## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pai	rt I	Annual Repor	t Identification Information	1									
For ca	alenda	ır plan year 2015 or	fiscal plan year beginning 01/01/2	2015		and ending 12	2/31/2	015					
<b>A</b> Th	his retu	urn/report is for:	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan										
<b>B</b> Th	is retu	rn/report is	the first return/report an amended return/report	H	e final return/report short plan year return	/report (less than 12 m	ort (less than 12 months)						
<b>C</b> C	heck b	ox if filing under:	<ul><li>X Form 5558</li><li>☐ special extension (enter desc</li></ul>	ш	utomatic extension		DFVC program						
Par	t II	Basic Plan Inf	ormation—enter all requested in	nformatio	on								
1a N	Name o	of plan ORATION RETIREM					1b	Three-digit plan number (PN)	001				
							1c	plan					
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) A2IA CORPORATION						2b	01/01/2000 <b>2b</b> Employer Identification Number (EIN) 52-2168420						
						2c Sponsor's telephone number 917-237-0390							
24 W. 40TH STREET BRD FLOOR NEW YORK, NY 10018						2d Business code (see instructions)  541511							
<b>3a</b> ⊦	Plan ac	Iministrator's name a	and address Same as Plan Spon	sor.			3b	<b>3b</b> Administrator's EIN					
A2IA CORPORATION 24 W. 40TH STREET 3RD FLOOR NEW YORK, NY 10018					3c Administrator's telephone number								
								917-23	7-0390				
	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						
5a -	Total n	otal number of participants at the beginning of the plan year						<b>5a</b> 19					
b <sup>-</sup>	Total n	otal number of participants at the end of the plan year						b	20				
							5	<b>5c</b> 20					
d(1) Total number of active participants at the beginning of the plan year							5d	d(1) 15					
d(2) Total number of active participants at the end of the plan year							5d	2) 14					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						<b>5e</b> 0							
Unde SB or	r pena r Sche	lties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru and signed by an enrolled actuary, a nplete.	ictions, I	declare that I have	examined this return/re	port, i	ncluding, if applic					
SIGN		Filed with authorized	ith authorized/valid electronic signature. 09/20/2016 JEAN LOUIS FAGES										
HERE	=												

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independent	dent qualified public a	account	ant (IQ	PA)			Yes No	
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No N	lot determined	
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year			(b) End of Year			
a Total plan assets	. 7a		961	623				1036090	
b Total plan liabilities	. 7b		061	622				1036090	
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	. 7с	(a) Amou	961623				(b) Total		
a Contributions received or receivable from:		(a) Amou	anı				(b) 100	ai	
(1) Employers	. 8a(1)	79591							
(2) Participants	. 8a(2)		44	987					
(3) Others (including rollovers)	<del>                                     </del>			2004					
b Other income (loss)			-6	304				118274	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	. 8c							110274	
to provide benefits)	. 8d		43807						
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f								
<b>g</b> Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							43807	
Net income (loss) (subtract line 8h from line 8c)      Transfers to (from) the plan (see instructions)	1 1							74467	
Part IV Plan Characteristics	· 8j								
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welf	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	ns:	
10 During the plan year:				Yes	No	N/A	Δ	mount	
<b>a</b> Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interes			401-		X				
reported on line 10a.)			10b 10c	X					
	Was the plan covered by a fidelity bond?       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused							97000	
by fraud or dishonesty?			10d		X				
carrier, insurance service, or other organization that provides son	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)							10075	
f Has the plan failed to provide any benefit when due under the pla					Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a	10g		Χ						
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance						<u>.</u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No	
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Yes X No	

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol	Yes X No				
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)	EIN(s) <b>13c(3)</b> PN(s)				
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's				
	rianio	of tubics of suctorial			telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Yes No					
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	U p∈	Ratio percentage benefit test					
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?	Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).									
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18		Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				s No			
19	Were in	Were in-service distributions made during the plan year?				No			
	If "Yes	If "Yes," enter amount							
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?	Ye	s	No	N/A			