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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	arti	Annual Report	identification information										
For	calenda	ar plan year 2015 or fi	scal plan year beginning 06/01/2	2015	and ending 0	5/31/2016							
Α	This retu	urn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac		-						
			a one-participant plan	a foreign plan			,						
В	This retu	rn/report is	the first return/report	the final return/report	rt								
			an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)							
С	Check b	oox if filing under:	Form 5558	automatic extension		DF	VC progr	am					
			special extension (enter descr	• •									
P	art II	Basic Plan Info	ormation—enter all requested inf	formation		1							
	Name of	•	PROFIT SHARING PLAN			1b Three-oplan nu (PN)	umber	001					
						1c Effective	e date of						
2a			oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)		2b Employ (EIN)		ication Number					
PAUI	City or L MARSI		ce, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)		or's teleph	hone number					
		N AVENUE				2d Business code (see instructions)							
NEW	YORK,	NY 10065-8404					4249	990					
3a	3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN							
						3c Adminis	strator's t	elephone number					
4	If the n	ama and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, optor the	4b EIN							
_			mber from the last return/report.	the last return/report filed	ioi tilis piari, eriter trie	TO LIN							
а	Sponso	or's name				4c PN							
5a	Total n	umber of participants	at the beginning of the plan year			5a	7						
b	Total n	number of participants	at the end of the plan year			5b	7						
С			account balances as of the end of		•	5c	7						
d	(1) Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)		7					
d	(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)		7					
	Numb	er of participants that	terminated employment during the	plan year with accrued b	enefits that were less	5e		0					
	ution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau								
SB	or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.										
SIG			/valid electronic signature.	07/29/2016	PAUL MARSH								
HE		Signature of plan a		Date	Enter name of individ	ual signing as	plan adm	ninistrator					
SIG													
HE	RE	Signature of emplo	yer/plan sponsor	an sponsor Date Enter nan			individual signing as employer or plan sponsor						
Pre	parer's i	name (including firm r	name, if applicable) and address (in	nclude room or suite numb	per)	Preparer's te	elephone	number					

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independ and condition	dent qualified public a	ccount	ant (IQ	PA) 			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No I	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	
a Total plan assets	7a		2213					2210182
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c		2213	1934				2210182
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tal
(1) Employers	8a(1)		23	3500				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		35	611				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							59111
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		58	3741				
Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		3	8775				
g Other expenses	8g			347				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							62863
i Net income (loss) (subtract line 8h from line 8c)	8i							-3752
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructi	ons:
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo codo	os from the List of Pla	o Char	octorict	ic Coo	loc in the	inetructio	nc:
in the plan provides wellare benefits, effer the applicable wellare is	eature code	es nom the List of Fia	i Cilai	acterist		162 111 1116	HISTIUCIO	115.
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 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 reported on line 10a.)			10b		X			
			10c	X				300000
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 the	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan								
· · · · · · · · · · · · · · · · · · ·			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance						· ·		
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		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	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 1	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
The Traine of Gastesian						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)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		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 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			

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

2015

OMB Nos. 1210-0110

1210-0089

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Second part	Part		t Identification Information									
A this return/report is for: a one participant plan a foreign plan be final return/report an amended return/report as short plan year return/report (less than 12 inorities) C Check box if filling under:	For calenda	ar plan year 2015 or	fiscal plan year beginning	06/01/2015	and ending	05/31/2	016					
B This return/report is			lan (not multiemployer)	er) (Filers checking this box must attach a								
B This return/report is	A This return/report is for:		<u> </u>	list of participating em	form instructions)							
C Check box if filing under: Form 5558 automatic extension Basic Plan Information—enter all requested information 1a Name of plan PAUL MARSH LLC EMPLOYEES PROFIT SHARINC PLAN 1b Three-dight (PN) 1c Effective date of plan PAUL MARSH LLC employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAUL MARSH LLC 1c Effective date of plan PAUL MARSH LLC 2d Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAUL MARSH LLC 2d Business code (see instructions) PAUL MARSH LLC 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 D Total number of participants at the beginning of the plan year. 5 D Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants at the end of the plan year (defined benefit plans do not complete this fern). 6 D Total number of participants at the end of the plan year. 5 D Total number of participants			a one-participant plan	a foreign plan								
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Device program Devi	B This retu	ırn/report is	the first return/report	eturn/report the final return/report								
Part II Basic Plan Information—enter all requested information 1a Name of plan PAUL MARSH LLC EMPLOYEES PROFIT SHARING PLAN 1c Effective date of plan 067 (21,1977 010 0			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)						
Part II Basic Plan Information—enter all requested information 1a Name of plan PAUL MARSH LLC EMPLOYEES PROFIT SHARING PLAN 1c Effective date of plan 067 (21,1977 010 0	C Observation											
Part II Basic Plan Information—enter all requested information	C Check I	oox it filing under:	Form 5558	automatic extension		☐ DFVC program						
A Name of plan PAUL MARSH LLC EMPLOYEES PROFIT SHARING PLAN 1 1 1 1 1 1 1 1 1			special extension (enter desc	ription)								
A Name of plan PAUL MARSH LLC EMPLOYEES PROFIT SHARING PLAN 1 1 1 1 1 1 1 1 1	Part II	Basic Plan Inf	ormation—enter all requested in	formation								
PAUL MARSH LLC EMPLOYERS PROFIT SHARING PLAN 1c Effective date of plan of 001 (PN) 2c Employer dentification Number (EIN) 13 - 4037354 2c Sponsor's telephone number 2d Employer dentification Number of 212 - 759 - 9060 2d Business code (see Instructions) 2d Busi	1a Name	•				1b Three-digit						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAUTL MARSH LLC 654 MADISON AVENUE NEW YORK NY 10065-8404 3a Plan administrator's name and address XSame as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filled for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). 5c Vimber of participants at the beginning of the plan year 6d(1) Total number of active participants at the beginning of the plan year 6d(2) 7 6d(1) Total number of active participants at the beginning of the plan year 6d(2) 7 6d(2) 7 6d(2) Total number of active participants at the mend of the plan year 6d(2) 7 6d(3) Total number of active participants at the beginning of the plan year 6d(2) 7 6d(2) 7 6d(2) Total number of active participants at the beginning of the plan year 6d(2) 7 6d(2) 7 6d(3) Total number of active participants at the end of the plan year 6d(2) 7 6d(3) Total number of active participants at the end of the plan year 6d(2) 7 6d(3) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end of the plan year 6d(2) 7 6d(3) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end of the plan year 6d(2) 7 6d(3) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end	PAUL MA	ARSH LLC EMPL	OYEES PROFIT SHARING	PLAN			r 001					
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Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAUI. MARSH I.I.C 654 MADISON AVENUE NEW YORK NY 10065-8404 3a Plan administrator's name and address Same as Plan Sponsor. 4b Manistrator's name and address Same as Plan Sponsor. 4c PN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this ltem). 6d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of participants at the beginning of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the participants at the end of the plan year. 6d(2) Total number of participants at the participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of par						2b Employer Id	entification Number					
PAUL MARSH LLC 654 MADISON AVENUE NEW YORK NY 10065-8404 3a Plan administrator's name and address Same as Plan Sponsor. 4b Ein 4 If the name and/or Ein of the plan sponsor has changed since the last return/report filed for this plan, enter the name, Ein, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or Ein of the plan sponsor has changed since the last return/report filed for this plan, enter the name, Ein, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this lem). 5c 7 d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 6cution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report, and to the best of my knowledge and bellef; it is true, correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator						(EIN) 13-	4037354					
A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sonsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 5 C Number of participants with account balances as of the end of the plan year. 5 C United this tem). 7 Total number of active participants at the beginning of the plan year. 5 C United this tem). 7 Total number of participants at the end of the plan year. 5 C United this free plan active participants at the beginning of the plan year with accrued benefits that were less to schedule of the plan year with accrued benefits that were less to schedule of the plan year with accrued benefits that were less to schedule of the plan year with accrued benefits that were less to			ice, country, and ZIP or foreign posi	al code (it foreign, see instr	uctions)	2c Sponsor's t	elephone number					
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3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 (1) Total number of active participants at the beginning of the plan year. 6 (2) Total number of active participants at the end of the plan year. 6 (3) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	654 MA	DISON AVENUE	i			424990						
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complete this item)												
d(1) Total number of active participants at the beginning of the plan year						5c	7					
d(2) Total number of active participants at the end of the plan year		,				5d(1)						
PAUL MARSH Signature of plan administrator Paul Marsh Signature of employer/plan sponsor Paul Signature of employer/plan sponsor Signature of employer/plan sponsor		,	· ·	•			•					
than 100% vested						5u(2)	<u> </u>					
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Signature of plan administrator Date// 29 100 Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor			1 mil aim		PAUL MARSH							
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN			***		V V						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor												
Preparer's telephone number	900000000000000000000000000000000000000				Enter name of individ							
	rieparei S i	name (including inm	riame, ii applicable) and address (ii	icidde room of suite numbe	ii)	Preparer's teleph	one number					

	Form 5500-SF 2015		Page 2								
	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									Yes No	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No	Not	determined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) Er	nd of Yea	ar	
а	Total plan assets	7a		2,21	3,93	4			2	,210,182	
b	Total plan liabilities	7b				0				0	
c	Net plan assets (subtract line 7b from line 7a)	7c		2,21	3,93	4			2	,210,182	
8	Income, Expenses, and Transfers for this Plan Year	900000000000000000000000000000000000000	(a) Amou	ınt				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		2	3,50	0					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0					
<u> </u>	Other income (loss)	8b	sajan dedatanimaska esign aliitahaenn tilese	3	5,61	1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5:0-5:2-5:1-6	59,111		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		58,							
	Certain deemed and/or corrective distributions (see instructions)	8e			0						
_ <u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		•	3,77	550.500					
<u> </u>	Other expenses	8g		347					60.060		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							62,863		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)					2559 72558				-3,752	
j I	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j				0					
9a B Par	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension.										
10	During the plan year:				Yes	No	N/A		Amo	ount	
a 	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х					
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х					
C	Was the plan covered by a fidelity bond?		,.,	10c	Х					300,00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)		ne or all of the benefits under			Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i_							
j	Did the plan trust incur unrelated business taxable income?			10i							
Pari	VI Pension Funding Compliance			,		1	·				
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions	and cor	nplete	Sched	dule SB	(Form	T		

5500) and line 11a below).....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40......

12

Yes No

Yes X No

	Form 5500-SF 2015 Page 3 -						
	(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, a granting the waiver	and e	nter the Day_	e date of	f the let Year		ng
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u>b</u>	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				
e	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?			Y	es 🗓 l	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 to fithe PBGC?				Yes	<u>x</u> 1	No .
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1) Name of plan(s): 13	c(2) i	EIN(s)		13	c(3) P	N(s)
Part	VIII Trust Information						
14a	Name of trust		14b ⊺	Trust's E	EIN		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		∐ Ye	Yes			
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	Design- based safe ADF harbor test method			/ACP
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))?		Ye	s] No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		□ pe	atio ercentag st	e [rage efit test
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?		Ye	s		No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	s		No	☐ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).	the a	applicat	ole code	:(See ir	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is s advisory letter, enter the date of that favorable letter and the letter's serial number			<u> </u>			or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da determination letter	te of	the pla	n's last f	avorab	le	
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)?		Yes	S		No	
19	Were in-service distributions made during the plan year?		Ye	s		No	
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or netired), as required under section 401(a)(9)?		Ye	es .		No	□ N/A