,72				7	55,694
8 Income, Expenses, and Transfers for this Plan Year	76	(a) Amo		1,72	+		//-> T-		33,054
a Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo	unt				(b) To	tai	
(2) Participants	8a(2)		7	2,50	2				
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b			1,56	9				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								70,933
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	6,95	9				
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)					1				
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)									76,959
i Net income (loss) (subtract line 8h from line 8c)	8i								-6,026
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ne or all of	the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the pl			10f		Х				-
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g	Х					1,500
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
	f 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								
j Did the plan trust incur unrelated business taxable income?		3830	10j						
Part VI Pension Funding Compliance						*			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "\	Yes," see instructions	and cor	nplete	Sched	lule SB (Form	Yes	No No
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of t	he Cod	e or se	ction (302 of EF	RISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	nter the	date of the	ne letter rui Year	ling		
If	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 a minus sign to the left of a negative 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?		Yes 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 another plan, or brought under the color the PBGC?		Yes X No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3) F	N(s)		
Part	VIII Trust Information						
14a i	Name of trust	14b ⊤	b Trust's EIN				
14c	Name of trustee or custodian		Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Yes	es 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)?	ba ha	esign- ased safe ADP/ACP arbor test ethod				
	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))?	Yes	es No				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		atio Average ercentage benefit test st				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		No			
	Has the plan been timely amended for all required tax law changes?	Yes	es No N/A				
	Date the last plan amendment/restatement for the required tax law changes was adopted	pplicab	le code _	(See ir	structions		
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the determination letter	he plan	's last favo	orable			
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No			
19	Nere in-service distributions made during the plan year?	Yes		No			
	f "Yes," enter amount	19					
	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)?	Yes	i	No	N/A		