Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1984

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)
THE CORRADINO GROUP, INC.

4055 NW 97TH AVE
MIAMI, FL 33178

2b Employer Identification Number (EIN)
61-0713040

2c Plan Sponsor's telephone number
305-594-0735

2d Business code (see instructions)
237310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	08/25/2016	JEANNINE PENA
	Signature of plan administrator	Date	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	183
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	137
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	144
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	195
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	195
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	178
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CORRADINO GROUP, INC.

D Employer Identification Number (EIN)
61-0713040

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH9891	195	07/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
74882	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STOCK YARDS BANK AND TRUST CO
205 S 5TH ST
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74882			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1440068
5	Current value of plan's interest under this contract in separate accounts at year end	5	8954992

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	38595		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7257		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1573688		
	▶ EMPLOYEE LOAN PAYMENTS TRANSFERRED ASSETS				
	(6) Total additions			7c(6)	1619540
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1619540
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	158813		
	(2) Administration charge made by carrier	7e(2)	232		
	(3) Transferred to separate account	7e(3)	9746		
	(4) Other (specify below)	7e(4)	10681		
	▶ NEW EMPLOYEE LOANS				
	(5) Total deductions			7e(5)	179472
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1440068

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CORRADINO GROUP, INC.

D Employer Identification Number (EIN)
61-0713040

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

BB & T

56-1368984

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE CORRADINO GROUP, INC.

D Employer Identification Number (EIN)
61-0713040

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	8954992

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CORRADINO GROUP, INC.

D Employer Identification Number (EIN)
61-0713040

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	303365	315781
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10706744	8954992
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	1440068
(15) Other	1c(15)	0	301743

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11010109	11012584
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11010109	11012584

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	188858	
	(B) Participants	2a(1)(B)	758072	
	(C) Others (including rollovers)	2a(1)(C)	102846	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1049776
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10991	
	(F) Other	2b(1)(F)	7257	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18248
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-271214
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		160308
c Other income	2c		-19581
d Total income. Add all **income** amounts in column (b) and enter total	2d		937537
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	917818	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		917818
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	17244	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17244
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		935062
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2475
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KEEFE, MCCULLOUGH & CO., LLP **(2)** EIN: 59-1363792

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X			
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE CORRADINO GRP SALARY SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CORRADINO GROUP, INC.

D Employer Identification Number (EIN)
61-0713040

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708 56-1368984

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b 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)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b 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).

22c 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 _____.

22d 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 _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

The Corradino Group, Inc. Salary Savings and Investment Plan

Financial Statements
For the Year ended December 31, 2015

The Corradino Group, Inc. Salary Savings and Investment Plan

Financial Statements
For the Year ended December 31, 2015

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
The Corradino Group, Inc.
Salary Savings and Investment Plan
Doral, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Corradino Group, Inc. Salary Savings and Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express and opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 5, which was certified by Branch Banking and Trust Company and Voya Institutional Trust Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certification from the custodians as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets held at end of year as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Keefe McCullough

KEEFE McCULLOUGH

Fort Lauderdale, Florida
August 23, 2016

The Corradino Group, Inc.
Salary Savings and Investment Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets:		
Investments, at fair value:		
Mutual funds	$ 8,917,223	$ 8,997,174
Fixed income funds	1,440,068	-
Self-directed accounts	301,743	285,919
Money market funds	37,769	1,423,651
Total investments	10,696,803	10,706,744
Other assets:		
Notes receivable from participants	315,781	303,365
Total assets	11,012,584	11,010,109
Liabilities:	-	-
Net Assets Available for Benefits	$ 11,012,584	$ 11,010,109

The accompanying notes to the financial statements are an integral part of these statements.

The Corradino Group, Inc.
Salary Savings and Investment Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:		
Investment income (loss):		
Dividend and interest income	$	18,248
Net depreciation in fair value of investments		(130,487)
Total investment income (loss)		(112,239)
Contributions:		
Participants		758,072
Employer		188,858
Rollovers and other		102,846
Total contributions		1,049,776
Total additions		937,537
Deductions from Net Assets Attributed to:		
Benefits paid to participants		917,818
Administrative expenses		17,244
Total deductions		935,062
Net increase in net assets available for benefits		2,475
Net Assets Available for Benefits, January 1, 2015		11,010,109
Net Assets Available for Benefits, December 31, 2015	$	11,012,584

The accompanying notes to the financial statements are an integral part of these statements.

Note 1 - Description of the Plan

The following description of the Corradino Group, Inc. Savings and Investment Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established on May 1, 1997 covering all employees of the Corradino Group, Inc. (the "Sponsor" and "Plan Administrator") who are age twenty-one or older and provides immediate eligibility to participants in the Plan upon initiation of employment with the Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute an amount of pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. New employees are automatically enrolled in the Plan at a contribution rate of 3% of compensation after 30 days of employment, unless the employee elects not to participate. Additional amounts may be contributed by the Sponsor at the option of the Sponsor's Board of Directors. Contributions are subject to certain limitations. During the year December 31, 2015, the Sponsor matched 50% of participants' contributions up to an annual maximum of $ 2,000.

Participants accounts (self-directed): Each participant's account is credited with the participant's and the Sponsor's contributions and allocations of Plan earnings (losses). Allocations are based on participant earnings (losses) on account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Upon enrollment in the Plan, a participant may direct contributions in any of several investment options offered by the Plan. The Plan also allows for participant-directed accounts whereby the participant can buy and sell securities through a broker. Participants may change their investment options at their discretion.

Vesting: Participants are immediately vested on their voluntary contributions plus the earnings (losses) thereon. Vesting of the Sponsor's matching and discretionary contribution portion of their accounts, plus actual earnings (losses) thereon, is based on years of continuous service. A participant vests 25% a year after the second year of service and is 100% vested after five years of credited service.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant or their beneficiaries may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals of pre-tax contributions prior to termination are allowed after the attainment of age 59 ½, in the event of financial hardship, or in the event of a disability, subject to certain limitations as defined in the Plan document.

Forfeitures: Forfeited accounts are used to reduce future employer contributions.

Notes receivable from participants: Participants may borrow from their accounts a minimum of $ 1,000 and a maximum of the lesser of $ 50,000 or 50% of their vested account balance. Loan terms range from one to five years. The loans are secured by the participant's vested account balance and bear interest at 3.25% and 4.25%. Principal and interest are paid ratably through monthly payroll deductions. At December 31, 2015, participant loans totaled $ 315,781. Interest income earned in connection with participant loans for the year ended December 31, 2015 was approximately $ 11,000.

Note 1 - Description of the Plan (continued)

Risk and uncertainties: The Plan provides for participants directed investment options in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Administrative expenses: Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. All other administrative expenses are paid by the Plan Sponsor.

Note 2 – Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies followed by the Plan in the preparation of its financial statements:

Investment valuation and income recognition: At December 31, 2015, the Plan's investments were mostly held in various mutual funds. Investments are generally stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The net appreciation or depreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sale of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Benefits paid to participants: Benefit payments to participants are recorded upon distribution.

Date of management review: The Plan's management has evaluated subsequent events for accounting and disclosure requirements through August 23, 2016, the date which the financial statements were available to be issued.

Note 3 – Assets Held for Investment

The Plan's asset information included in this note and throughout the Plan's financial statements and the supplemental schedule was prepared by or derived from information provided by Voya Institutional Trust Company ("Voya"), the custodian of the Plan, and furnished to the Plan Administrator. During the 2015 year, the Company changed Plan custodians (Branch Banking and Trust Company "BB&T," 1/1/15-6/30/15) and (Voya Institutional Trust Company "Voya," 7/1/15-12/31/15). The Plan Administrator has obtained certifications from the custodians, at year-end, that asset information provided to the Plan Administrator by the custodians are complete and accurate.

Note 3 – Assets Held for Investment (continued)

The fair value of investments that represented 5% or more of net assets available for benefits at December 31, 2015 is as follows:

Voya - Fixed Account	$	1,440,068
American Funds, Growth Fund of America Class R-6	$	1,288,716
American Funds, American Balanced Fund Class R-6	$	1,244,828
American Funds, Fundamental Investors Fund Class R-6	$	1,189,404
Neuberger Berman, Mid Cap Growth Fund Class R6	$	758,671
Voya Intermediate Bond Fund Class R6	$	700,357
American Funds, EuroPacific Growth Fund Class R-6	$	607,902

During the year, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by approximately $ 130,500.

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near-term would materially affect participant's account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 4 - Cash Receipts and Payments

All contributions to the Plan have been placed in investments referred to in Note 3. In addition, there have been benefit and withdrawal distribution payments of approximately $ 918,000 to Plan participants during the year ended December 31, 2015.

Note 5 – Fair Value Measurements

The Plan's investments are reported at estimated fair value in the accompanying statements of net assets available for benefit. The investments are classified as follows:

Note 5 – Fair Value Measurements (continued)

	Fair Value December 31, 2015	Fair Value Measurement Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 8,917,223	$ 8,917,223	$ -
Fixed Income funds	1,440,068	-	1,440,068
Self-directed accounts	301,743	255,620	46,123
Money market funds	37,769	-	37,769
Total investments	$ 10,696,803	$ 9,172,843	$ 1,523,960

Financial Accounting Standards Board, Accounting Standards Codification, ("FASB ASC") No. 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: *Level 1* inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; *Level 2* inputs consist of observable inputs other than quoted prices included within Level 1 that are observable for the investments, either directly or indirectly; and *Level 3* inputs consist of unobservable inputs for the investments, and have the lowest priority.

Following is a description of the valuation methodologies used for investments measured at fair value on a recurring basis:

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Fixed income funds are not actively traded and are reported at contract value which provides a good approximation of the fair value. The issuer guarantees the principal and a guaranteed interest rate for the life of the participant's account. Withdrawals from the fixed income funds are not subject to limitations, and may be made for any reason, subject to the plan and IRS code regulations.

Self-directed accounts, include money market funds as discussed above, and common stocks, which are valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds are generally valued at amortized cost, $ 1.00 per share, which approximates fair value.

Note 6 – Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their employment contributions.

Note 7 – Tax Status

The Plan obtained its latest determination letter dated September 1, 2014, in which the Internal Revenue Service stated that the Plan, a prototype non-standardized profit sharing plan with CODA, was in compliance with the applicable requirements of Internal Revenue Code Section 401(k). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of Internal Revenue Code Section 401(k). The Trust is, therefore, exempt from Federal income tax. Participants are not subject to Federal income taxes on the applicable contributions, interest and dividend income, or other income until distributions are made to them.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of certain differences between the audited financial statements and amounts reported on the Plan's Form 5500 at December 31, 2015:

Mutual funds, per financial statements	$	8,917,223
Money market funds, per financial statements		37,769
Value of interest in registered investment companies, Form 5500	$	8,954,992
Net depreciation in fair value of investments, per financial statements	$	(130,487)
Net investment gain (loss) from registered investment companies, Form 5500	$	160,308
Net investment gain (loss) from pooled separate accounts, Form 5500		(271,214)
Other income, Form 5500		(19,581)
	$	(130,487)

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Mutual Funds:			
	American Funds	Growth Fund of America Class R-6	**	$ 1,288,716
	American Funds	American Balanced Fund Class R-6	**	1,244,828
	American Funds	Fundamental Investors Fund Class R-6	**	1,189,404
	Neuberger Berman	Mid Cap Growth Fund Class R6	**	758,671
*	Voya	Intermediate Bond Fund Class R6	**	700,357
	American Funds	EuroPacific Growth Fund Class R-6	**	607,902
	Legg Mason	Small Cap Growth Fund	**	537,070
	Vanguard	Small-Cap Index Fund Admiral Shares	**	521,329
	American Funds	New World Fund Class R-6	**	428,351
	American Century Investments	Mid Cap Value Fund Class R6	**	406,703
	American Funds	Washington Mutual Investors Fund Class R-6	**	347,118
	Dimensional Fund Advisors	Real Estate Securities Portfolio Institutional	**	264,777
	Franklin Templeton Investments	Templeton Global Bond Fund Class R6	**	249,035
	Vanguard	Target Retirement 2040 Fund Investor Shares	**	90,826
	Vanguard	500 Index Fund Admiral Shares	**	76,442

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Dimensional Fund Advisors	Inflation-Protected Securities Portfolio Institutional Class	**	65,456
	Vanguard	Mid-Cap Index Fund Admiral Shares	**	53,221
	Dimensional Fund Advisors	US Targeted Value Portfolio Institutional Class	**	37,960
	Vanguard	Target Retirement 2055 Fund Investor Shares	**	16,453
	Vanguard	Target Retirement 2035 Fund Investor Shares	**	13,551
	Vanguard	Target Retirement 2025 Fund Investor Shares	**	8,425
	Vanguard	Target Retirement 2050 Fund Investor Shares	**	3,440
	Vanguard	Target Retirement 2020 Fund Investor Shares	**	2,842
	Vanguard	Target Retirement 2010 Fund Investor Shares	**	1,042
	Vanguard	Target Retirement 2015 Fund Investor Shares	**	1,040
	Vanguard	Target Retirement 2030 Fund Investor Shares	**	880
	Vanguard	Target Retirement 2060 Fund Investor Shares	**	720
	Vanguard	Target Retirement 2045 Fund Investor Shares	**	664
	Total Mutual Funds			8,917,223

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Fixed Income Funds:			
*	Voya	Voya Fixed Account	**	1,440,068
	Total Fixed Income Funds			1,440,068
	Self-Directed Accounts:			
	Verizon Communications, Inc.	Corporate Stock	**	92,440
	Apple, Inc.	Corporate Stock	**	52,630
	TD Ameritrade	TDAM Money Market Portfolio Class A	**	46,123
	InvenSense, Inc.	Corporate Stock	**	30,690
	Powershares DB Oil ETF	Corporate Stock	**	28,960
	Helca Mining Company	Corporate Stock	**	18,900
	GoPro, Inc.	Corporate Stock	**	18,010
	Lattice Semiconductor Corp.	Corporate Stock	**	12,940
	GT Advanced Technologies, Inc.	Corporate Stock	**	1,050
	Total Self-Directed Accounts			301,743

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Money Market Funds:			
*	Voya	Money Market Fund A	**	37,769
	Total Money Market Funds			37,769
*	Notes Receivable from Participants - Participant loans	3.25% - 4.25%	N/A	315,781
				$ 11,012,584

* Denotes party-in-interest.
**Cost information is omitted for participant-directed investments.

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
The Corradino Grp Salary Savings & Investment Plan
EIN# 61-0713040
Plan# 001
As Of December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AmCen Mid Cap Value Fund R6	Registered Investment Company		$406,703
	American Funds Am Balancd R6	Registered Investment Company		$1,244,828
	American Funds EuroPacific R6	Registered Investment Company		$607,902
	American Funds Fdmntl Inv R6	Registered Investment Company		$1,189,404
	American Funds Growth Fnd R6	Registered Investment Company		$1,288,716
	American Funds New World R6	Registered Investment Company		$428,351
	American Funds Wash Mtual R6	Registered Investment Company		$347,118
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$537,070
	DFA Infl-Prot Sec Port Ins	Registered Investment Company		$65,456
	DFA Real Estate Secs Port Ins	Registered Investment Company		$264,777
	DFA US Targeted Vl Port Ins	Registered Investment Company		$37,960
	Neuberg Berm MdCp Grw Fnd R6	Registered Investment Company		$758,671
	TD AMERITRADE	Self Directed Brokerage Account		$301,743
	Templeton Global Bond Fund R6	Registered Investment Company		$249,035
	Vangrd 500 Index Fund Adm	Registered Investment Company		$76,442
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$53,221
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$521,329
	Vangrd Trgt Retire 2010 Fd Inv	Registered Investment Company		$1,042
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$1,040
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$2,842
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$8,425
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$880
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$13,551
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$90,826
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$664
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$3,440
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$16,453
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$721
*	Voya Fixed Account	Insurance Company General Account		$1,440,068
*	Voya Intermediate Bond Fund R6	Registered Investment Company		$700,357
*	Voya Mny Mkt Fd A	Registered Investment Company		$37,769
		Participant Loans - Rates 3.25% to 4.25%		$315,781
	TOTAL			$11,012,584

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

The Corradino Group, Inc. Salary Savings and Investment Plan

Financial Statements
For the Year ended December 31, 2015

The Corradino Group, Inc. Salary Savings and Investment Plan

Financial Statements
For the Year ended December 31, 2015

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
The Corradino Group, Inc.
Salary Savings and Investment Plan
Doral, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Corradino Group, Inc. Salary Savings and Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express and opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 5, which was certified by Branch Banking and Trust Company and Voya Institutional Trust Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certification from the custodians as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets held at end of year as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Keefe McCullough

KEEFE McCULLOUGH

Fort Lauderdale, Florida
August 23, 2016

The Corradino Group, Inc.
Salary Savings and Investment Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets:		
Investments, at fair value:		
Mutual funds	$ 8,917,223	$ 8,997,174
Fixed income funds	1,440,068	-
Self-directed accounts	301,743	285,919
Money market funds	37,769	1,423,651
Total investments	10,696,803	10,706,744
Other assets:		
Notes receivable from participants	315,781	303,365
Total assets	11,012,584	11,010,109
Liabilities:	-	-
Net Assets Available for Benefits	$ 11,012,584	$ 11,010,109

The accompanying notes to the financial statements are an integral part of these statements.

The Corradino Group, Inc.
Salary Savings and Investment Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:		
Investment income (loss):		
Dividend and interest income	$	18,248
Net depreciation in fair value of investments		(130,487)
Total investment income (loss)		(112,239)
Contributions:		
Participants		758,072
Employer		188,858
Rollovers and other		102,846
Total contributions		1,049,776
Total additions		937,537
Deductions from Net Assets Attributed to:		
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Administrative expenses		17,244
Total deductions		935,062
Net increase in net assets available for benefits		2,475
Net Assets Available for Benefits, January 1, 2015		11,010,109
Net Assets Available for Benefits, December 31, 2015	$	11,012,584

The accompanying notes to the financial statements are an integral part of these statements.

Note 1 - Description of the Plan

The following description of the Corradino Group, Inc. Savings and Investment Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established on May 1, 1997 covering all employees of the Corradino Group, Inc. (the "Sponsor" and "Plan Administrator") who are age twenty-one or older and provides immediate eligibility to participants in the Plan upon initiation of employment with the Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute an amount of pretax annual compensation as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. New employees are automatically enrolled in the Plan at a contribution rate of 3% of compensation after 30 days of employment, unless the employee elects not to participate. Additional amounts may be contributed by the Sponsor at the option of the Sponsor's Board of Directors. Contributions are subject to certain limitations. During the year December 31, 2015, the Sponsor matched 50% of participants' contributions up to an annual maximum of $ 2,000.

Participants accounts (self-directed): Each participant's account is credited with the participant's and the Sponsor's contributions and allocations of Plan earnings (losses). Allocations are based on participant earnings (losses) on account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Upon enrollment in the Plan, a participant may direct contributions in any of several investment options offered by the Plan. The Plan also allows for participant-directed accounts whereby the participant can buy and sell securities through a broker. Participants may change their investment options at their discretion.

Vesting: Participants are immediately vested on their voluntary contributions plus the earnings (losses) thereon. Vesting of the Sponsor's matching and discretionary contribution portion of their accounts, plus actual earnings (losses) thereon, is based on years of continuous service. A participant vests 25% a year after the second year of service and is 100% vested after five years of credited service.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant or their beneficiaries may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals of pre-tax contributions prior to termination are allowed after the attainment of age 59 ½, in the event of financial hardship, or in the event of a disability, subject to certain limitations as defined in the Plan document.

Forfeitures: Forfeited accounts are used to reduce future employer contributions.

Notes receivable from participants: Participants may borrow from their accounts a minimum of $ 1,000 and a maximum of the lesser of $ 50,000 or 50% of their vested account balance. Loan terms range from one to five years. The loans are secured by the participant's vested account balance and bear interest at 3.25% and 4.25%. Principal and interest are paid ratably through monthly payroll deductions. At December 31, 2015, participant loans totaled $ 315,781. Interest income earned in connection with participant loans for the year ended December 31, 2015 was approximately $ 11,000.

Note 1 - Description of the Plan (continued)

Risk and uncertainties: The Plan provides for participants directed investment options in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Administrative expenses: Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. All other administrative expenses are paid by the Plan Sponsor.

Note 2 – Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies followed by the Plan in the preparation of its financial statements:

Investment valuation and income recognition: At December 31, 2015, the Plan's investments were mostly held in various mutual funds. Investments are generally stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The net appreciation or depreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sale of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Benefits paid to participants: Benefit payments to participants are recorded upon distribution.

Date of management review: The Plan's management has evaluated subsequent events for accounting and disclosure requirements through August 23, 2016, the date which the financial statements were available to be issued.

Note 3 – Assets Held for Investment

The Plan's asset information included in this note and throughout the Plan's financial statements and the supplemental schedule was prepared by or derived from information provided by Voya Institutional Trust Company ("Voya"), the custodian of the Plan, and furnished to the Plan Administrator. During the 2015 year, the Company changed Plan custodians (Branch Banking and Trust Company "BB&T," 1/1/15-6/30/15) and (Voya Institutional Trust Company "Voya," 7/1/15-12/31/15). The Plan Administrator has obtained certifications from the custodians, at year-end, that asset information provided to the Plan Administrator by the custodians are complete and accurate.

Note 3 – Assets Held for Investment (continued)

The fair value of investments that represented 5% or more of net assets available for benefits at December 31, 2015 is as follows:

Voya - Fixed Account	$	1,440,068
American Funds, Growth Fund of America Class R-6	$	1,288,716
American Funds, American Balanced Fund Class R-6	$	1,244,828
American Funds, Fundamental Investors Fund Class R-6	$	1,189,404
Neuberger Berman, Mid Cap Growth Fund Class R6	$	758,671
Voya Intermediate Bond Fund Class R6	$	700,357
American Funds, EuroPacific Growth Fund Class R-6	$	607,902

During the year, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by approximately $ 130,500.

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near-term would materially affect participant's account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 4 - Cash Receipts and Payments

All contributions to the Plan have been placed in investments referred to in Note 3. In addition, there have been benefit and withdrawal distribution payments of approximately $ 918,000 to Plan participants during the year ended December 31, 2015.

Note 5 – Fair Value Measurements

The Plan's investments are reported at estimated fair value in the accompanying statements of net assets available for benefit. The investments are classified as follows:

Note 5 – Fair Value Measurements (continued)

	Fair Value December 31, 2015	Fair Value Measurement Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 8,917,223	$ 8,917,223	$ -
Fixed Income funds	1,440,068	-	1,440,068
Self-directed accounts	301,743	255,620	46,123
Money market funds	37,769	-	37,769
Total investments	$ 10,696,803	$ 9,172,843	$ 1,523,960

Financial Accounting Standards Board, Accounting Standards Codification, ("FASB ASC") No. 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: *Level 1* inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; *Level 2* inputs consist of observable inputs other than quoted prices included within Level 1 that are observable for the investments, either directly or indirectly; and *Level 3* inputs consist of unobservable inputs for the investments, and have the lowest priority.

Following is a description of the valuation methodologies used for investments measured at fair value on a recurring basis:

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Fixed income funds are not actively traded and are reported at contract value which provides a good approximation of the fair value. The issuer guarantees the principal and a guaranteed interest rate for the life of the participant's account. Withdrawals from the fixed income funds are not subject to limitations, and may be made for any reason, subject to the plan and IRS code regulations.

Self-directed accounts, include money market funds as discussed above, and common stocks, which are valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds are generally valued at amortized cost, $ 1.00 per share, which approximates fair value.

Note 6 – Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their employment contributions.

Note 7 – Tax Status

The Plan obtained its latest determination letter dated September 1, 2014, in which the Internal Revenue Service stated that the Plan, a prototype non-standardized profit sharing plan with CODA, was in compliance with the applicable requirements of Internal Revenue Code Section 401(k). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of Internal Revenue Code Section 401(k). The Trust is, therefore, exempt from Federal income tax. Participants are not subject to Federal income taxes on the applicable contributions, interest and dividend income, or other income until distributions are made to them.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of certain differences between the audited financial statements and amounts reported on the Plan's Form 5500 at December 31, 2015:

Mutual funds, per financial statements	$	8,917,223
Money market funds, per financial statements		37,769
Value of interest in registered investment companies, Form 5500	$	8,954,992
Net depreciation in fair value of investments, per financial statements	$	(130,487)
Net investment gain (loss) from registered investment companies, Form 5500	$	160,308
Net investment gain (loss) from pooled separate accounts, Form 5500		(271,214)
Other income, Form 5500		(19,581)
	$	(130,487)

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Mutual Funds:			
	American Funds	Growth Fund of America Class R-6	**	$ 1,288,716
	American Funds	American Balanced Fund Class R-6	**	1,244,828
	American Funds	Fundamental Investors Fund Class R-6	**	1,189,404
	Neuberger Berman	Mid Cap Growth Fund Class R6	**	758,671
*	Voya	Intermediate Bond Fund Class R6	**	700,357
	American Funds	EuroPacific Growth Fund Class R-6	**	607,902
	Legg Mason	Small Cap Growth Fund	**	537,070
	Vanguard	Small-Cap Index Fund Admiral Shares	**	521,329
	American Funds	New World Fund Class R-6	**	428,351
	American Century Investments	Mid Cap Value Fund Class R6	**	406,703
	American Funds	Washington Mutual Investors Fund Class R-6	**	347,118
	Dimensional Fund Advisors	Real Estate Securities Portfolio Institutional	**	264,777
	Franklin Templeton Investments	Templeton Global Bond Fund Class R6	**	249,035
	Vanguard	Target Retirement 2040 Fund Investor Shares	**	90,826
	Vanguard	500 Index Fund Admiral Shares	**	76,442

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Dimensional Fund Advisors	Inflation-Protected Securities Portfolio Institutional Class	**	65,456
	Vanguard	Mid-Cap Index Fund Admiral Shares	**	53,221
	Dimensional Fund Advisors	US Targeted Value Portfolio Institutional Class	**	37,960
	Vanguard	Target Retirement 2055 Fund Investor Shares	**	16,453
	Vanguard	Target Retirement 2035 Fund Investor Shares	**	13,551
	Vanguard	Target Retirement 2025 Fund Investor Shares	**	8,425
	Vanguard	Target Retirement 2050 Fund Investor Shares	**	3,440
	Vanguard	Target Retirement 2020 Fund Investor Shares	**	2,842
	Vanguard	Target Retirement 2010 Fund Investor Shares	**	1,042
	Vanguard	Target Retirement 2015 Fund Investor Shares	**	1,040
	Vanguard	Target Retirement 2030 Fund Investor Shares	**	880
	Vanguard	Target Retirement 2060 Fund Investor Shares	**	720
	Vanguard	Target Retirement 2045 Fund Investor Shares	**	664
	Total Mutual Funds			8,917,223

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Fixed Income Funds:			
*	Voya	Voya Fixed Account	**	1,440,068
	Total Fixed Income Funds			1,440,068
	Self-Directed Accounts:			
	Verizon Communications, Inc.	Corporate Stock	**	92,440
	Apple, Inc.	Corporate Stock	**	52,630
	TD Ameritrade	TDAM Money Market Portfolio Class A	**	46,123
	InvenSense, Inc.	Corporate Stock	**	30,690
	Powershares DB Oil ETF	Corporate Stock	**	28,960
	Helca Mining Company	Corporate Stock	**	18,900
	GoPro, Inc.	Corporate Stock	**	18,010
	Lattice Semiconductor Corp.	Corporate Stock	**	12,940
	GT Advanced Technologies, Inc.	Corporate Stock	**	1,050
	Total Self-Directed Accounts			301,743

The Corradino Group, Inc.
Salary Savings and Investment Plan
Schedule of Assets Held at End of Year
December 31, 2015

Form 5500 **EIN - 61-0713040**
Schedule H **Plan #001**
Part IV
Line 4i - Schedule of Assets Held at End of Year

(a) Party - in-Interest	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value)	(d) Cost	(e) Fair Value December 31, 2015
	Money Market Funds:			
*	Voya	Money Market Fund A	**	37,769
	Total Money Market Funds			37,769
*	Notes Receivable from Participants - Participant loans	3.25% - 4.25%	N/A	315,781
				$ 11,012,584

* Denotes party-in-interest.
**Cost information is omitted for participant-directed investments.