## 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   | Annual Report             | Identification Information   | 1                            |                           |                                  |                                |  |  |  |  |
|--|---------------------------|--|------------------------------|---------------------------|----------------------------------|--------------------------------|--|--|--|--|
| For calend   | lar plan year 2015 or fis | scal plan year beginning 07/01/2   | <u>2015</u>                  | and ending 06             | 6/30/2016                        |                                |  |  |  |  |
| A This return/report is for:    X   a single-employer plan |                           |  |                              |                           |                                  |                                |  |  |  |  |
| 71 1111010   | turn report is for.       | a one-participant plan   | a foreign plan               |                           |                                  |                                |  |  |  |  |
| <b>B</b> This ret  | urn/report is             |  |                              |                           |                                  |                                |  |  |  |  |
|  |                           | an amended return/report   | a short plan year retu       | rn/report (less than 12 m | nonths)                          |                                |  |  |  |  |
| C Check  | box if filing under:      | Form 5558  | automatic extension          |                           | DFVC p                           | orogram                        |  |  |  |  |
|  |                           | special extension (enter desc  |                              |                           |                                  |                                |  |  |  |  |
| Part II  |                           | rmation—enter all requested in   | formation                    |                           | 1                                |                                |  |  |  |  |
| 1a Name THE JOHN   |                           | N PROFIT SHARING PLAN  |                              |                           | <b>1b</b> Three-digit plan numbe |                                |  |  |  |  |
|  |                           |  |                              |                           | (PN) 1c Effective da             | to of plan                     |  |  |  |  |
|  |                           |  |                              |                           |                                  | )1/01/1985                     |  |  |  |  |
|  |                           | yer, if for a single-employer plan)  |                              |                           |                                  | entification Number            |  |  |  |  |
|  |                           | m, apt., suite no. and street, or P.0<br>e, country, and ZIP or foreign post   |                              | tructions)                | (=)                              | 05-0379261                     |  |  |  |  |
|  | STON CORPORATION          |  | 3 ,                          | ,                         |                                  | elephone number<br>11-737-3050 |  |  |  |  |
| 2222 <b>222</b>  | 5045                      |  |                              |                           | 2d Business co                   | de (see instructions)          |  |  |  |  |
| 2363 POST ROAD<br>WARWICK, RI 02886                        |                           |  |                              |                           |                                  | 236110                         |  |  |  |  |
|  |                           |  |                              |                           |                                  |                                |  |  |  |  |
| 3a Plan a  | administrator's name ar   | nd address XSame as Plan Spon  | sor.                         |                           | <b>3b</b> Administrate           | or's EIN                       |  |  |  |  |
|  |                           |  |                              |                           | 3c Administrato                  | or's telephone number          |  |  |  |  |
|  |                           |  |                              |                           | Administrate                     | or a telephone number          |  |  |  |  |
|  |                           |  |                              |                           |                                  |                                |  |  |  |  |
|  |                           |  |                              |                           |                                  |                                |  |  |  |  |
|  |                           | e plan sponsor has changed since mber from the last return/report.             | the last return/report filed | for this plan, enter the  | 4b EIN                           |                                |  |  |  |  |
|  | sor's name                | niber from the last return/report.   |                              |                           | 4c PN                            |                                |  |  |  |  |
| <b>5a</b> Total  | number of participants    | at the beginning of the plan year  |                              |                           | 5a                               | 1                              |  |  |  |  |
| <b>b</b> Total   | number of participants    | at the end of the plan year  |                              |                           | 5b                               | 1                              |  |  |  |  |
|  |                           | account balances as of the end of  |                              |                           | 5c                               | 1                              |  |  |  |  |
|  |                           | rticipants at the beginning of the p   |                              |                           | 5d(1)                            | 1                              |  |  |  |  |
|  |                           | rticipants at the end of the plan ye   |                              |                           | 5d(2)                            | 1                              |  |  |  |  |
| <b>e</b> Numl  | ber of participants that  | terminated employment during the   | e plan year with accrued be  | enefits that were less    | 5e                               | 0                              |  |  |  |  |
| Caution: A   | A penalty for the late    | or incomplete filing of this retur   | n/report will be assessed    | d unless reasonable cau   |                                  |                                |  |  |  |  |
| SB or Sche   |                           | her penalties set forth in the instrund signed by an enrolled actuary, ablete. |                              |                           |                                  |                                |  |  |  |  |
| SIGN   | Filed with authorized/    | valid electronic signature.  | 08/11/2016                   | SEAN FECTEAU              |                                  |                                |  |  |  |  |
| HERE   | Signature of plan a       | dministrator   | Date                         | Enter name of individ     | ual signing as plan              | administrator                  |  |  |  |  |
| SIGN   |                           |  |                              |                           |                                  |                                |  |  |  |  |
| HERE   | Signature of emplo        | yer/plan sponsor   | Date                         | Enter name of individ     | ual signing as emp               | loyer or plan sponsor          |  |  |  |  |
| Preparer's   |                           | ame, if applicable) and address (in  | nclude room or suite numb    |                           | Preparer's teleph                |                                |  |  |  |  |
|  |                           |  |                              |                           |                                  |                                |  |  |  |  |

| Form 5500-SF 2015  |   | Page 2                        |          |         |     |           |            |              |       |
|--|---|-------------------------------|----------|---------|-----|-----------|------------|--------------|-------|
| <ul> <li>Were all of the plan's assets during the plan year invested in</li> <li>Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver elig</li> <li>If you answered "No" to either line 6a or line 6b, the plan</li> </ul>                   | ort of an independe ibility and condition | ent qualified public a<br>s.) | ccount   | ant (IQ | PA) |           |            | X Yes X      | No No |
| <b>c</b> If the plan is a defined benefit plan, is it covered under the PE   | BGC insurance prog                        | gram (see ERISA se            | ection 4 | 021)? . | П   | Yes       | No $\prod$ | Not determin | ned   |
| Part III Financial Information   |   |                               |          |         |     |           |            |              |       |
| 7 Plan Assets and Liabilities  |   | (a) Beginning                 | of Ye    | ar      |     |           | b) End of  | Year         |       |
| a Total plan assets  | 7a  | (w) = 0 g                     | 1737     |         |     |           | <u>,</u>   | 1711428      |       |
| <b>b</b> Total plan liabilities  |   |                               |          | 0       |     |           |            | 0            |       |
| C Net plan assets (subtract line 7b from line 7a)  |   |                               | 1737     | 955     |     |           |            | 1711428      |       |
| 8 Income, Expenses, and Transfers for this Plan Year   |   | (a) Amou                      | ınt      |         |     |           | (b) Tot    | al           |       |
| Contributions received or receivable from:     (1) Employers   | 8a(1)                                     |                               |          | 0       |     |           |            |              |       |
| (2) Participants   | 8a(2)                                     |                               |          | 0       |     |           |            |              |       |
| (3) Others (including rollovers)   | 8a(3)                                     |                               |          | 0       |     |           |            |              |       |
| <b>b</b> Other income (loss)   | 8b  |                               | -26      | 527     |     |           |            |              |       |
| <b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |   |                               |          |         |     |           |            | -26527       |       |
| d Benefits paid (including direct rollovers and insurance premiu to provide benefits)  |   |                               |          | 0       |     |           |            |              |       |
| Certain deemed and/or corrective distributions (see instruction)   | i i                                       |                               |          | 0       |     |           |            |              |       |
| f Administrative service providers (salaries, fees, commissions  |   |                               |          | 0       |     |           |            |              |       |
| g Other expenses   |   |                               |          | 0       |     |           |            |              |       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  |   |                               |          |         |     |           |            | 0            |       |
| i Net income (loss) (subtract line 8h from line 8c)  | 8i  |                               |          |         |     |           |            | -26527       |       |
| j Transfers to (from) the plan (see instructions)  | 8j  |                               |          | 0       |     |           |            |              |       |
| Part IV Plan Characteristics   |   |                               |          |         |     |           |            |              |       |
| B If the plan provides welfare benefits, enter the applicable we Part V Compliance Questions   | lfare feature codes                       | from the List of Pla          | n Chara  |         |     |           |            |              |       |
| 10 During the plan year:   |   |                               |          | Yes     | No  | N/A       |            | Amount       |       |
| Was there a failure to transmit to the plan any participant co<br>described in 29 CFR 2510.3-102? (See instructions and DO<br>Program)   | ວL's Voluntary Fidu                       | ciary Correction              | 10a      |         | X   |           |            |              | 0     |
| <b>b</b> Were there any nonexempt transactions with any party-in-in-reported on line 10a.)   | terest? (Do not inc                       | lude transactions             | 10b      |         | X   |           |            |              | 0     |
| C Was the plan covered by a fidelity bond?   |   |                               | 10c      | X       |     |           |            | 2            | 25000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?  | •   |                               | 10d      |         | X   |           |            |              | 0     |
| Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide the plan? (See instructions.)   | s some or all of the                      | benefits under                | 10e      |         | X   |           |            |              | 0     |
| f Has the plan failed to provide any benefit when due under the  |   |                               | 10e      |         | X   |           |            |              | 0     |
|  | <u>'</u>                                  |                               |          |         |     |           |            |              |       |
| <ul> <li>Did the plan have any participant loans? (If "Yes," enter among the plan have any participant loans? (If "Yes," enter among the plan have any participant loans?</li> <li>If this is an individual account plan, was there a blackout permitted the plan have any participant loans?</li> </ul> |   | -                             | 10g      |         | X   |           |            |              | 0     |
| 2520.101-3.)   | •   |                               | 10h      |         | X   |           |            |              |       |
| i If 10h was answered "Yes," check the box if you either provexceptions to providing the notice applied under 29 CFR 25  | •   |                               | 10i      |         |     |           |            |              |       |
| j Did the plan trust incur unrelated business taxable income?  |   |                               | 10j      |         |     |           |            |              |       |
| Part VI Pension Funding Compliance   |   |                               |          |         |     |           |            |              |       |
| 11 Is this a defined benefit plan subject to minimum funding rec 5500) and line 11a below)   |   |                               |          |         |     |           |            | Yes          | No    |
| 11a Enter the unpaid minimum required contribution for all years   |   |                               |          |         |     | 11a       | ı          |              | 0     |
| 12 Is this a defined contribution plan subject to the minimum fu   |   |                               |          |         |     | 302 of FR | ISA?       | Yes          | No    |

|      | F        | orm 5500-SF 2015 Page <b>3</b> - 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 in: ng the waiver  |                   | enter the<br>Day                              | e date of t             | he letter ru<br>Year | ling                |
| lf   |          | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  |                   | Duy_  |                         | 1 oui                |                     |
| b    | Enter tl | he minimum required contribution for this plan year   |                   | 12b   |                         |                      | 0                   |
| С    | Enter th | ne amount contributed by the employer to the plan for this plan year  |                   | 12c   |                         |                      | 0                   |
| d    |          | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the   |                   | 12d   |                         |                      | 0                   |
| 6    |          | ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?   |                   |   | Yes                     | No X                 | N/A                 |
| Part |          | Plan Terminations and Transfers of Assets   |                   | 1   |                         |                      |                     |
|      |          | 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    |          | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?  |                   | ontrol  |                         | Yes X                | No                  |
| С    |          | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)                              | fy the plan(s) to | ı   |                         |                      |                     |
| 1    | 13c(1) N | lame of plan(s):  | 13c(2)            | EIN(s)  | $-\!\!\!+$              | 13c(3) F             | PN(s)               |
|      |          |   |                   |   |                         |                      |                     |
|      |          |   |                   |   |                         |                      |                     |
| Part |          | Trust Information   |                   | 441   |                         |                      |                     |
| 14a  | Name o   | of trust  |                   | 140   | Trust's EIN             | N                    |                     |
|      |          |   |                   |   |                         |                      |                     |
| 14c  | Name     | of trustee or custodian   |                   |   |                         | or custodia          | an's                |
|      |          |   |                   |   | telephone               | e number             |                     |
| Par  | t IX     | IRS Compliance Questions  |                   | I   |                         |                      |                     |
| 15a  | Is the   | plan a 401(k) plan?   |                   | Ye  | S                       | No                   |                     |
|      |          |   |                   | Design-                                       |                         |                      |                     |
| 15b  |          | "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an<br>ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                      |                   | ☐ based safe ☐ ADP/ACP ☐ harbor test ☐ method |                         |                      |                     |
| 15c  |          | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c   |                   | Yes No  |                         |                      |                     |
|      |          | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?   |                   |   |                         | _                    |                     |
| 16a  | Check    | the box to indicate the method used by the plan to satisfy the coverage requirements under section  | ion 410(b):       |   | atio<br>ercentage<br>st |                      | erage<br>nefit 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  |          | e plan been timely amended for all required tax law changes?  |                   | 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 serial representation of that favorable letter serial representations.              |                   | 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   | Is the I | 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   | 3                       | No                   |                     |
| 19   | Were in  | n-service distributions made during the plan year?  |                   | Ye  | ·s                      | X No                 |                     |
|      | If "Yes  | ," enter amount   | ·····             | 19  |                         |                      |                     |
| 20   |          | equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?   |                   | Ye  | s                       | No                   | N/A                 |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

|  | t Identification Information   |   |  |  |                                   |  |  |  |
|--|--|---|--|--|-----------------------------------|--|--|--|
| For calendar plan year 2015 or t   |  | 7/1/2015  | and ending   | 6/30/201                                   |                                   |  |  |  |
| A This return/report is for:   | a single-employer plan   | an (not multiemployer) (Filers checking this box must attach a ployer information in accordance with the form instructions) |  |  |                                   |  |  |  |
|  | a one-participant plan   | a foreign plan  |  |  |                                   |  |  |  |
| B This return/report is  | the first return/report  | the final return/report   |  |  |                                   |  |  |  |
|  | an amended return/report   | onths)  |  |  |                                   |  |  |  |
| C Check box if filing under:   | Form 5558  | automatic extension   |  | ☐ DFVC p                                   | orogram                           |  |  |  |
|  | special extension (enter desc  | cription)   |  |  |                                   |  |  |  |
| Part II Basic Plan Inf   | ormation—enter all requested in  | nformation  |  |  |                                   |  |  |  |
| 1a Name of plan  |  |   |  | 1b Three-digit                             | _                                 |  |  |  |
| THE JOHNSTON CO  | RPORATION PROFIT SHA   | RING PLAN   |  | plan numbe<br>(PN) ▶                       | 001                               |  |  |  |
|  |  |   |  | 1c Effective date of plan<br>1/1/1985      |                                   |  |  |  |
| 2a Plan sponsor's name (empl<br>Mailing address (include ro  | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.    | O. Box)   |  | 2b Employer lo<br>(EIN)                    | entification Number<br>05-0379261 |  |  |  |
| City or town, state or provin<br>THE JOHNSTON COR  | ice, country, and ZIP or foreign pos   | tal code (if foreign, see instru  | ctions)  | 2c Sponsor's telephone number 401-737-3050 |                                   |  |  |  |
| 2363 POST ROAD   |  |   |  | 2d Business co                             | ode (see instructions)            |  |  |  |
| WARWICK<br>02886   | RI   |   |  |  | 236110                            |  |  |  |
|  | and address 🛮 Same as Plan Spor  | nsor,   |  | 3b Administrat                             | or's EIN                          |  |  |  |
|  |  |   |  | 3c Administrator's telephone number        |                                   |  |  |  |
|  |  |   |  |  | <b>,</b>                          |  |  |  |
|  |  |   |  |  |                                   |  |  |  |
| •  |  |   |  |  |                                   |  |  |  |
|  | he plan sponsor has changed since  | the last return/report filed fo   | r this plan, enter the                               | 4b EIN                                     |                                   |  |  |  |
| name, EIN, and the plan n <b>a</b> Sponsor's name  | umber from the last return/report.   |   |  | 4c PN                                      |                                   |  |  |  |
|  | ts at the beginning of the plan year   |   | ***************************************              | 5a   | 1                                 |  |  |  |
| • •  | ts at the end of the plan year   |   |  | 5b   | <u> </u>                          |  |  |  |
|  | h account balances as of the end o   |   |  | 5c   | 1                                 |  |  |  |
| d(1) Total number of active p  | participants at the beginning of the p   | olan year   |  | 5d(1)                                      | 1                                 |  |  |  |
|  | participants at the end of the plan y  |   |  | 5d(2)                                      | 1                                 |  |  |  |
|  | at terminated employment during th   |   |  | 5e   | 0                                 |  |  |  |
| Caution: A penalty for the lat   | e or incomplete filing of this retu  | rn/report will be assessed a  | unless reasonable ca                                 | use is establishe                          | d.                                |  |  |  |
| Under penalties of perjury and<br>SB or Schedule MB completed<br>belief, it is true, correct, and co | other penalties set forth in the instruence and signed by an enrolled actuary, | uctions, I declare that I have on as well as the electronic vers  | examined this return/re<br>sion of this return/repor | rt, and to the best                        | of my knowledge and               |  |  |  |
| sign D.L.  | Ehlen-   |   | Rucharzus L.   | Johnston                                   |                                   |  |  |  |
| HERE Signature of plan   | administrator  | Date 8-5-16   | Enter name of individ                                | dual signing as pla                        | n administrator                   |  |  |  |
| SIGN Perhant Johnston  |  |   |  |  |                                   |  |  |  |
|  |  |   |  |  | ployer or plan sponsor            |  |  |  |
| Preparer's name (including firm  | n name, if applicable) and address   | (include room or suite numbe  | r)   | Preparer's telep                           | none flumber                      |  |  |  |
|  |  |   |  |  |                                   |  |  |  |
|  |  |   |  |  |                                   |  |  |  |
| For Paperwork Reduction Act No   | tice and OMB Control Numbers, see  | the instructions for Form 5500-   | SF.  |  | Form 5500-SF (2015)               |  |  |  |

| Form 5500-SF 2015   | wm   | Page 2  |                   |  |                 |                              |  |
|---|--|---|-------------------|--|-----------------|------------------------------|--|
| <ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a continuation.</li> </ul> | an indepe<br>and condi<br>not use Fo               | ndent qualified public a<br>tions.)<br>orm 5500-SF and must | ccount            | ant (IQI<br>ad use   | PA)<br><br>Form | 5500.                        | Yes [] N   |
| C If the plan is a defined benefit plan, is it covered under the PBGC is  | nsurance p   | orogram (see ERISA se                                       | ction 4           | 021)? .  |                 | Yes                          | No Not determined  |
| Part III Financial Information  | 1 2  |   |                   |  |                 |                              |  |
| 7 Plan Assets and Liabilities   | njista Berg  | (a) Beginning   |                   |  | _               |                              | (b) End of Year  |
| a Total plan assets   | . 7a   |   | 17                | 3795   | -               |                              | 1711428  |
| b Total plan liabilities  | <del>†                                      </del> |   |                   |  | <u> </u>        |                              | 0  |
| C Net plan assets (subtract line 7b from line 7a)   | . 7c   |   |                   | 3795   | 5               | •                            | 1711428  |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers   | . 8a(1)  | (a) Amou  | <u>ınt</u>        |  | n :             |                              | (b) Total  |
| (2) Participants  | 8a(2)  |   |                   |  | ก               |                              |  |
| (3) Others (including rollovers)  | <del>                                     </del>   |   |                   |  |                 |                              | C.Philips Line Co.   |
| b Other income (loss)   | . 8b   |   |                   | 2652   | 7               |                              |  |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | . 8c   |   | redige is<br>Mark |  | V.              |                              | -26527   |
| d Benefits paid (including direct rollovers and insurance premiums  |  |   |                   |  | 1000            | * \ (0; \ , sq)              | Example 1  |
| to provide benefits)  | 1  |   |                   |  | 0 <br>0         |                              | THE COURSE OF TH |
| e Certain deemed and/or corrective distributions (see instructions)   | 8e   |   |                   |  | 0               | S. Arman                     |  |
| f Administrative service providers (salaries, fees, commissions)  | <del>                                     </del>   |   |                   |  | 100 Each        | astronomical<br>Astronomical | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |
| g Other expenses  |  |   |                   | 1. july 1. jul | 0               | ordry.                       | 0  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)   |  |   |                   | Service Service<br>Service Service   | 10<br>75        |                              |  |
| Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)  |  | V   | 4.846             | <u>)</u>   | NE  <br>        | -26527                       |  |
| B If the plan provides welfare benefits, enter the applicable welfare art V Compliance Questions  | leature coo  | nes from the List of Pla                                    | n Chare           | acterist   |                 | 168 111 (11                  | e insudotons.  |
| During the plan year:   |  | · · · · · · · · · · · · · · · · · · ·                       |                   | Yes  | No              | N/A                          | Amount   |
| Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  | Voluntary F  | iduciary Correction   | 10a               |  | <b>√</b>        |                              |  |
| <b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)   |  |   | 10b               |  | <b>V</b>        |                              |  |
| C Was the plan covered by a fidelity bond?  | •••  |   | 10c               | ✓  |                 | 2-35 M                       | 25   |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |  |   | 10d               |  | ✓               |                              |  |
| e Were any fees or commissions paid to any brokers, agents, or of<br>carrier, insurance service, or other organization that provides sor<br>the plan? (See instructions.)   | ne or all of                                       | the benefits under  | 10e               |  | ✓               |                              |  |
| f Has the plan failed to provide any benefit when due under the plan  |  |   | 10f               |  | 1               |                              |  |
| g Did the plan have any participant loans? (If "Yes," enter amount  | as of year   | end )   | 10g               | <del> </del>   | 1               | 7 30.76.                     |  |
| h If this is an individual account plan, was there a blackout period? 2520.101-3.)  | (See instr   | uctions and 29 CFR  | 10g<br>10h        |  | ·<br>✓          |                              |  |
| i If 10h was answered "Yes," check the box if you either provided<br>exceptions to providing the notice applied under 29 CFR 2520.10  | the require  | d notice or one of the                                      | 10i               |  |                 |                              |  |
| j Did the plan trust incur unrelated business taxable income?   |  |   | 10j               |  |                 | ✓                            |  |
| art VI Pension Funding Compliance   |  |   |                   | <u></u>  | ·               | <u> </u>                     | J  |
| 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)   |  |   |                   |  |                 |                              |  |
| 11a Enter the unpaid minimum required contribution for all years from   |  |   |                   |  |                 |                              |  |
| 12 Is this a defined contribution plan subject to the minimum funding   |  |   |                   |  |                 |                              | ERISA? Yes 📝   |

ì

| Committee files (2s or lines 12b) 12b, 12b, 12b, 12b, 12b, 12b, 12b, 12b,  | Form 5500-SF 2015 Page <b>3 -</b>  |   |                  |                              |            |             |  |
|--|--|---|------------------|------------------------------|------------|-------------|--|
| granting the walver. Month Day Year  |  |   |                  |                              |            |             |  |
| If you completed line 12s, complete lines 3, 6, and 10 of Schedule MB (Form 5508), and skip to line 13.  |  |   |                  |                              |            | ng          |  |
| b Enter the minimum required contribution for this plan year   |  |   | Oay _            |                              | - Cai      | <del></del> |  |
| C Enter the amount contributed by the emptyper to the plan for this plan year  |  |   | 12b              |                              |            |             |  |
| d Subtract the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).  e Will the minimum funding amount reported on line 12b be met by the funding deadline?  e Will the minimum funding amount reported on line 12b be met by the funding deadline?  for the 12b from the amount of any plan passes that reverted to the employer this year.  13a Has a resolution to reminde the plan been adopted in any plan passes.  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control.  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control.  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control.  b Were all the plan assets of inibilities were transferred. (See instructions.)  c I during this plan year, any assets or liabilities were transferred. (See instructions.)  13a(1) Name of plan(s):  13a(2) EINNO.  13a(2) EINNO.  13a(3) PIN(s)  13a(2) EINNO.  13a(3) PIN(s)  13a(2) EINNO.  13b If Trust information  14d Truster's or custodian telephone number to the plan a 401(x) plan?  14b Trust's EIN  15a is the plan a 401(x) plan?  15b If Yes, "how does the 401(x) plan satisfy the nonciscrimination requirements for employee deferrals and amployer marching contributions (as applicable) under sections 401(x)(x) and 401(x)(x)(2)  15c If the APP/ACP test is used, did the 401(x) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonrighty compensated employees (Tress. Reg sections 1.401(x)(2)(2)(2)(x)) and 1.401(x).  16c Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(x)  17c If the APP/ACP test is used, did the 401(x) plan perform ADP/ACP testing for the plan year using the "current year test |  |   | 12c              |                              |            |             |  |
| negative amount).  | · · · · · · · · · · · · · · · · · · ·  |   | 424              | <del></del>                  |            |             |  |
| Plan Terminations and Transfers of Assets     Yes   No   | · · · · · · · · · · · · · · · · · · ·  |   | 120              |                              | 6-2        |             |  |
| 13a Has a resolution to terminate the pian been adopted in any pian year?  | DOCAL VIEW Manufacture (Control of Control o |   |                  | Yes                          | No         | N/A         |  |
| If "Yes," enter the smount of any plan assets that reverted to the employer this year  | Part VII Plan Terminations and Transfers of Assets   | ·                                       |                  |                              |            |             |  |
| b Were all the plan assists distributed to participants or beneficiaries, transferred to another plan, or brought under the control  |  |   |                  | Yes                          | V No       |             |  |
| of the PBGC?  C 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.)  13c(1) Name of plan(s):  13c(2) EIN(c)  13c(3) PN(s)  14d Trusts Information  14d Name of trustee or custodian  14d Trusts EIN  14d Trusts even crustodian  14d Trusts even crustodian  14d Trusts even crustodian  14d Trusts even crustodian  15a is the plan a 401(k) plan?  15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer maching contributions (es applicable) under sections 401(k)(3) and 401(m)(2)?  15c if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nontriphy compensated employees (Tress. Reg sections 1.401(k)-2(a)(2)(8) and 1.401(m).  2(a)(2)(2)(2)  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the plan with any other plans under the permissive aggregation ruises?  17a Has the plan been finely amended for all required tax law changes?  17b Date the last plan amendment/restatement for the required tax law changes?  17c if the plan bean inveloped and adoles).  17c if the plan sensors is an adopter of a pre-approved master and prototyce (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of the plans is an individually decisioned bina and noceived a favorable determination letter.  18 Is the Plan maintained in a U.S. tentiory (i.e., Puerro Rico (if no election under ERISA socion 1022(i)(2) has been made). American Bina in middle and made and a favorable determination in the IRS, enter the date of the plans is at favorable determination. In the control of the plans is a middle during the plan year?  18 Is the Plan main |  |   |                  |                              |            |             |  |
| which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  13c(3) PN(s)  13c(3) PN(s)  13c(3) PN(s)  13c(3) PN(s)  13c(3) PN(s)  14d Truste is or custodian  14d Truste's or custodian's telephone number  14d Truste's or custodian's telephone number  15a is the plan a 401(k) plan?  15b if "Yes," how does the 401(k) plan satisfy the nonciscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonringhly compensated employees (Treas. Reg sections 1.401(t)-2(a)(2)(t)) and 1.401(m).  2(a)(2)(0))?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  16b Dose the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) sy combining this plan with any other plans under the permissive aggregation rules?  17a Has the plan been timely amended for all required tax law changes?  17c if the plan sponger is an adopter of a pre-approved master and prototype (M&P) or yourne submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter  17d if the plan is an individually-desioned oilen and received a favorable determination letter.  18 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, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?  19 Were in-service distributions made do 15% owners who have attained age 70 ½ (regardless of whether or not   Yes   No   No   No   No   No   No   No   N   | of the PBGC?   |   |                  |                              | Yes 🛭 I    | No .        |  |
| Part VIII.   Trust Information   14b Trust's EIN   14c Name of trustee or custodian   14d Trustee's or custodian   14d Trustee's or custodian's telephone number   15d Is the plan a 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)?   26d     |  |   |                  |                              | _          |             |  |
| 14a Name of trusts  14b Truste's EIN  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a Is the plan a 401(k) plan?  | 13c(1) Name of plan(s):  | 13c(2)                                  | EIN(s)           |                              | 13c(3) P   | N(s)        |  |
| 14a Name of trusts  14b Truste's EIN  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a Is the plan a 401(k) plan?  |  |   |                  | ŀ                            |            |             |  |
| 14a Name of trusts  14b Truste's EIN  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a Is the plan a 401(k) plan?  |  |   |                  |                              |            |             |  |
| 14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a is the plan a 401(k) plan?  15b if "Yes," how does the 401(k) plan satisfy the nonciscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m).  2(a)(2)(iii)?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b).  16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining have been as a sit of the plan been timely amended for all required tax law changes?  17a Has the plan been timely amended for all required tax law changes?  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 if the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable letter and the letter's serial number.  17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter.  18 Is the Plan maintained in a U.S. tentrory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?  19 Were in-service distributions made during the plan year?  19 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not   Yes   No   N/A   N/ | Part VIII Trust Information  |   |                  |                              |            |             |  |
| Telephone number   Part IX   IRS Compliance Questions   Yes   No   No  | 14a Name of trust  |   | 14b 1            | rust's EIN                   |            |             |  |
| Telephone number   Part IX   IRS Compliance Questions   Yes   No   No  |  |   |                  |                              |            |             |  |
| Telephone number   Part IX   IRS Compliance Questions   Yes   No   No  | 14c Name of trustee or custodian   |   | 14d              | 1/d Tructoo's or sustadian's |            |             |  |
| 15a is the plan a 401(k) plan?   | 170 Name of Gustee of Costonari  |   |                  |                              |            |             |  |
| 15a is the plan a 401(k) plan?   |  |   |                  |                              |            |             |  |
| 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)?  15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  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?.  17a Has the plan been timely amended for all required tax law changes?  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 If the plan sponsor is an adopter of a pre-approved master and prototyce (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number.  17d If the plan is an individually-designed plan and received a favorable determination letter and the letter's serial number.  18 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)?  | Part IX IRS Compliance Questions   |   |                  |                              |            |             |  |
| 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)?    15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?    16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):   Ratio percentage fest test   | 15a is the plan a 401(k) plan?   |   | Ye               | s                            | No         |             |  |
| test matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  |  |   |                  |                              |            |             |  |
| 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year"  Yes No  No  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  |  |   |                  |                              |            |             |  |
| testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):   |  |   |                  |                              |            |             |  |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):   |  |   | ∏ Y€             | es                           | No         |             |  |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):   | 0 ( ) (0) (0) 0  |   | <br>  <u>-</u> - |                              |            |             |  |
| 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?  17a Has the plan been timely amended for all required tax law changes?  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 If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter. and the letter's serial number.  17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter.  18 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)?   | 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect  | ion 410(b):                             |                  |                              |            |             |  |
| this plan with any other plans under the permissive aggregation rules?  17a Has the plan been timely amended for all required tax law changes?  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 If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number   |  |   |                  |                              |            | ent test    |  |
| 17a Has the plan been timely amended for all required tax law changes?   |  |   | [] Ye            | es                           | No         |             |  |
| for tax law changes and codes).  17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number.  17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter.  18 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)?   |  |   | Ye               | 98                           | No         | ∏ N/A       |  |
| advisory letter, enter the date of that favorable letter and the letter's serial number  17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter  18 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)?  |  | Enter the ap                            | plicable         | e code                       | _ (See ins | tructions   |  |
| 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter  18 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)?  19 Were in-service distributions made during the plan year?  | 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pladvisory letter, enter the date of that favorable letter and the letter's serial  |   | ct to a f        | avorable IR                  | S opinion  | or          |  |
| 18 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)?  | 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS,   | enter the date of                       | the pla          | n's last fav                 | orable     |             |  |
| If "Yes," enter amount   | 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2   |   | Ye               | s                            | No         |             |  |
| 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not  No N/A  | 19 Were in-service distributions made during the plan year?  | *************************************** | . [] Ye          | es                           | No         |             |  |
| , 1111 <u>C3 1110 11141</u>  | If "Yes," enter amount   | ,                                       | . 19             |                              |            |             |  |
|  | ,  |   | ☐ Y              | es                           | No         | ∏ N/A       |  |