_	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Inter	rtment of the Treasury nal Revenue Service	This form is required to be filed u	under sections 104 and				2014
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 608 Revenue Code (the Code		Internal	This F	Form is Open to lic Inspection
	enefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	ructions to the Form 55	500-SF.	1 0.5	no mopeonen
For calend	Annual Report le Ar plan year 2014 or fisc	dentification Information cal plan year beginning 12/01/2014	1	and ending 11/	/30/201	5	
		X a single-employer plan		lan (not multiemployer)			ox must attach a list
	urn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	n/report (less than 12 m	dance w	-	
	box if filing under:	Form 5558	-			DFVC progra	am
Part II		mation—enter all requested inforr	mation				1
1a Name	of plan TD PENSION PLAN					Three-digit blan number	
ATT AGINE						PN)	001
					1c E	Effective date o	f plan /1993
2a Plan s A & R ASTA		ress; include room or suite number ((employer, if for a single	-employer plan)			fication Number 319515
4450 05000					2c S	Sponsor's telep	hone number 0-3364
1152 SECON NEW YORK,					2d ⊟		(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor			3b A	dministrator's	
		plan sponsor has changed since the ber from the last return/report.	e last return/report filed f	or this plan, enter the	4b E		telephone number
	or's name				4c ⊮	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		4
b Total	number of participants a	at the end of the plan year			5b		3
		ccount balances as of the end of the		•	5c		0
d(1) Tot	al number of active part	icipants at the beginning of the plan	year		5d(1)	3
d(2) Tot	al number of active part	icipants at the end of the plan year			5d(2	2)	3
		minated employment during the plar			5e		0
		r incomplete filing of this return/re			ise is e	stablished.	
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction d signed by an enrolled actuary, as v	ons, I declare that I have	examined this return/rep	oort, inc	luding, if applic	able, a Schedule knowledge and
SIGN		alid electronic signature.	08/23/2016	SINA ASTA			
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual sign	ing as plan adr	ministrator
SIGN HERE		<i>.</i>					
	Signature of employ name (including firm na	er/plan sponsor me, if applicable) and address (inclu	Date ude room or suite numbe	Enter name of individer) (optional)			er or plan sponsor number (optional)

C If the ptan is a defined burnelit plan, is it covered under the PBGC insurance program (see ERISA section 4021??	-	 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) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1 Total plan assets 7a \$153004 \$0031456 0	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40)21)?		Yes	No Not determined			
a Total plan labelities 7a 5153804 5031456 b Total plan labelities 7b 0 0 c Note plan assets (subtract line 7b from line 7a) 7c 5153804 5031466 c Note plan assets (subtract line 7b from line 7a) 7c 5153804 5031466 c Onter license sclewider time 7b from line 7a) 7c 5153804 5031466 c Onter license sclewider time 7b from line 7a) 7c 5153804 5031466 d Contributions received or receivelds receivelds from: 56(1) 0 60 6014 g) Other income (toss) 56 33619 50 53619 50 d Encerts paid (notiding direct rollovers and insurance prenums to provide pendis) 56 60 50 53619 60 g Other segmess 5g 0 60 68729 60 68729 60 68729 60 68729 60 68729 60 68729 60 68729 60 68729 60 68729 60 68729 60 60 60 60 </th <th>Pa</th> <th>t III Financial Information</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	t III Financial Information									
Total plan insolution Total plan insolution Total plan insolution Total plan insolution O O C Net plan assets (subtract line 7b from line 7a). To S153004 S031456 B Income, Expresse, and Transfers for the Plan Year (a) Amount (b) Total C Outbuilding received or receivable from: Se(2) 0 0 (2) Participantis	7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
Image: Section of the section of th	а	Total plan assets	7a	51538	804			5031456			
a Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (4) Benefits paid (including direct followers and insarace prenumms at the provide benefits) 6a(2) 0 (5) Forder expenses. 8g 0 3000000000000000000000000000000000000	b	Total plan liabilities	7b		0			0			
a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 0 (2) Participants 8a(3) 0 (3) Others (including rolewers) 8a(3) 0 (4) Employers 8a(3) 0 (5) Other (income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c -33619 (5) Other (income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c -33619 (6) Entitione (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c -33619 (7) Crotal income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c -33619 (7) Crotal income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c -33619 (8) Other services and income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 (9) Other services and income (dod lines 8a(1), 8a(2), 8a(3), and 8b) 8d 8b729 (1) Table sparses (add lines 8d, 8a, 8a, 4ad 8g) 8g 0 9d (1) Table sparses (add lines 8d, 8a, 8a, 4ad 8g) 8g 0 122348 (2) Transfers to (non) the plan (see instructions) 8g 0 122348 (3) Transfers to (non) the plan (see instructions) 8g 0 X 0 (1) During the plan yea	С	Net plan assets (subtract line 7b from line 7a)	7c	51538	804			5031456			
(1) Employers 9 (2) Participants 8s(2) 0 (3) Other income (loss) 8s(3) 0 (3) Other income (loss) 8s(3) 0 (4) Benefits paid (including rolevers) 8s 33619 (5) Do ther income (loss) 8s 33619 (6) Extra thermal and/or corrective distributions (see instruction) 8e 0 (7) Administrative service provides (salatas, fees, commissions) 8f 0 (7) Other income (loss) (subtract line 8d, flag, 8f, and 8g) 8h 33619 (7) Other income (loss) (subtract line 8d, flag, 8f, and 8g) 8h 33619 (7) Total apprese (add lines 8d, 8l, 8f, and 8g) 8h 122348 (7) Total appreses (add lines 8d, 8l, 8f, and 8g) 8h -122348 (7) Total appreses (add lines 8d, 9l, 8f, and 8g) 8h -122348 (8) 0	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
(1) Characteristic Set (1) Set (1) <th>а</th> <th>Contributions received or receivable from:</th> <th></th> <th></th> <th>0</th> <th></th> <th></th> <th></th>	а	Contributions received or receivable from:			0						
(a) Others (including rollovers) (b) Other income (loss) (c) Other income		., .,			-	_					
Others View				-	_						
Solution Notice (add lines Ba(1), Ba(2), Ba(2), and Bb)		(3) Others (including rollovers)	8a(3)		-						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 8d729 d Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	-336	519	_					
to provide benefits)* 8d 88729 e Certain deemed and/or corrective distributions (see instructions)			8c					-33619			
e Certain deemed and/or corrective distributions (see instructions)			84	887	29						
f Administrative service providers (salaries, fees, commissions)				0							
g Other expenses 8g 0 88729 In Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 8h 88729 i Net income (loss) (subtract line 8h from line 8c). 8i -122348 j Transfers to (from) the plan (see instructions). 8j 0 Part IV Plan Characteristics 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 17 17 17 30 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 100 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					0						
g Outer Openational Interset Openation Openation Bath 88729 i Total expenses (add lines 8d, 8e, 8f, and 8g) Bath 0 122348 j Transfers to (from) the plan (see instructions) Bgi 0 122348 j Transfers to (from) the plan (see instructions) Bgi 0 122348 j Transfers to (from) the plan (see instructions) Bgi 0 122348 j Transfers to (from) the plan specifies, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 14 1F 30 j The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 Using the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 0.8 0 X 0 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on inter 0.8) 106 X 0 c Was the plan covered by a fidelity bond? 10c X 100 X 0 c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d <th></th> <th></th> <th>0</th> <th></th> <th></th> <th></th>			0								
In the information (loss) (subtract line 8h from line 8c)								88729			
Interfere to (trom) the plan (see instructions)		· · · ·									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1F 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan provides welfare to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								122040			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 b Were there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 0 c Was the plan covered by a fidelity bond? 10c X 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X 0 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 0 f Has the plan failed to provide any benefit when due under the pl	<u> </u>		8j		0						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b X 0 c Was the plan covered by a fidelity bond? 10c X 10c X 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10c X 0 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 0 f Has the plan failed to provide any benefit when due under the plan? 10f X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10g X 0 f If the 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. 10h X 0		If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Coc	les in t	he instructions:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 0 c Was the plan covered by a fidelity bond? 10c X 10cc X 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 0 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 0 f Has the plan failed to provide any benefit when due under the plan? 10f X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h X 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 250.101-3. <th></th> <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th>						Yes	No	Amount			
on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		х	0			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 0 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 0 f Has the plan failed to provide any benefit when due under the plan? 10f X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X 0 Part VI Pension Funding Compliance 10i Yes No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No	b				10b		х	0			
or dishonesty? 10d × 0 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e × 0 f Has the plan failed to provide any benefit when due under the plan? 10f × 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h × 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i × 0 Part VI Pension Funding Compliance 10i × 10i × 0 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ¥ No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Xo No	С	Was the plan covered by a fidelity bond?			10c	х		100000			
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 0 f Has the plan failed to provide any benefit when due under the plan? 10f X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X 0 Part VI Pension Funding Compliance 10i Yes No No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No	d				10d		Х	0			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X 0 Part VI Pension Funding Compliance 10i X 0 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) X Yes No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No	e	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10e		х	0			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 0 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X 0 Part VI Pension Funding Compliance 10i X 0 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	0			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					-						
2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	.				10g		^	U			
exceptions to providing the notice applied under 29 CFR 2520.101-3	<u> </u>	2520.101-3.)	10h		Х						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) X Yes No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No		exceptions to providing the notice applied under 29 CFR 2520.10			10i						
5500) and line 11a below) X Yes No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No	_					<u>.</u>					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No		5500) and line 11a below)				<u></u>		X Yes No			
		· · · ·		, ,							
	12	· · · ·			e or se	ection	302 of	ERISA? Yes X No			

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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 negative amount)	'а	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?		י 🗌 י	res 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 ur of the PBGC?	nder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust		14b ⊺	rust's EIN	

	SCH	IEDULE S	В	Sing	gle-Em	ploy	er Defir	ned Be	ene	efit Plan	_		OMB	No. 1210-0110	
	(F	orm 5500)					ial Info							2014	
		rtment of the Treasur nal Revenue Service													
	De	epartment of Labor								of the Employee ection 6059 of th		т		is Open to Public	
		nefits Security Admir					evenue Code				-		in	spection	
							hment to Fo	rm 5500 c	or 5						
		plan year 2014			ning 1	2/01/201	4			and ending	g 11/3	0/20	15		
		ff amounts to r			late filing c	of this ren	ort unless re	asonable	cau	ise is established	4				
	Name of p		,000 Will D		late hing c					B Three-digit					
		D PENSION P	LAN							plan numb			•	001	
C	Plan snon	sor's name as s	bown on li	ne 2a of Form	5500 or 55	00-SE				D Employer Ic	Intificat	ion l	Number (F	=INI)	
	R ASTA				0000 01 00						13-3319				
E	Type of pla	ın: 🗙 Single	Multiple	-A Multipl	e-B		F Prior year	r plan size:	X	100 or fewer	101-5	00	More th	nan 500	
Pa	art I I	Basic Inforn	nation												
1	Enter th	e valuation date	e:	Month 12	2 [Day0′	1 Yea	ar <u>2014</u>							
2	Assets:														
	a Market value									2a			31218	399	
b Actuarial value									2b		[31218	399		
3	Funding	g target/participa	ant count b	reakdown					<i>'</i>	umber of icipants	(2) Ves	ted F arge	-	(3) Total Funding Target	
	a For re	etired participan	ts and ben	eficiaries receiv	ving payme	ent				. 0		aigo	0		0
	b For te	erminated veste	d participa	nts						0			0		0
		ctive participant	•							3			3132531	31325	531
	d Total									3			3132531	31325	31
4	If the pla	an is in at-risk s	tatus, chec	k the box and	complete li	ines (a) a	and (b)						•		
	a Fundi	ing target disreg	arding pre	scribed at-risk	assumption	ns					4a				
		ing target reflec									4b				
5		risk status for fe e interest rate		ve consecutive	e years and	d disrega	rding loading	g factor			5	-		5.83	~
6	_	normal cost									6			0.00	70 0
-	0	y Enrolled Actu									-				
														ed assumption was applied and such other assumptions	
	combination,	offer my best estimation	te of anticipate	ed experience unde	er the plan.										
	SIGN														
	IERE			·						·			08/22/20	016	
		DKC	5	ignature of act	uary								Date	40	
RU	BERT MA	IKNO	Type	or print name c	of actuary					·	Most r	ecer	14-033 t enrollme	40 ent number	
MA	DISON PI	ENSION SERVI	51		actuary						Mooth	0001	914-251		
				Firm name						Tel	ephone	num		ding area code)	
	0 WESTO	CHESTER AVE	NUE												
		NY 10577													
				Address of the	e firm										
lf the	e actuary h	nas not fully refl	ected any i	egulation or ru	lling promu	lgated ur	nder the state	ute in com	plet	ting this schedule	e, check	the	box and s	ee 🗌	
nstr	uctions	-	-	-	•••	-				-					04.4
- Ul	r aperwol	A REQUCTION A	UL INOLICE à		u or NuMD	cıs, see	une mstruct		orr	n 5500 or 5500-	эг.		Scheadl	e SB (Form 5500) 20	J 14

v. 140124

Page	2 -	1	
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Pa	art II Begi	nning of Year	Carryov	er and Prefunding B	alances						
_						(a)	Carryover balance		(b) F	refundir	ng balance
7	0	0 1 3		cable adjustments (line 13				0			341304
8			•	unding requirement (line 35				0			67814
9	, ,							0			273490
10				urn of <u>1.63</u> %				0			4458
11				d to prefunding balance:							1100
••	•			38a from prior year)				-			0
	b(1) Interest o	n the excess, if an	y, of line 38	Ba over line 38b from prior y	year						
		• • •		nedule SB, using prior year	_						0
	()	•									0
	C Total available	e at beginning of cu	rrent plan y	ear to add to prefunding bala	nce						0
	d Portion of (c)	to be added to pro	efunding ba	alance							0
12	Other reduction	s in balances due	to election	s or deemed elections				0			0
13	Balance at begi	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0			277948
Pa	art III Fur	nding Percent	ages								
14	Funding target	attainment percen	tage							14	90.78 %
15	Adjusted fundin	g target attainmen	t percenta	је						15	90.79 %
16				of determining whether ca				to reduce	,	16	87.72 %
17				s less than 70 percent of th						17	%
Pa	art IV Cor	ntributions an	d Liquid	ity Shortfalls							
18				ear by employer(s) and em	ployees:						
(N/	(a) Date 1M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD)		(b) Amount pa employer(s		(c	Amour (: emplo	nt paid by
(14		employer	(8)	employees		, , , , , , , , , , , , , , , , , , , ,	cinployer(,		emple	Jees
		•			Totals ►	18(b)		0	18(c)		0
19	Discounted emp	ployer contribution	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	year:			
	a Contributions	allocated toward	unpaid min	imum required contribution	s from prior	years		19a			0
	b Contributions	made to avoid res	strictions ad	djusted to valuation date				19b			0
	C Contributions	allocated toward m	inimum req	uired contribution for current	year adjusted	d to valuatio	n date	19c			0
20	Quarterly contri	butions and liquidi	ty shortfalls	5:							
	a Did the plan	have a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If line 20a is	"Yes," were require	ed quarterly	y installments for the currer	nt year made	in a timely	manner?			[Yes X No
	c If line 20a is '	'Yes," see instruct	ions and co	omplete the following table	as applicable	e:					
			1	Liquidity shortfall as of e	end of quarte			· ·			
	(1) 1			(2) 2nd		(3)	3rd			(4) 4th	
		0		0			0				0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Ta	arge	t Normal Cost					
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99 %		N/A, full yield curve used			
	b Ap	plicable month (enter code)				21b	1			
22	Weig	hted average ret	tirement age				22	63			
23		ality table(s) (see		escribed - combined		scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items								
24			nade in the non-prescribed act	uarial assumptions for the cu	rrent	plan vear? If "Yes." see	instructions	s regarding required			
	attac	hment	·	·				Yes X No			
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instruc	tions	regarding required attac	hment	Yes X No			
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see in	struc	tions regarding required	attachment	Yes X No			
27			o alternative funding rules, en			0 0	27				
_	rt VII		ation of Unpaid Minimu	•							
28			uired contributions for all prior				28	0			
29			contributions allocated toward		29	0					
30	Rema	aining amount of	f unpaid minimum required cor	tributions (line 28 minus line	29)		30	0			
Ра	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targ	et normal cost a	nd excess assets (see instruct	ions):							
	a Tar	get normal cost	(line 6)				31a	0			
	b Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b	0			
32	Amor	tization installme	ents:			Outstanding Bala	ince	Installment			
	a Net	t shortfall amortiz	zation installment				288580	123327			
	b Wa	aiver amortization	n installment				0	0			
33	If a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling letter) and the waived amou	-		33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 3	31a -	31b + 32a + 32b - 33)	34	123327			
		0 1	0,	Carryover balance		Prefunding balar	nce	Total balance			
35			use to offset funding		0		123327	123327			
36	Addit	ional cash requir	rement (line 34 minus line 35).				36	0			
37	Contr	ributions allocate	ed toward minimum required co	ontribution for current year ad	juste	d to valuation date	37	0			
30		,	ess contributions for current ye								
- 50			y, of line 37 over line 36)	· · · · ·			38a	0			
							38b	0			
39											
<u> </u>							40	0			
	rt IX		uired contributions for all years					0			
			Funding Relief Under F de to use PRA 2010 funding re		010						
-11				-							
								2 plus 7 years			
) for which the election in line					8 2009 2010 2011			
			on adjustment				42				
43	Exces	ss installment ac	celeration amount to be carrie	d over to future plan years			43				

(Form 5500) Actuarial Information 2014 Destruction of the Service Action of the Service Action of the Service Action of the Service Action of Service Action Ser		SCHE		в	Sing	jle-En	nploy	er Define	d Ber	nefi	t Plan	_		OMB	No. 1210-0110	
Description Description Description Description Description This schedule is required to be field under section 104 of the Employee Retriement function Security (2014) This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section 104 of the Employee Retriement function This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required to be field under section This schedule is required is schedule is required is schedule is required		(Forr	n 5500)		-	A	ctuar	ial Inforn	nation	ו					2014	
Decement of Last Decement of Last This Form is Open to Public Instruct Revenue Code (Mic Code). This Form is Open to Public Instruct Revenue Code (Mic Code). Provide of anomals to nearest dollar. Provide provide of anomals to nearest dollar. Provide of anomals dollar. Provide provide of anomals dollar. Provide provide of anomals dollar. Provide provide provide of anomals dollar. Provide provide provide provide provide of anomals dollar. Provide provide					This scho	dulo is ro	quired to l	he filed under s	action 10	4 of t						
P File as an attachment to Form 5500 or 5500-SF. and ending 11/30/2015 P could off amounts to nearest dollar. Sanda off amounts to nearest dollar. and ending 11/30/2015 A Name of plan B Three-digit plan number (PN) 001 A R ASTA LTD PENSION PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) 001 A & R ASta Ltd 133319515 E Type of plan: Single Multiple A Multiple B F Prior year plan size. 100 or fewer 101-600 More than 500 Part L Basic Information 1 Enter the valuation date: 12/1/2014 2a 3121899 A Asta Ltd 0 0 0 0 0 0 3 Funding target/participants and beneficianties receiving payment. 0		ployee Benefits	Security Admini			t Income	Security A	Act of 1974 (ER	SA) and s	sectio			Т			blic
▶ Round off amounts to nearest dollar. > Caution: A penalty of \$1.000 will be assessed for late filing of this report unless reasonable cause is established. A Name of Jan B Three-digit plan number (PN) 001 A R ASTA LTD PENSION PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer identification Number (EIN) 001 A & R Asta Ltd 133319515 E Type of plan: Single Multiple A Multiple B F Prior year plan size. 100 or fewer 101-500 More than 500 Part I Basic Information 2a 3121899 3121899 1 Enter the valuetion date: 12/1/2014 2a 3121899 2 Assess: 2a 3121899 3121899 3 Funding target/participants and beneficiatirs receiving payment. 0 0 3 3132531 3132531 3132531 4 If the plan is in a-trisk status, check the box and complete lines (a) and (b). 4a b Funding target reflecting at-tek saturptions. 5 5.63 6 0 0 0 0 6 0 0 0 0 0 0 0 6 5 5.63<									5500 or	5500			20/2	015		
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan B Three-digit plan number (PN) 001 A R ASTA LTD PENSION PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer identification Number (EIN) 133319515 E Type of plan: Single MultipleA MultipleB F Prioryear plan size: 100 or fewer 101.500 More than 500 Part I Basic Information 1 2a 3121899 1 Enter the valuation date: 12/1/2014 2a 3121899 2 Assets: a 3121899 3 Funding target/participant count breakdown (1) Number of (2) Vested Funding Target: 17 arget: a For retired participants 0 0 0 0 0 a For retired participants 0 0 0 0 0 a For retired participants 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						ing 12/	/1/2014				and end	ng 11/5	30/2	015		
A R ASTA LTD PENSION PLAN plan nomber (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) 133319515 E type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 2 3312615 2 3121899 2 Assets: a Market value 2a 3121899 2b 3121899 3 Funding target/participant count breakdown (1) Number of all (2) Vested Funding (2) Vested Funding (2) Vested Funding (2) Target Target Target Target Target Target Target Target Target Target Target I TargeTALING I TargeTI I TargeTI I TargeTI I TargeTI I TargeTI		• • • • • • • • • •				late filing	of this rep	port unless reas	onable ca	ause i	s establishe	ed.				
A R ASTA LTD PENSION PLAN pain number (Pin) pain number (Pin) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) A & R Asta Ltd 133319515 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: N 100 or fewer 101-500 More than 500 Part 1 Basic Information 2a 3121839 1 Enter the valuation date: 12/1/2014 2a 3121839 2 Assets: 2a 3121839 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Fundin Target a For terrined participants and beneficiaries receiving payment 0 0 0 0 b For terminated vested participants 3 3132531 3132531 3132531 d Total 3 3132531 3132531 3132531 d Total 3 3132531 3132531 3132531 d Total a funding target diverging parcental cika assumptions. 4a 4a 4a b Funding target foreging of a cika assumptions. 5 5.83 5.8	A Na	ame of plan								В	Three-dig	pit				
A & R Asta Ltd 133319515 E Type of plan. Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: 12/1/2014 2a 3121899 2 Assets:	A R	ASTA LI	D PENSI	ON PLAN							plan num	ber (PN)		•	001	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: N 100 or fewer 101-500 More than 500 Part I Basic Information 12/1/2014 2 3121899 2 Assets: 2a 3121899 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Fundin Target 3 Funding target/participant count breakdown (1) Number of participants 0 0 b For retired participants and beneficiaries receiving payment. 0 0 0 0 b For oretimated vested participants. 3 3132531 3132531 3132531 d Total. 3 3132531 3132531 3132531 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 4a 4b 4a b Funding target disregarding prescribed at-risk assumptions. but disregarding loading factor. 5 5.83 5 5 Effective interest rate 5 5.83 6 0 6 0 0 0 0 0 0 7 Total as the formation supplied in this somed	C Pla	an sponsor's	s name as st	nown on line	2a of Form 5	5500 or 5	500-SF			D	Employer	Identifica	tion N	Number (E	EIN)	
Part I Basic Information 1 Enter the valuation date: 12/1/2014 2 Assets:	A &	R Asta Lt	d										133	319515		
1 Enter the valuation date: 12/1/2014 2 Assets: a 3 Market value 2b 3121899 b Actuarial value 2b 3121899 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Fundin a For retired participants and beneficiaries receiving payment. 0 0 0 0 b For terminated vested participants. 0 0 0 0 0 c For active participants. 3 3132531 3132531 3132531 d Total. 3 3132531 3132531 3132531 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 4a 4b 4b 5 Effective interest rate 5 5.83 6 0 5 Statement by Enrolled Actuary 5 5.83 6 0 0 10 Funding target reflecting on suppleted in the schedule and accompanying schedules, statements and atterments, if any, is complete and accurate the prescribed accurate sampletor is reasonable (taking into accourt the specificaci of the plan and reasonable is reasonable (taking into accourt the specificace of the plan an	Е ту	pe of plan:	× Single	Multiple-A	Multiple	e-B		F Prior year pla	an size: 🕨	× 100) or fewer	1 01-5	00 [] More th	an 500	
2 Assels: 2a 3121899 b Actuarial value 2b 3121899 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Funding Target a For retired participants and beneficiaries receiving payment. 0 0 0 0 b For detire participants 0 0 0 0 0 0 c For active participants. 3 3132531 3132531 3132531 3132531 d If the plan is in at-risk status, check the box and complete lines (a) and (b). 4a 4b 4b 5 Effective interest rate 5 5.83 6 0 0 5 Effective interest rate 5 5.83 6 0	Par	ti Bas	sic Inform	ation												
a Market value 2a 3121899 b Actuarial value 2b 3121899 c Actuarial value 2b 3121899 c Actuarial value (1) Number of participants (2) Vested Funding Target (3) Total Funding Target a For retired participants and beneficiaries receiving payment 0 0 0 b For terminated vested participants 0 0 0 c For active participants 0 0 0 d Total 3 3132531 3132531 d Total 3 5 5.83 6 0 0 0 5 5.83 6 0 6 0 0 0 0 7 Into back of my konskedge, the aformation supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accourse esamption schedules, and accourse esamption schedules, statements and attachments, if any, is complete and accourse esamption schedules, a	1	Enter the va	luation date	:	12/1/201	4										
b Actuarial value Zb 3121899 3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Fundir Target a For retired participants and beneficiaries receiving payment 0 0 0 0 b For terminated vested participants 0 0 0 0 0 c For active participants 3 3132531 3132531 3132531 d Total 3 3132531 3132531 3132531 a Funding target disregarding prescribed at-risk assumptions. 4a	2	Assets:														
3 Funding target/participant count breakdown (1) Number of participants (2) Vested Funding (3) Total Fundir Target a For retired participants and beneficiaries receiving payment		_														
a For retired participants and beneficiaries receiving payment						<u></u>					or of					
b 0 0 0 0 b For terminated vested participants										-						
b) for eliminated vested participants		a For retire	d participant	s and benefi	ciaries receiv	ing paym	nent				0				0	
d Total		b For termi	nated vested	l participants							0		0		0	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For active	e participants	3						3	3					
a Funding target disregarding prescribed at-risk assumptions (b) run (b) funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		d Total									3	31	325	31	31325	31
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		•				•		.,							····	
at-risk status for fewer than five consecutive years and disregarding loading factor												4a				
5 Effective interest rate 5 5.83 6 Target normal cost 6 0 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was appli accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan. SIGN 8/22/2016 Balgen Marks Intro print name of actuary Robert Marks 1403346 Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 9142510099 Firm name Telephone number (including area code) 2500 Westchester Avenue NY Suite 106 NY Purchase NY		D Funding t at-risk	arget reflecti status for fer	ing at-risk as wer than five	sumptions, b consecutive	out disreg vears an	arding tra nd disrega	insition rule for p Irding loading fa	plans that ctor	have	e been in	4b				
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary 8/22/2016 Signature of actuary Date Robert Marks 1403346 Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 91425100999 Firm name Telephone number (including area code) Suite 106 NY 10577	5									· ·					5.83	%
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was appli accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan. SIGN HERE 8/22/2016 Signature of actuary 8/22/2016 Signature of actuary Date Robert Marks 1403346 Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 9142510099 Firm name Telephone number (including area code) Suite 106 NY Purchase NY	_											6			0	
HERE 8/22/2016 Signature of actuary Date Robert Marks 1403346 Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 9142510099 Firm name Telephone number (including area code) 2500 Westchester Avenue NY Suite 106 NY Purchase NY	To	the best of my cordance with a	knowledge, the i	nformation suppl d regulations. In	my opinion, each	other assur	ompanying so nption is reas	chedules, statements sonable (taking into a	and attachm account the e	nents, il experiel	f any, is comple nce of the plan	ete and accu and reasona	rate. E able ex	ach prescrib pectations) a	ed assumption was and such other assu	applied in imptions, ir
Robert Marks 1403346 Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 9142510099 Firm name Telephone number (including area code) 2500 Westchester Avenue Suite 106 Purchase NY	E Contraction of the second se		R	\sim						_			8/	22/2016	3	
Type or print name of actuary Most recent enrollment number Madison Pension Services, Inc 9142510099 Telephone number (including area code) 2500 Westchester Avenue Suite 106 Purchase NY 10577				Śigr	nature of actu	Jary										
Madison Pension Services, Inc 9142510099 Firm name Telephone number (including area code) 2500 Westchester Avenue Suite 106 Purchase NY	Rob	ert Marks	i			-				_				403346		
Firm name Telephone number (including area code) 2500 Westchester Avenue Suite 106 Purchase NY	Mar	lison Pon	sion Sani		print name of	r actuary						Most r				
Purchase NY 10577					Firm name						Te	lephone)
					• **	,										
Address of the firm	Purc	cnase		Ād			10	577		-						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	if the a	ctuary bas r			·····		ulgated	ador the statute	in come!-	otice	this achod		4h- '			
In the actually has not fully reliected any regulation or fulling promulgated under the statute in completing this schedule, check the box and see	nstruct	tions											ine t	ox and si	ee	\square

	Schedule	SB (Form 5500) 2	2014			Page 2	-]					
Pa	rt II Begi	nning of Year	Carryov	er and Prefunding	Bala	ances							
L							(a)	Carryover balance		(b) i	Prefund	ng balance	!
7	-			icable adjustments (line 1				0			3413	04	
8		•		funding requirement (line				0			678	14	
9								0		-	2734	90	
10	Interest on line	9 using prior year	's actual ref	turn of <u>1.63</u> %				0			445	8	
11				d to prefunding balance:									
	a Present valu	e of excess contrib	outions (line	e 38a from prior year)							0		
	b(1) Interest of Schedule	on the excess, if ar SB, using prior ye	ny, of line 3 ear's effecti	8a over line 38b from prio ve interest rate of 5.91 %	or yea 6	ar					0		
	b(2) Interest	on line 38b from pr	ior year Scl	hedule SB, using prior yea	ar's a	ictual	- 1				0		
				ear to add to prefunding ba		ə					0		<u> </u>
	d Portion of (c) to be added to pr	efundina h	alance							0		
				s or deemed elections				0			0		
13	Balance at beg	inning of current y	ear (line 9	+ line 10 + line 11d - line	12) .			0			2779	48	
Pa	art III 🛛 Fu	nding Percent	ages										
14	Funding target	attainment percer	tage								14	90.78	%
15	Adjusted fundi	ng target attainmer	nt percenta	ge							15	90.79	%
16	Prior year's fur current year's f	iding percentage founding requirement	or purposes	s of determining whether c	carry	over/prefunc	ling bala	nces may be used	to reduc	e	16	87.72	%
17	If the current v	alue of the assets	of the plan	is less than 70 percent of	the f	unding targe	et, enter s	such percentage			17		%
Pa	art IV Co	ntributions an	d Liquid	lity Shortfalls									
18	Contributions r	nade to the plan fo	r the plan y	ear by employer(s) and e	mplo	yees:							<u>_</u>
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer	-	(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount pa employer((0	•	int paid by oyees	
				P									
					1	Γotais ►	18(b)		0	18(c)			0
19	Discounted em	ployer contribution	s – see insi	tructions for small plan wit	th a v	aluation da	te after th	ne beginning of the	vear:				
				imum required contributio					19a		0		
				ljusted to valuation date					19b		0		
				uired contribution for curren					19c		0		
		butions and liquidi											
				he prior year?					Ľ.			Yes 🗍	No
				installments for the curre									
				mplete the following table			a uniciy		Г		······	Yes 🗙	No
				Liquidity shortfall as of			f this pla	n vear					<u> </u>
	(1) 1	st		(2) 2nd				3rd			(4) 4th		
		0			0		· · ·	0					0

|--|--|

Page 3

Pa	Part V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Disco	unt rate:										
	a Se	gment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used					
	b App	olicable month (enter code)			21b	1					
22	Weigh	nted average rel	irement age			22	63					
23	Morta	lity table(s) (se	e instructions) x Pre	escribed - combined	escribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24		-		uarial assumptions for the currer								
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructior	s regarding required attac	chment	Yes 🔀 No					
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ictions regarding required	attachmen	t Yes 🛛 No					
27			-	er applicable code and see instru		27						
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	Im Required Contributio	ns For Prior Years							
28	Unpai	id minimum requ	uired contributions for all prior	years		28	0					
29			contributions allocated toward	· •	29	0						
30	Rema	ining amount of	30	0								
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Targe	et normal cost a	nd excess assets (see instruct	ions):								
	a Target normal cost (line 6)											
	b Excess assets, if applicable, but not greater than line 31a											
32	32 Amortization installments: Outstanding Balance Installment											
	a Net	shortfall amorti	zation installment		2	288580	123327					
	b Wa	iver amortization	n installment			0	0					
33	lfawa (aiver has been a	approved for this plan year, en	ter the date of the ruling letter gr.) and the waived amount		33						
34	Total	funding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	123327					
				Carryover balance	Prefunding bala	nce	Total balance					
35			use to offset funding	()	123327	123327					
36	Additi	onal cash requir	ement (line 34 minus line 35).			36	0					
37	Contri (line 1	butions allocate 9c)	d toward minimum required co	ontribution for current year adjust	ed to valuation date	37	0					
38			ss contributions for current ye			۱ <u> </u>						
	a Tota	al (excess, if any	, of line 37 over line 36)			38a	0					
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0											
39	Unpai	d minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 ove	⁻ line 37)	39	0					
40	Unpai					40	0					
Par	t IX	Pension F	unding Relief Under P	ension Relief Act of 201	0 (See Instructions)							
41	lf an e	lection was mad	le to use PRA 2010 funding re	lief for this plan:								
	a Sch	edule elected					2 plus 7 years 15 years					
	b Eligi	ible plan year(s)	for which the election in line 4	1a was made		200						
42						42						
				d over to future plan years		43						

Schedule Sl	A & R Asta, Ltd. Pension Plan 3, Part V - Statement of Actuarial Assumptions/Methods	
ormal Retirement Benefit		
Actuarial Cost Method: PPA06 F	unding Rules	
IRC430 Funding Yield Curve Se	gmented Rates	
First Segment:	4.99%	
Second Segment:	6.32%	
Third Segment:	6.99%	
IRC404 Funding Yield Curve Se	gmented Rates	
First Segment:	1.18%	
Second Segment:	4.08%	
Third Segment:	5.18%	
Pre-Retirement Valuation Assun	nptions	
Retirement Valuation Assumptio	ns	
Mortality Table	2014 430(h)(3)(A)-Optional combined	
C417(e)(3) Interest Assumption		
Segment Rate	same as Funding Yield Curve Segmented Rates	
C417(e)(3) Pre-retirement Mortali		
Mortality Table	None	
C417(a)(2) Batiramont Martality		
IC417(e)(3) Retirement Mortality Mortality Table	2014 417(e)(3) Applicable Mortality Table	
-		
ptional Forms Assumption 0% of participants will elec	the Plan Normal Form	
	t a 50% Joint & Contingent annuity	
	ect a Lump Sum (single payment)	
		*
re-Retirement Actuarial Equivalen	5% Effective annual rate	
Investment Earnings		0
etirement Actuarial Equivalence A	Assumptions	•
Investment Earnings	5% Effective annual rate	
Mortality Table	1971 GAM MALE	
	4 Year Setback for Males	
	4 Year Setback for Females	

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A & R Asta, Ltd. Pension Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings Mortality Table

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5% Effective annual rate 2014 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings

5.5% Effective annual rate

A & R Asta, Ltd. Pension Plan Schedule SB, Part V - Summary of Plan Provisions				
Plan Effective Date	December 1, 1993			
Plan Anniversary Date	December 1, 2014			
Participation Eligibility	Minimum age: 18 and Minimum months of service: 12			
Plan Entry Date	Plan anniversary nearest the satisfaction of the participation requirements			
Normal Retirement Date	Plan anniversary nearest age 62			
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)			
Retirement Benefit Optional Forms	50% Monthly Joint and Contingent Annuity Lump Sum (single payment)			
Normal Retirement Benefit	 Benefit Formula: 5% per year of future service times compensation Past service is prior to 11/30/2008 IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 			
Compensation Definition	Highest consecutive 3 year average salary over all service Annual salary up to \$260,000 considered			
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Plan Years Based on periods of service rounded to nearest year			
Accrued Retirement Benefit	Units accrued to date The accrued benefit is the total of the accrued benefit as of 11/30/2008 and the accruals under the current plan formula for years of service after 11/30/2008 to the benefit determination date			

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A & R Asta, Ltd. Pension Plan Schedule SB, line 32 - Schedule of Amortization Bases					
Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment	
Shortfall Base	229,864	12/01/2009	2	117,730	
Shortfall Base	-98,956	12/01/2010	3	-34,604	
Shortfall Base	235,122	12/01/2011	4	63,141	
Shortfall Base	-255,147	12/01/2012	5	-56,116	
Shortfall Base	156,679	12/01/2013	6	29,658	
Shortfall Base	21,018	12/01/2014	7	3,518	
Total	288,580			123,327	

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A & R Asta, Ltd. Pension Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age of 63 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.