Form	5500-SF	Short Form Annu	•	•	oyee		OMB Nos. 1210-0110 1210-0089	
	of the Treasury evenue Service	This form is required to be file	Benefit Plan	-	etirement		2015	
Employee Benefits	ent of Labor Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fe	orm is Open to ic Inspection	
	Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.			
		dentification Information		and ending 0	7/31/2016			
A This return/r	eport is for:	X a single-employer plan		r plan (not multiemployer) employer information in a	•	0		
B This return/re	eport is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	ionths)			
C Check box it	f filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extensio	n	[] [OFVC progra	am	
Part II Ba	asic Plan Infor	mation—enter all requested in						
1a Name of pla CHERRY STIX F	an				(PN)	number	002	
					1C Effec	tive date of	plan /2006	
 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) CHERRY STIX LTD. 1412 BROADWAY, SUITE 1400 NEW YORK, NY 10018-5100 					2b Employer Identification Number (EIN) 13-2923366			
					2c Sponsor's telephone number 212-221-5100			
					2d Business code (see instructions) 315100			
3a Plan admin	istrator's name and	address Same as Plan Spon	sor.		3b Admi	nistrator's E		
CHERRY STIX L	TD.		OADWAY, SUITE 1503 DRK, NY 10018-5100		13-2923366 3c Administrator's telephone number			
						212-34	9-0500	
		plan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN			
a Sponsor's r	· ·	ber nom me last return/report.			4c PN			
5a Total numb	per of participants at	t the beginning of the plan year.			5a		2	
		t the end of the plan year			5b		0	
		count balances as of the end of		•	5c			
•	,	cipants at the beginning of the p			5d(1)		2	
	-	cipants at the end of the plan ye	-		5d(2)		0	
e Number of than 100%	f participants that te 6 vested	rminated employment during the	e plan year with accrued	benefits that were less	5e		0	
Under penalties SB or Schedule	of perjury and othe	incomplete filing of this return repenalties set forth in the instru signed by an enrolled actuary, in the	ctions, I declare that I ha	ive examined this return/re	port, includi	ng, if applica		
		alid electronic signature.	09/13/2016	CHARLES GAMAL				
HERE	gnature of plan adı		Date	Enter name of individ	lual signing a	as plan adm	inistrator	
SIGN HERE			Dette		had a tau t			
Sig	gnature of employe e (including firm nar	er/plan sponsor me, if applicable) and address (i	Date nclude room or suite nur	Enter name of indivic		as employei telephone		
For Paperwork R	eduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)			
	If you answered "No" to either line 6a or line 6b, the plan cann								
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined	
Par	t III Financial Information					-			
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year	
а	Total plan assets	7a		537	747			0	
	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		537	747		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		17	867				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-24	594				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-6727	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		531	020				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						531020	
-	Net income (loss) (subtract line 8h from line 8c)	8i						-537747	
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	•,							
	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Plar	n Chara	acteris	tic Coo	des in th	e instructions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х			
b		t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e						x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	ənd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance			- 1		<u>.</u>		1	
11	Is this a defined benefit plan subject to minimum funding requirem					0			

11	5500) and line 11a below)	ule SB	(Form	×`	Yes	Ν	0
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a					0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	`	Yes	X N	ю

Form 5500-SF 2015

Page **3 -** 1

					Т			
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling	
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter	the minimum required contribution for this plan year		12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Ye	es No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0	
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?			. 1	X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part		Trust Information						
				116	Trusťs E			
144	Name	e of trust		140		IIN		
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			esign- ased safe ADP/ACP arbor test ethod			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	s No		
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test	
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinior	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A	

(Form 5500) Department of the Treasury Internal Revenue Service This sch	r late filing of this report unless rea n 5500 or 5500-SF ple-B F Prior year p 2 Day <u>15</u> Year	mation section 104 RISA) and s the Code). m 5500 or sonable ca blan size: 2015 (1) f	4 of the Employe section 6059 of t 5500-SF. and endir use is establishe B Three-dig plan num D Employer	he ng 07/3 ² ed. it ber (PN)	This Form In 1/2016	2015 is Open to Public spection 002 EIN) han 500
Internal Revenue Service This sch Department of Labor This sch Employee Benefits Security Administration Retireme Pension Benefit Guaranty Corporation This sch For calendar plan year 2015 or fiscal plan year begin Returne Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for Name of plan CHERRY STIX PENSION PLAN Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: Single Multiple-A Multiple Part I Basic Information Enter the valuation date: Month _1 Passets: a Market value Description Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants Beneficiaries rece	ent Income Security Act of 1974 (EF Internal Revenue Code (▶ File as an attachment to Formation ning 08/01/2015 r late filing of this report unless read n 5500 or 5500-SF ple-B F 2 Day 15 Year	RISA) and s the Code). m 5500 or sonable ca olan size: 2015	section 6059 of t 5500-SF. and endin use is establishe B Three-dig plan num D Employer	he ng 07/3 ² ed. iit ber (PN) dentificati 13-2923 101-50 2a	This Form In 1/2016	002 EIN)
Department of Labor Retireme Pension Benefits Security Administration Retireme Pension Benefit Guaranty Corporation For calendar plan year 2015 or fiscal plan year begin Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for Name of plan CHERRY STIX PENSION PLAN Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: Single Multiple-A Multiple-A Enter the valuation date: Month _1 Assets: a Market value b Actuarial value Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants multiplants	ent Income Security Act of 1974 (EF Internal Revenue Code (▶ File as an attachment to Formation ning 08/01/2015 r late filing of this report unless read n 5500 or 5500-SF ple-B F 2 Day 15 Year	RISA) and s the Code). m 5500 or sonable ca olan size: 2015	section 6059 of t 5500-SF. and endin use is establishe B Three-dig plan num D Employer	he ng 07/3 ² ed. iit ber (PN) dentificati 13-2923 101-50 2a	In 1/2016 • • • • • • • • • • • • • • • • • • •	002 EIN) han 500
For calendar plan year 2015 or fiscal plan year begin Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for Name of plan CHERRY STIX PENSION PLAN Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: X Single Multiple-A Multiple Part I Basic Information Enter the valuation date: Month _1 Assets: a Market value B Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants	File as an attachment to Formation nning 08/01/2015 r late filing of this report unless reader n 5500 or 5500-SF ple-B F 2 Day 15 Year	m 5500 or sonable ca blan size: 2 2015	and endinuse is established B Three-dig plan num D Employer	ed. iit ber (PN) identificati 13-2923 101-50	1/2016	002 EIN) han 500
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Name of plan CHERRY STIX PENSION PLAN Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: Single Multiple-A Multiple Part I Basic Information 1 Enter the valuation date: Month _1 2 Assets: a Market value b Actuarial value Month count breakdown a Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants	n 5500 or 5500-SF ple-B F Prior year p 2 Day <u>15</u> Year	2015	B Three-dig plan num D Employer	it ber (PN) dentificati 13-2923 101-50	366	EIN) han 500
CHERRY STIX PENSION PLAN Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: Single Multiple-A Multiple-A Multiple-A Multiple-A Month Enter the valuation date: Month Assets: a Market value b Actuarial value B Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants.	ple-B F Prior year p 2 Day <u>15</u> Year	2015	plan num D Employer 100 or fewer	ber (PN) dentificati 13-2923 101-50	366	EIN) han 500
 Plan sponsor's name as shown on line 2a of Form CHERRY STIX LTD. Type of plan: Single Multiple-A Multiple-A Multiple-A Multiple-A Multiple-A Multiple-A Assets: a Market value b Actuarial value Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants. 	ple-B F Prior year p 2 Day <u>15</u> Year	2015	D Employer	dentificati 13-2923 101-50	366	EIN) han 500
CHERRY STIX LTD. Type of plan: Single Multiple-A	ple-B F Prior year p 2 Day <u>15</u> Year	2015	100 or fewer	13-2923	366	han 500
CHERRY STIX LTD. Type of plan: Single Multiple-A	ple-B F Prior year p 2 Day <u>15</u> Year	2015	100 or fewer	13-2923	366	han 500
Type of plan: Single Multiple-A Multiple-A Part I Basic Information 1 Enter the valuation date: Month _1 2 Assets: Assets: a Market value Description b Actuarial value Assets a For retired participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants	2 Day <u></u> Year	2015		101-50		
Part I Basic Information 1 Enter the valuation date: Month _1 2 Assets: a a Market value b b Actuarial value b 3 Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants	2 Day <u></u> Year	2015		2 a	0 D More th	
Part I Basic Information 1 Enter the valuation date: Month _1 2 Assets: a a Market value b b Actuarial value b 3 Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants	2 Day <u></u> Year	2015		2 a	0 More th	
1 Enter the valuation date: Month _1 2 Assets: a Market value		(1) [51:
 2 Assets: a Market value b Actuarial value 3 Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants 		(1) [51:
 a Market value b Actuarial value Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants 		(1) [51:
 b Actuarial value Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants 		(1) [512
 Funding target/participant count breakdown a For retired participants and beneficiaries rece b For terminated vested participants 		(1) [Number of	2b		
 a For retired participants and beneficiaries rece b For terminated vested participants 	iving payment	()	Number of			51
b For terminated vested participants	eiving payment		rticipants		ed Funding Irget	(3) Total Fundin Target
b For terminated vested participants	31-7		0	10	0	•
			0		0	
			2		745476	745
d Total		-	2		745476	
4 If the plan is in at-risk status, check the box and						
a Funding target disregarding prescribed at-risk	, .,			4a		
b Funding target reflecting at-risk assumptions,	, but disregarding transition rule for	plans that	have been in	4h		
at-risk status for fewer than five consecutiv 5 Effective interest rate	, , , , , ,			-		5.78
6 Target normal cost						0.11
tatement by Enrolled Actuary To the best of my knowledge, the information supplied in this sche accordance with applicable law and regulations. In my opinion, ea combination, offer my best estimate of anticipated experience und	ach other assumption is reasonable (taking into					
SIGN HERE					08/01/2	016
Signature of ac	ctuary				Date	
IOWARD ROSENFELD					14-040)85
Type or print name	of actuary			Most re	cent enrollme	ent number
ROSENFELD/TORTU RETIREMENT PLANNING					914-332	2-5353
Firm name 220 WHITE PLAINS ROAD ARRYTOWN, NY 10591	e		Τe	elephone r	umber (inclu	ding area code)
Address of th	e firm		_			
the actuary has not fully reflected any regulation or r	uling promulaated under the statut	e in comple	eting this schedu	le, check	the box and s	see

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances							
							(a) C	Carryover balance		(b) F	Prefundi	ng balance	
7		0	0 1 7		cable adjustments (line 13 f	•			0			0	
	. ,								0			0	
8					unding requirement (line 35				0			0	
9									0			0	
10					urn of0.01%				0			0	
11					I to prefunding balance:								
	a Pres	ent value	of excess contrib	utions (line	38a from prior year)							1	
					Ba over line 38b from prior y re interest rate of <u>5.87</u> %								
			•••••		edule SB, using prior year's							0	
	• •												
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						1	
	d Porti	on of (c)	to be added to pre	efunding ba	lance								
12	Other r	eduction	s in balances due	to elections	s or deemed elections								
					line 10 + line 11d – line 12				0			0	
1	art III		ding Percenta			,			v				
				-							14	68.72 %	
	14 Funding target attainment percentage15 Adjusted funding target attainment percentage								15	71.07 %			
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce						е						
	current year's funding requirement							16	<mark>68.10</mark> %				
17	If the c	urrent va	ue of the assets o	f the plan i	s less than 70 percent of the	e funding targe	et, enter s	uch percentage			17	<u>68.72</u> %	
P	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ear by employer(s) and emp	-				1			
(N	(a) Da [.] 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount pa employer((0	(c) Amount paid by employees		
`	4/15/201	,	employer	17867	0	(,	0			ompre	.,	
	10/201	0		11001	0								
			Į	Į.		Totals <	18(b)		17867	18(c)		(
19	Discou	nted emp	loyer contribution:	s – see inst	ructions for small plan with	a valuation da	ate after th	e beginning of the	e year:		<u>.</u>		
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	s from prior ye	ars		19a			(
	b Cont	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b			(
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								17434					
20			outions and liquidit		-								
	a Did t	he plan h	nave a "funding sh	ortfall" for t	he prior year?						X	Yes No	
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the current	t year made ir	n a timely r	manner?				Yes X No	
	C If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table a	s applicable:					_		
					Liquidity shortfall as of e	nd of quarter							
		(1) 1:	St		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	Targe	t Normal Cost					
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 4.72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yield curv	e used		
	b Ap	plicable month (enter code)				21b		0		
22	Weig	hted average ret	tirement age				22		62		
23		ality table(s) (see		escribed - combined		cribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items	-		Ľ					
24			nade in the non-prescribed act	uarial assumptions for the c	urrent p	blan year? If "Yes," see	instructions	regarding required			
	attac	hment						Yes	X No		
25	Has a	a method change	e been made for the current pla	an year? If "Yes," see instru	uctions	regarding required attac	hment	Yes	X No		
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instruct	ions regarding required	attachment	Yes	X No		
27			o alternative funding rules, ent			0 0	27				
Ра	rt VII	Reconcilia	ation of Unpaid Minimu	Im Required Contribu	utions	For Prior Years					
28			uired contributions for all prior				28		0		
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)						29	0			
30	Rema	aining amount of	unpaid minimum required cor	tributions (line 28 minus line	e 29)		30		0		
Ра	rt VII	I Minimum	Required Contribution	For Current Year							
31	Targ	et normal cost a	nd excess assets (see instruct	ions):							
	a Tar	get normal cost	(line 6)				31a		0		
	b Excess assets, if applicable, but not greater than line 31a								0		
32	32 Amortization installments: Outstanding Ba					Outstanding Bala	nce	Installment			
	a Ne	t shortfall amortiz	zation installment				233155		17142		
	b Wa	aiver amortizatior	n installment				0		0		
33	lf a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a - :	31b + 32a + 32b - 33)	34		17142		
				Carryover balance		Prefunding balar	nce	Total balance			
35			use to offset funding						0		
36	Addit	ional cash requir	rement (line 34 minus line 35).				36		17142		
37	Conti	ributions allocate	ed toward minimum required co	ontribution for current year a	djusted	I to valuation date	37		17434		
28		,	ess contributions for current ye								
50							38a		2022		
	-		y, of line 37 over line 36)				38b		292		
39			uired contribution for current ye			•	39				
40			uired contributions for all years				40		0		
	rt IX		Funding Relief Under F						0		
			de to use PRA 2010 funding re								
								2 plus 7 years 15	years		
) for which the election in line						2011		
42			n adjustment				<u>42</u>				
			celeration amount to be carrie				43				
70	LYCES	so morannent dC	coloration amount to be came	a over to ruture plan years							

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant:	le
Female Nonannuitant:	nale
Male Annuitant:	
Female Annuitant:	2
Applicable months from valu	0
Probability of lump sum:	100.00%
Use pre-retirement mortality	No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.39	3.98	5.00
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.72	6.11	6.81
Override:	0.00	0.00	0.00

Options:

Use optional combined mort	Yes	
Use discount rate transition:	:	No
Lump sums use proposed re	Yes	
<u>Actuarial Equivalent Floor</u>		
Stability period:	plan year	
Lookback months:	1	

Nonannuitant:	N/A			
Annuitant:	2015 Applicable			
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	

	100		
Current:	1.63	4.14	5.13
Override:	0.00	0.00	0.00

Salary Scale		Late Retirement Rat	tes	
Male:	0.00%	Male:	N/A	
Female:	0.00%	Female:	N/A	
<u>Withdrawal</u>		<u>Marriage Probabilit</u>	<u>v</u>	<u>Setback</u>
Male:	N/A	Male:	0.00%	0
Female:	N/A	Female:	0.00%	
Withdrawal-Sele	ect	Expense loading:	0.00%	
Male:	N/A	Disability Rates		
Female:	N/A	Male:	N/A	
Early Retiremen	t Rates	Female:	N/A	
Male:	N/A		Mortality	<u>Setback</u>
Female:	N/A	Male:	N/A	0
Subsidized Early	<u>Retirement Rates</u>	Female:	N/A	0
Male:	N/A			
Female:	N/A			

Name of Plan:	Cherry Stix Pension Plan
Plan Sponsor's EIN:	13-2923366
Plan Number:	002

SCHEDULE SB	Single-Em	ployer Define	d Ber	nefit Plan		OMB	No. 1210-0110	
(Form 5500)		Actuarial Information						
Department of the Treasury Internal Revenue Service	This paked do in your	This schedule is required to be filed under section 104 of the Employee						
Department of Labor Employee Benefits Security Administration	Retirement Income Se	ecurity Act of 1974 (ERI	SA) and s	section 6059 of	the	This Form	is Open to Public	
Pension Benefit Guaranty Corporation		ernal Revenue Code (th	,				spection	
For calendar plan year 2015 or fiscal		n attachment to Form 08/01/2015	5500 or	5500-SF. and end	ling	07/31/2	016	
 Round off amounts to nearest d 	· · · · · · · · · · · · · · · · · · ·	00/01/2010			nny	07/31/2	010	
Caution: A penalty of \$1,000 will t		this report unless reas	onable ca	use is establish	neđ.			
A Name of plan	· · · · · · · · · · · · · · · · · · ·	a anto a		B Three-d	igit			
Cherry Stix Pension H	Plan			plan nui	mber (PN))	002	
C Plan sponsor's name as shown on	line 2a of Form 5500 or 550	0-SF		D Employe	dentifica	ation Number (E	EIN)	
						, ,	,	
Cherry Stix Ltd.				13-29233	66			
E Type of plan: X Single Multip	ole-A Multiple-B	F Prior year pla	an size: [>	100 or fewer	101-	500 🗍 More th	an 500	
Part I Basic Information								
1 Enter the valuation date:	Month <u>12</u> Da	ay <u> 15 </u> Year_	2015					
2 Assets:								
a Market value					2a		512,322	
b Actuarial value					2b		512,322	
3 Funding target/participant count				Number of rticipants		sted Funding Target	(3) Total Funding Target	
a For retired participants and be				0		0	(
b For terminated vested participa				0		0	(
c For active participants				2		745,476	745,476	
d Total 4 If the plan is in at-risk status, che			[/45,4/6	745,476	
	•				4.0	-		
 a Funding target disregarding pro b Funding target reflecting at-risi 	•				4a			
	five consecutive years and				4b			
5 Effective interest rate					5		5.78%	
6 Target normal cost					6		(
Statement by Enrolled Actuary To the best of my knowledge, the information s accordance with applicable law and regulation combination, offer my best estimate of anticipe	In my opinion, each other assumption	panying schedules, statements ion is reasonable (taking into a	and attachm ccount the e	ents, if any, is comp experience of the pla	lete and acc n and reasor	urate. Each prescrib nable expectations) a	ed assumption was applied in Ind such other assumptions, in	
SIGN HERE Hard	Resp. Lik					08/01/20	116	
	Signature of actuary					Date		
Howard Rosenfeld	· · · · · · · · · · · · · · · · · · ·					140408	5	
Туре	or print name of actuary				Most	recent enrollme	ent number	
Rosenfeld/Tortu Retireme	ent Planning					914-332-9	5353	
	Firm name				elephone	number (inclue	ting area code)	
220 White Plains Road								
Tarrytown NY 1	0591 Address of the firm			_				
If the actuary has not fully reflected any instructions		pated under the statute	in comple	eting this sched	ule, checi	k the box and s	ee 🗌	
For Banonwork Reduction Act Notice								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015 v. 150123 Schedule SB (Form 5500) 2015

Page 2

Pá	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances								
7	Ooless			- 64 15		· · · · ·		(a) (Carryover balance	»	(b)	Prefundi	ng bala	псе
1		-	- · ·		cable adjustments (line 13 fi	•				0				0
8					unding requirement (line 35							-		
			-/							0				0
9					- 0.01 ···					0				0
					urn of <u>0.01</u> %	••••••				0				0
11	11 Prior year's excess contributions to be added to prefunding balance:									-				
				``	e 38a from prior year)								·,	1
					Ba over line 38b from prior ye /e interest rate of <u>5 . 8.7</u> %									0
	b(2) in	terest or	n line 38b from prid	or year Sch	nedule SB, using prior year's	actual								
					ear to add to prefunding balan									1
	d Portic	on of (c)	to be added to pre	efunding be	alance									
					s or deemed elections									
13	Balance	e at begir	nning of current ye	ar (line 9 +	+ line 10 + line 11d – line 12)					0				0
P	art III	Fun	ding Percenta	ages							~			
14	Funding	l target a	ttainment percent	age								14		3.72%
			g target attainment									15	71 	L.07%
16					of determining whether carr							16	61	8.10%
17					s less than 70 percent of the							17	68	8.72%
Pa	art IV	Con	tributions an	d Liguid	ity Shortfalls									
18	Contribu				ear by employer(s) and emp	loyees:								
	(a) Date		(b) Amount p		(c) Amount paid by		Date		(b) Amount p		(c) Amou		by
	M-DD-Y		employer(s) 17,867	employees 0	(MM-DI	J- Y Y Y	¥)	employer	(S)		empi	oyees	
<u></u>														
											-			
											_			
						Totals >		18(b)		17,86	7 18(c)	T	<u> </u>	0
19	Discoun	ted emp	loyer contributions	- see inst	tructions for small plan with a	a valuation	date a	after ti	he beginning of th					
	a Contr	ibutions	allocated toward u	Inpaid min	imum required contributions	from prior	years.			19a				0
	b Contri	ibutions	made to avoid res	trictions ad	ljusted to valuation date					19b				0
	c Contri	ibutions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjuste	d to va	luation	n date	19c				17,434
20	Quarterl	y contrib	outions and liquidit	y shortfalls	:									
	a Did th	te plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes	No No
	b If line	20a is "`	Yes," were require	d quarterly	r installments for the current	year made	in a t	imely	manner?			[Yes	X No
	c If line	20a is "`	Yes," see instructi	ons and co	mplete the following table as									
		(1) 1s	st		Liquidity shortfall as of er (2) 2nd	nd of quarte	er of th		n year 3rd			(4) 4ti		
• •		(1) 18						(0)	<u></u>			17/ 40	<u>.</u>	
						l								

		ns Used to Determine	Funding Target and T	arget Normal Cost		
21						
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11%	3rd segment 6 . 81 9		N/A, full yield curve used
	b Applicable month (e	enter code)	******		. 21b	0
_22	Weighted average reti	irement age			. 22	62
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitu	te
Pa	rt VI Miscellaned	ous Items				
24		nade in the non-prescribed act				
25		been made for the current pla				
		provide a Schedule of Active		-		
27	If the plan is subject to	o alternative funding rules, ent	er applicable code and see ir	structions regarding	27	
Pa		ation of Unpaid Minimu			1	
28		ired contributions for all prior			28	0
29		contributions allocated toward			29	0
30	Remaining amount of	unpaid minimum required cor	tributions (line 28 minus line	29)	. 30	0
Pa	rt VIII Minimum I	Required Contribution	For Current Year			
31	Target normal cost an	nd excess assets (see instruct	ions):			
	a Target normal cost (i	line 6)			31a	0
	b Excess assets, if ap	plicable, but not greater than	line 31a		31b	0
32	Amortization installme	nts:	ance	Installment		
	a Net shortfall amortiz	ation installment			233,155	17,142
	b Waiver amortization	installment			0	0
33		pproved for this plan year, en Day Year			33	
34	Total funding requirem	nent before reflecting carryove	r/prefunding balances (lines	31a - 31b + 32a + 32b - 33)	34	17,142
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances elected for u requirement	ise to offset funding				0
36	Additional cash require	ement (line 34 minus line 35) .			36	17,142
	Contributions allocated	d toward minimum required co	ontribution for current year ad	usted to valuation date	37	17,434
38		ss contributions for current yes				
	a Total (excess, if any	, of line 37 over line 36)			38a	292
	b Portion included in li	ine 38a attributable to use of p	prefunding and funding stand	ard carryover balances	38b	
39	Unpaid minimum requi	ired contribution for current ye	over line 37)	39	0	
40						0
Pa	rt IX Pension F	unding Relief Under F	Pension Relief Act of 2	010 (See Instructions)	
41	If an election was made	e to use PRA 2010 funding re	lief for this plan:			
_	a Schedule elected			•••••••••••••••••••••••••••••••••••••••		2 plus 7 years 15 years
	b Eligible plan year(s)	for which the election in line 4	1a was made			8 2009 2010 2011
42	Amount of acceleration	ı adjustment			42	
43	Excess installment acc	eleration amount to be carried	d over to future plan years		43	tini a martini i i i i i i i i i i i i i i i i i i

Date	C	ontribution amount	Plan year	Applicable effective interest rate	 ounted value
04/15/2016	\$	3,857	2015	10.78%	\$ 3,713
04/15/2016	\$	3,857	2015	10.78%	\$ 3,756
04/15/2016	\$	10,154	2015	5.78%	\$ 9,965
Total	\$	17,867			\$ 17,434

Schedule SB, Line 19 – Discounted employer contributions – 2015 Plan Year

The applicable rate shown above is based upon the effective rate plus 5% to discount from the payment date to the quarterly installment dates. These amounts were then adjusted to the valuation date using the effective rate of return.

Attachment to 2015 Schedule SB Cherry Stix Pension Plan EIN/PN: 13-2923366/002

Item 22: Weighted Average Retirement Age

Explanation of Weighted Average Retirement Age

All participants are assumed to retire at the plan's stated normal retirement age of 62.

Eligibility Requireme	<u>ents</u>	Service/Participat	tion Requirements			
Age (yrs) : Age (months) : Wait (months) : Two year eligibility :	21 0 12 No	Definition of year Continuing hours Excluded classes:	: 1,000			
<u>Earnings</u>						
Total compensation e	xcluding :	403(b) Cafeteria Other Prior to participatio 415 prior to particip				
<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	Subsidized Early		<u>Disability</u>	Death
Age: Service: Participation: Defined:	62 0 5 Plan year start nearest					
Benefit Reduction / M	Iortality table & se	tback				
Male: Female:	:	Actuarial Equivalence Actuarial Equivalence	Actuarial Equivalence Actuarial Equivalence		N/A N/A	0 0
Rates - Male: Rates - Female:		N/A N/A	N/A N/A		N/A N/A	
Use Social Security R			efits Percentage:	50.00%		
Vesting Schedule: Vesting Definition:	2/20 Hours Worked	Percentage o	nt death benefit f accrued benefit: it Payment method:	0.00% PVAB		
	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>			
Normal:	Life only	0.00%	0			

50.00%

Significant Changes in Plan Provisions Since Last Valuation

Joint and contingent

QJSA:

Name of Plan:Cherry Stix Pension PlanPlan Sponsor's EIN:13-2923366Plan Number:002

0

<u>Benefits</u> Pension Formula: Type of Formula:	Benefit Formula Tier C Unit benefit non-integrated	1			
Effective Date:	08/01/2006				
Unit type: Unit based on:	Percent Participation				
Maximum total percent:	10.00%				
Tiers based on: First tier:	None 1.59%	for 1st None			
Second tier:	None	for next None			
Third tier:	None	for remaining yrs			
		g,			
Maximum credit:	10				
Past years: Future years:	0				
Total years:	10				
Averaging					
Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No		
Based on:	Final Average	Annualize short compensation years:	No		
Highest:	0	Annualize short plan years:	No		
In the last:	0	Include compensations based			
Excluding:	0	on years of:	Accrual		
Accrual					
Frozen:	Yes				
Definition of years:	Hours worked	Fractions based on:	N/A		
Accrual credit:	<u>Continuing</u> <u>Died</u> 1000 0	DisabledRetiredTerminated001000	Precision:N/ALimit current creditto:N/A		
Years based on:	Participation	Cap/floor years:	0		
Maximum past accrual y	-	Cap or floor:	Floor		
Maximum past acci uai y Method:	Unit accrual	Accrual % per year:	Floor 0.00%		
1111111111	Onit acciudi	Apply 415 before accrual:	0.00% No		
		Apply 415 before accruai.	1.0		

Name of Plan:Cherry Stix Pension PlanPlan Sponsor's EIN:13-2923366Plan Number:002

<u>Benefits</u> Pension Formula: Type of Formula: Effective Date:	Benefit Formula Tier B Unit benefit non-integrated 08/01/2006	1			
Unit type: Unit based on: Maximum total percent: Tiers based on: First tier:	Percent Participation 20.00% None 2.00%	for 1st None			
Second tier: Third tier:	None None	for next None			
i nira tier:	INORE	for remaining yrs			
Maximum credit: Past years: Future years: Total years:	10 99 99				
<u>Averaging</u>	Current Compensation	Apply exclusion to accrued benefit:	No		
Projection method: Based on:	Final Average	Approvements of a compensation years:	No		
Highest:	0	Annualize short compensation years:	No		
In the last:	0	Include compensations based	110		
Excluding:	0	on years of:	Accrual		
<u>Accrual</u>					
Frozen:	Yes				
Definition of years:	Hours worked	Fractions based on:	N/A		
Accrual credit:	ContinuingDied10000	DisabledRetiredTerminated001000	Precision:N/ALimit current creditto:N/A		
Years based on:	Participation	Cap/floor years:	0		
Maximum past accrual y		Cap or floor:			
Maximum past acci uai y Method:	Unit accrual	Accrual % per year:	Floor 0.00%		
munou.		Apply 415 before accrual:	0.00% No		

Name of Plan:Cherry Stix Pension PlanPlan Sponsor's EIN:13-2923366Plan Number:002

<u>Benefits</u> Pension Formula: Type of Formula: Effective Date:	Benefit Formula Unit benefit non- 08/01/2006					
Unit type: Unit based on: Maximum total percent: Tiers based on: First tier: Second tier: Third tier:	Percent Participation 60.00% None 6.00% None None	for 1 for n for r				
Maximum credit: Past years: Future years: Total years:	10 99 99					
<u>Averaging</u> Projection method: Based on: Highest: In the last: Excluding:	Current Compensation Final Average 0 0 0	An An Inc	ply exclusion to a nualize short com nualize short plan lude compensatio years of:	No No No Accrual		
<u>Accrual</u> Frozen: Definition of years:	Yes Hours wo	rked		Fractions based on:	N/A	
Accrual credit:	<u>Continuing</u> 1000	<u>Died</u> Disab 0	led <u>Retired</u> 0 0	<u>Terminated</u> 1000	Precision: Limit current o to:	N/A credit N/A
Years based on: Maximum past accrual y Method:	Particip rears: 1.0000 Unit ac		Cap/floor years Cap or floor: Accrual % per Apply 415 befor	year:	0 Floor 0.00% No	
<u>Frozen Benefits</u> Fresh Start Date: Apply increase to frozen Selected Formula:	compensation:	08/01/2009 Yes N/A	Fresh start app Reduce years a by frozen years	nd/or caps	No wea	r away Yes

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	Payment
Shortfall		07/31/2014	4.72 / 6.11	132,982 113,946	7.00	101,407	5.00	22,194
Shortfall		07/31/2015	4.72 / 6.11	56,286	7.00	101,310	6.00	19,070
Shortfall		07/31/2016	4.72 / 6.11		7.00	30,438	7.00	5,062
Totals	Shortfall					233,154		17,141*

*Plan Termination fraction of .37 has been applied against the sum of the amortization payments

Name of Plan:Cherry Stix Pension PlanPlan Sponsor's EIN:13-2923366Plan Number:002