## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I             |                                                | Identification Information                                                 |                                |                                                       |                        |                                         |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|------------------------|-----------------------------------------|
| For calend         | ar plan year 2015 or fi                        | scal plan year beginning 01/01/                                            | 20 <u>15</u>                   | and ending 1                                          | 2/31/2015              |                                         |
| <b>∆</b> This ref  | turn/report is for:                            | x a single-employer plan                                                   |                                | olan (not multiemployer)<br>mployer information in ac |                        |                                         |
| A IIII3 ICI        | turi/report is for.                            | a one-participant plan                                                     | a foreign plan                 | mproyor information in at                             | oordanoo war an        | o romi mondonono,                       |
| <b>B</b> This retu | urn/report is                                  | the first return/report                                                    | the final return/report        |                                                       |                        |                                         |
|                    |                                                | an amended return/report                                                   | a short plan year retu         | rn/report (less than 12 m                             | nonths)                |                                         |
| C Check            | box if filing under:                           | X Form 5558                                                                | automatic extension            |                                                       | DFVC                   | program                                 |
|                    |                                                | special extension (enter desc                                              | . ,                            |                                                       |                        |                                         |
| Part II            | Basic Plan Info                                | <b>rmation</b> —enter all requested in                                     | formation                      |                                                       |                        |                                         |
| 1a Name            | •                                              |                                                                            |                                |                                                       | 1b Three-digit         |                                         |
| GRAY PAG           | E USA INC. RETIREN                             | MENT & SAVINGS PLAN                                                        |                                |                                                       | plan numb<br>(PN) ▶    | er 001                                  |
|                    |                                                |                                                                            |                                |                                                       | 1c Effective d         |                                         |
|                    |                                                |                                                                            |                                |                                                       | TC Ellective d         | 01/01/2014                              |
|                    |                                                | oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0 | D. Box)                        |                                                       | 2b Employer I<br>(EIN) | dentification Number<br>46-5340264      |
| City or GRAY PAGE  |                                                | ce, country, and ZIP or foreign pos                                        | tal code (if foreign, see inst | tructions)                                            | ` ,                    | telephone number                        |
|                    |                                                |                                                                            |                                |                                                       |                        | 212-777-1949<br>code (see instructions) |
| 170 NORFO          | LK STREET APT 17                               |                                                                            |                                |                                                       | Zu Busiliess c         | oue (see instructions)                  |
| NEW YORK,          | , NY 10002                                     |                                                                            |                                |                                                       |                        | 525990                                  |
| 3a Plan a          | dministrator's name a                          | nd address XSame as Plan Spon                                              | sor.                           |                                                       | <b>3b</b> Administra   | tor's EIN                               |
|                    |                                                |                                                                            |                                |                                                       |                        |                                         |
|                    |                                                |                                                                            |                                |                                                       | 3C Administra          | tor's telephone number                  |
|                    |                                                |                                                                            |                                |                                                       |                        |                                         |
|                    |                                                |                                                                            |                                |                                                       |                        |                                         |
| 4 If the r         | name and/or EIN of the                         | e plan sponsor has changed since                                           | the last return/report filed   | for this plan, enter the                              | 4b EIN                 |                                         |
|                    | , EIN, and the plan nu<br>or's name            | mber from the last return/report.                                          |                                |                                                       | 4c PN                  |                                         |
| <del></del>        |                                                | at the beginning of the plan year.                                         |                                |                                                       | 5a                     | 1                                       |
| <b>b</b> Total i   | number of participants                         | at the end of the plan year                                                |                                |                                                       | 5b                     | 1                                       |
| C Numb             | er of participants with                        | account balances as of the end of                                          | the plan year (defined ben     | nefit plans do not                                    | 5c                     | 1                                       |
|                    |                                                | rticipants at the beginning of the p                                       |                                |                                                       | 5d(1)                  | 1                                       |
|                    |                                                | articipants at the end of the plan ye                                      |                                |                                                       | 5d(2)                  | 1                                       |
| <b>e</b> Numb      | per of participants that                       | terminated employment during the                                           | e plan year with accrued be    | enefits that were less                                | 5e                     | 0                                       |
|                    |                                                | or incomplete filing of this retur                                         |                                |                                                       | use is establishe      | d.                                      |
| Under pena         | alties of perjury and ot                       | her penalties set forth in the instru                                      | ctions, I declare that I have  | e examined this return/re                             | port, including, if a  | applicable, a Schedule                  |
|                    | edule MB completed a<br>true, correct, and com | nd signed by an enrolled actuary, plete.                                   | as well as the electronic ve   | ersion of this return/repor                           | t, and to the best     | of my knowledge and                     |
| SIGN               | Filed with authorized                          | /valid electronic signature.                                               | 09/30/2016                     | PATRICK J. KENNY                                      |                        |                                         |
| HERE               | Signature of plan a                            | administrator                                                              | Date                           | Enter name of individ                                 | lual signing as pla    | n administrator                         |
| SIGN               |                                                |                                                                            |                                |                                                       |                        |                                         |
| HERE               | Signature of emplo                             |                                                                            | Date                           |                                                       |                        | ployer or plan sponsor                  |
| Preparer's         | name (including firm r                         | name, if applicable) and address (i                                        | nclude room or suite numb      | er)                                                   | Preparer's telep       | hone number                             |
|                    |                                                |                                                                            |                                |                                                       |                        |                                         |
| [                  |                                                |                                                                            |                                |                                                       |                        |                                         |

| Form 5500-SF 2015                                                                                                                                                                                                                                                              |                                                | Page <b>2</b>                                         |           |                       |                 |             |                  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------|-----------------------|-----------------|-------------|------------------|-------|
| 6a Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can | f an independ<br>and condition<br>anot use For | dent qualified public a<br>ons.)<br>m 5500-SF and mus | ccount    | ant (IQ<br><br>ad use | PA)<br><br>Form | 5500.       | X Yes            |       |
| <b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC                                                                                                                                                                                                   | insurance pro                                  | ogram (see ERISA se                                   | ection 4  | 021)? .               |                 | Yes         | No Not deter     | mined |
| Part III Financial Information                                                                                                                                                                                                                                                 |                                                |                                                       |           |                       | -               |             |                  |       |
| 7 Plan Assets and Liabilities                                                                                                                                                                                                                                                  |                                                | (a) Beginning                                         | •         |                       |                 |             | (b) End of Year  |       |
| a Total plan assets                                                                                                                                                                                                                                                            | 7a                                             |                                                       | 1         | 299                   |                 |             | 63               | 302   |
| <b>b</b> Total plan liabilities                                                                                                                                                                                                                                                |                                                |                                                       |           | 0                     |                 |             |                  | 0     |
| C Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                                              | 7с                                             |                                                       |           | 299                   | -               |             |                  | 302   |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:                                                                                                                                                                              |                                                | (a) Amou                                              | ınt       |                       |                 |             | (b) Total        |       |
| (1) Employers                                                                                                                                                                                                                                                                  | 8a(1)                                          |                                                       | 3         | 713                   |                 |             |                  |       |
| (2) Participants                                                                                                                                                                                                                                                               | 8a(2)                                          |                                                       | 1         | 485                   |                 |             |                  |       |
| (3) Others (including rollovers)                                                                                                                                                                                                                                               | 8a(3)                                          |                                                       |           | 0                     |                 |             |                  |       |
| <b>b</b> Other income (loss)                                                                                                                                                                                                                                                   | 8b                                             |                                                       | -         | 195                   |                 |             |                  |       |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                                                                                         | 8c                                             |                                                       |           |                       |                 |             | 50               | 003   |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits)                                                                                                                                                                                          | 8d                                             |                                                       |           | 0                     |                 |             |                  |       |
| Certain deemed and/or corrective distributions (see instructions)                                                                                                                                                                                                              | 1 1                                            |                                                       |           | 0                     |                 |             |                  |       |
| f Administrative service providers (salaries, fees, commissions)                                                                                                                                                                                                               |                                                |                                                       |           | 0                     |                 |             |                  |       |
| g Other expenses                                                                                                                                                                                                                                                               | 8g                                             |                                                       |           | 0                     |                 |             |                  |       |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                | 8h                                             |                                                       |           |                       |                 |             |                  | 0     |
| i Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                                            | 8i                                             |                                                       |           |                       |                 |             | 50               | 003   |
| j Transfers to (from) the plan (see instructions)                                                                                                                                                                                                                              | 8j                                             |                                                       |           |                       |                 |             |                  |       |
| Part IV Plan Characteristics                                                                                                                                                                                                                                                   |                                                |                                                       |           |                       |                 |             |                  |       |
| 9a If the plan provides pension benefits, enter the applicable pension                                                                                                                                                                                                         | n feature cod                                  | es from the List of Plant                             | an Cha    | racteris              | stic Co         | des in t    | he instructions: |       |
| B If the plan provides welfare benefits, enter the applicable welfare                                                                                                                                                                                                          | foature code                                   | s from the List of Pla                                | n Char    | octorict              | ic Coc          | loc in th   | o instructions:  |       |
| in the plan provides welfare benefits, enter the applicable welfare                                                                                                                                                                                                            | reature code                                   | s nom the List of Fla                                 | ii Cilaia | acterist              | ic Coc          | 162 111 111 | e ilistructions. |       |
| Part V Compliance Questions                                                                                                                                                                                                                                                    |                                                |                                                       |           |                       |                 |             |                  |       |
| 10 During the plan year:                                                                                                                                                                                                                                                       |                                                |                                                       |           | Yes                   | No              | N/A         | Amount           |       |
| Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)                                                                                                                                       | Voluntary Fig                                  | duciary Correction                                    | 10a       |                       | X               |             |                  |       |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest                                                                                                                                                                                                      |                                                |                                                       |           |                       | V               |             |                  |       |
| reported on line 10a.)                                                                                                                                                                                                                                                         |                                                |                                                       | 10b       |                       | X               |             |                  |       |
| C Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                     |                                                |                                                       | 10c       |                       | X               |             |                  |       |
| d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?                                                                                                                                                                                     |                                                |                                                       | 10d       |                       | X               |             |                  |       |
| Were any fees or commissions paid to any brokers, agents, or o<br>carrier, insurance service, or other organization that provides so<br>the plan? (See instructions.)                                                                                                          | me or all of the                               | ne benefits under                                     | 10e       |                       | X               |             |                  |       |
| f Has the plan failed to provide any benefit when due under the pl                                                                                                                                                                                                             |                                                |                                                       | 10f       |                       | Х               |             |                  |       |
| g Did the plan have any participant loans? (If "Yes," enter amount                                                                                                                                                                                                             |                                                |                                                       | 10g       |                       | Χ               |             |                  |       |
| h If this is an individual account plan, was there a blackout period?                                                                                                                                                                                                          | ? (See instruc                                 | tions and 29 CFR                                      |           |                       | X               |             |                  |       |
| i If 10h was answered "Yes," check the box if you either provided                                                                                                                                                                                                              | the required                                   | notice or one of the                                  | 10h       |                       |                 |             |                  |       |
| exceptions to providing the notice applied under 29 CFR 2520.1                                                                                                                                                                                                                 |                                                |                                                       | 10i       |                       |                 |             |                  |       |
| Part VI Pension Funding Compliance                                                                                                                                                                                                                                             |                                                |                                                       | 10j       |                       |                 |             |                  |       |
| 11 Is this a defined benefit plan subject to minimum funding require                                                                                                                                                                                                           |                                                |                                                       |           |                       |                 |             |                  | П Ма  |
| 11a Enter the unpaid minimum required contribution for all years from                                                                                                                                                                                                          |                                                |                                                       |           |                       |                 | 11a         | Yes              | No No |
| 12 Is this a defined contribution plan subject to the minimum fundin                                                                                                                                                                                                           |                                                |                                                       |           |                       |                 |             | RISA? Yes        | X No  |

|      | F        | orm 5500-SF 2015 Page <b>3</b> - 1                                                                                                                                                                                                |                  |                  |                                       |                       |                   |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|---------------------------------------|-----------------------|-------------------|
|      | _ `      | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)                                                                                                                                                      |                  |                  |                                       |                       |                   |
| а    |          | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc<br>ng the waiver                                                                                                             |                  | enter the<br>Day | date of t                             | he letter rul<br>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)           |                                       | <b>13c(3)</b> F       | PN(s)             |
|      |          |                                                                                                                                                                                                                                   |                  |                  |                                       |                       |                   |
| Part | : VIII   | Trust Information                                                                                                                                                                                                                 |                  |                  |                                       |                       |                   |
| 14a  | Name o   | f trust                                                                                                                                                                                                                           |                  | 14b 1            | Γrust's EIN                           | ١                     |                   |
|      |          |                                                                                                                                                                                                                                   |                  |                  |                                       |                       |                   |
| 14c  | Name     | of trustee or custodian                                                                                                                                                                                                           |                  | 14d              | Trustee's                             | or custodia           | an's              |
|      | rianio   | of tubics of suctorial                                                                                                                                                                                                            |                  |                  | telephone                             |                       | o                 |
|      |          |                                                                                                                                                                                                                                   |                  |                  |                                       |                       |                   |
| Par  | t IX     | IRS Compliance Questions                                                                                                                                                                                                          |                  |                  |                                       |                       |                   |
| 15a  | Is the   | plan a 401(k) plan?                                                                                                                                                                                                               |                  | Ye               | S                                     | No                    |                   |
| 15b  |          | "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                                                           |                  | ba<br>ha         | esign-<br>ased safe<br>arbor<br>ethod | ADF<br>test           | P/ACP             |
| 15c  | testing  | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?                               | 101(m)-          | Ye               | S                                     | No                    |                   |
| 16a  | Check    | the box to indicate the method used by the plan to satisfy the coverage requirements under secti                                                                                                                                  | on 410(b):       |                  | atio<br>ercentage<br>st               |                       | rage<br>efit test |
| 16b  |          | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?                                                                    |                  | Ye               | s                                     | No                    |                   |
| 17a  | Has the  | e plan been timely amended for all required tax law changes?                                                                                                                                                                      |                  | Ye               | S                                     | No                    | N/A               |
| 17b  |          | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).                                                                                                                          | Enter the ap     | plicable         | code                                  | (See ins              | tructions         |
| 17c  |          | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. |                  | t to a fa        | vorable II                            | RS opinion            | or                |
| 17d  | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/                                                                                                                |                  | the plai         | n's last fav                          | vorable               |                   |
| 18   |          | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin                                   |                  | Yes              | ;                                     | No                    |                   |
| 19   | Were in  | n-service distributions made during the plan year?                                                                                                                                                                                |                  | Ye               | s                                     | No                    |                   |
|      | If "Yes  | " enter amount                                                                                                                                                                                                                    | ······           | 19               |                                       |                       |                   |
| 20   |          | equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?                                                                                   |                  | Ye               | s                                     | No                    | N/A               |

## 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** 

| Part I            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ort Identification Informatio                                                                                            |                                                               |                                                         |                                                 |                                          |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|------------------------------------------|
| For calend        | dar plan year 2015 o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r fiscal plan year beginning                                                                                             | 01/01/2015                                                    | and ending                                              | 12/31/2                                         |                                          |
| A This re         | eturn/report is for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X a single-employer plan a one-participant plan                                                                          | a multiple-employer list of participating of a foreign plan   | r plan (not multiemployer)<br>employer information in a | ) (Filers checking the<br>accordance with the   | is box must attach a form instructions)  |
| B This re         | turn/report is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the first return/report an amended return/report                                                                         | the final return/repor                                        | t<br>urn/report (less than 12 n                         | months)                                         |                                          |
| C Check           | box if filing under:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X Form 5558 special extension (enter des                                                                                 | automatic extension                                           | ı                                                       | DFVC                                            | program                                  |
| Part II           | Basic Plan In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | formation—enter all requested i                                                                                          | nformation                                                    |                                                         |                                                 |                                          |
| 1a Name<br>Gray P | of plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Retirement & Savings                                                                                                     |                                                               |                                                         | 1b Three-digit plan number (PN)                 |                                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                               |                                                         | 1c Effective da 01/01/2                         |                                          |
| Mailin<br>City o  | g address (include re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oloyer, if for a single-employer plan)<br>oom, apt., suite no. and street, or P.<br>nce, country, and ZIP or foreign pos | O. Box)<br>stal code (if foreign, see ins                     | structions)                                             | 2b Employer Id<br>(EIN) 46-                     | lentification Number                     |
|                   | orfolk Stree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                               |                                                         | 212-777<br><b>2d</b> Business co<br>525990      | -1949<br>ide (see instructions)          |
| New Yo            | ork                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NY 10002                                                                                                                 |                                                               |                                                         |                                                 |                                          |
| 3a Plan a         | administrator's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and address XSame as Plan Spor                                                                                           | isor.                                                         |                                                         | 3b Administrato                                 | or's EIN                                 |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                               |                                                         | 3c Administrato                                 | or's telephone number                    |
| name              | name and/or EIN of the plan representation of th | the plan sponsor has changed since number from the last return/report.                                                   | the last return/report filed                                  | for this plan, enter the                                | 4b EIN                                          |                                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to at the beginning of the st                                                                                            |                                                               |                                                         | 4c PN                                           |                                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ts at the beginning of the plan year.                                                                                    |                                                               |                                                         |                                                 | 1                                        |
| C Numb            | er of participants wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ts at the end of the plan yearh<br>h account balances as of the end of                                                   | the plan year (defined ber                                    | nefit plans do not                                      | 5b<br>5c                                        | 1                                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | participants at the beginning of the p                                                                                   |                                                               |                                                         | 5d(1)                                           |                                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | participants at the end of the plan ye                                                                                   |                                                               |                                                         |                                                 | 1                                        |
| e Numb            | per of participants that<br>100% vested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | at terminated employment during the                                                                                      | e plan year with accrued b                                    | enefits that were less                                  | 5e                                              | 0                                        |
| Caution: A        | a penalty for the late                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e or incomplete filing of this retur                                                                                     | n/report will be assessed                                     | unless reasonable car                                   | use is established.                             |                                          |
| SP OF SCHE        | edule MB completed<br>true, correct, and con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | other penalties set forth in the instru<br>and signed by an enrolled actuary, a<br>mplete.                               | ctions, I declare that I have<br>as well as the electronic ve | examined this return/re<br>ersion of this return/repor  | port, including, if ap<br>t, and to the best of | plicable, a Schedule<br>my knowledge and |
| SIGN              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGI                                                                                                                     | THERE 3009/16                                                 | Patrick J. Ke                                           | nny                                             |                                          |
| HERE              | Signature of plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | administrator                                                                                                            | Date                                                          | Enter name of individ                                   | lual signing as plan                            | administrator                            |
| SIGN              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                                                                                                        |                                                               | Litter Hame of Hidrid                                   | idal signing as plan                            | aummstrator                              |
| HERE              | Signature of emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | loyer/plan sponsor                                                                                                       | Dete                                                          | F                                                       |                                                 |                                          |
| Preparer's        | name (including firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | name, if applicable) and address (in                                                                                     | Date                                                          | Enter name of individ                                   | Preparer's telepho                              |                                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | manner, il applicable) una address (il                                                                                   | roduce from or suite from                                     | ei )                                                    | Preparer's telepric                             | ine number                               |

|      | F0111 5500-SF 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raye Z                                  |         |          | _       |            |                  |        |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------|----------|---------|------------|------------------|--------|--|--|
| 6a   | Were all of the plan's assets during the plan year invested in eligib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | le assets? (S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ee instructions.)                       |         |          |         |            | X Yes            | s No   |  |  |
| b    | Are you claiming a waiver of the annual examination and report of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | an independe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent qualified public a                  | account | ant (IQ  | PA)     |            |                  |        |  |  |
|      | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a<br>If you answered "No" to either line 6a or line 6b, the plan cann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         |            | X Yes            | s ∐ No |  |  |
|      | f the plan is a defined benefit plan, is it covered under the PBGC in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         | _          | No ☐ Not deter   | rmined |  |  |
| Par  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , , |         |          |         |            | 1                |        |  |  |
|      | Plan Assets and Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Beginning                           | n of Ye | ar       | T       |            | (b) End of Year  |        |  |  |
|      | Total plan assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (u) Degiiiiiii                          | _       | 1,29     | 9       |            | (b) Elia or rear | 6,302  |  |  |
|      | Total plan liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                       |         |          | 0       |            | 1 1              | 0      |  |  |
|      | Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         | 1,29     | 9       | 6,30       |                  |        |  |  |
|      | Income, Expenses, and Transfers for this Plan Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Amoi                                | unt     |          |         | (b) Total  |                  |        |  |  |
|      | Contributions received or receivable from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         |            |                  |        |  |  |
|      | (1) Employers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8a(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |         | 3,71     |         |            |                  |        |  |  |
|      | (2) Participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8a(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                                |         | 1,48     |         |            |                  |        |  |  |
|      | (3) Others (including rollovers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8a(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |         | 1.0      | 0       |            |                  |        |  |  |
|      | Other income (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         | -19      | 5       |            |                  | F 000  |  |  |
|      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)<br>Benefits paid (including direct rollovers and insurance premiums                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          |         |            |                  | 5,003  |  |  |
|      | to provide benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          | 0       |            |                  |        |  |  |
| е    | Certain deemed and/or corrective distributions (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          | 0       |            |                  |        |  |  |
| f    | Administrative service providers (salaries, fees, commissions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          | 0       |            |                  |        |  |  |
| g    | Other expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          | 0       |            |                  |        |  |  |
| h    | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          |         |            |                  | 0      |  |  |
|      | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          |         |            |                  | 5,003  |  |  |
| j    | Transfers to (from) the plan (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |          |         |            |                  |        |  |  |
| B    | If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro | eature codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | from the List of Pla                    | n Chara | acterist | ic Coc  | les in the | instructions:    |        |  |  |
| 10   | During the plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         | Yes      | No      | N/A        | Amount           |        |  |  |
| а    | Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | oluntary Fidu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iciary Correction                       | 10a     |          | Х       |            | Amount           |        |  |  |
| b    | Were there any nonexempt transactions with any party-in-interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The state of the s |                                         |         |          | Х       |            | 760              |        |  |  |
|      | reported on line 10a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10b     |          | 1       |            |                  |        |  |  |
| С    | Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10c     |          | X       |            |                  |        |  |  |
| d    | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10d     |          | Х       |            |                  |        |  |  |
| е    | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e or all of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | benefits under                          | 10e     |          | х       |            |                  |        |  |  |
| f    | Has the plan failed to provide any benefit when due under the plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10f     |          | Х       |            |                  |        |  |  |
| g    | Did the plan have any participant loans? (If "Yes," enter amount a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10g     |          | Х       |            |                  |        |  |  |
|      | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          | Х       |            |                  |        |  |  |
| i    | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne required n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | otice or one of the                     | 10h     |          |         |            |                  |        |  |  |
| j    | Did the plan trust incur unrelated business taxable income?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 10j     |          |         |            |                  |        |  |  |
| Part | VI Pension Funding Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         |            |                  |        |  |  |
| 11   | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         |            |                  | s No   |  |  |
| 11a  | Enter the unpaid minimum required contribution for all years from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |         |          |         |            |                  |        |  |  |
| 12   | Is this a defined contribution plan subject to the minimum funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | roquiroment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of postion 412 -f #                     | ho Cod  | 0.01.5-  | otion ' | 202 of FF  | NCAO   Nos       | No.    |  |  |

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|                                  |             | Form 5500-SF 2015 Page <b>3</b> -                                                                                                                                                                          |                                                |          |                                       |                                               |                     |  |  |
|----------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------|---------------------------------------|-----------------------------------------------|---------------------|--|--|
|                                  | (If "Y      | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)                                                                                                                              |                                                |          |                                       |                                               |                     |  |  |
| a                                |             | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr<br>ting the waiver                                                                                 |                                                | enter th | e date of                             | he letter ru<br>Year                          | uling               |  |  |
| If                               |             | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1                                                                                                              | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | Day      |                                       | T Cal                                         |                     |  |  |
| b                                | Enter       | the minimum required contribution for this plan year                                                                                                                                                       |                                                | 12b      |                                       |                                               |                     |  |  |
| C                                | Enter       | the amount contributed by the employer to the plan for this plan year                                                                                                                                      |                                                | 12c      |                                       |                                               |                     |  |  |
|                                  | Subt        | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)                                                                                       | ft of a                                        | 12d      |                                       |                                               |                     |  |  |
| е                                | Will t      | he 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?                                                                                                                                          |                                                |          | Ye                                    | s X No                                        |                     |  |  |
|                                  | _           | es," enter the amount of any plan assets that reverted to the employer this year                                                                                                                           |                                                | 13a      |                                       |                                               |                     |  |  |
| b                                | Were of the | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough<br>e PBGC?                                                                                      | nt under the co                                | ontrol   |                                       | Yes X                                         | No                  |  |  |
| С                                |             | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify<br>h assets or liabilities were transferred. (See instructions.)                               | the plan(s) to                                 | )        |                                       |                                               |                     |  |  |
| 1                                | 3c(1)       | Name of plan(s):                                                                                                                                                                                           | 13c(2)                                         | EIN(s)   |                                       | 13c(3)                                        | PN(s)               |  |  |
| Part                             | VIII        | Trust Information                                                                                                                                                                                          |                                                |          |                                       |                                               |                     |  |  |
| 14a 1                            | Name        | of trust                                                                                                                                                                                                   |                                                | 14b      | Trust's Elf                           | N                                             |                     |  |  |
| 14c Name of trustee or custodian |             |                                                                                                                                                                                                            |                                                |          |                                       | 14d Trustee's or custodian's telephone number |                     |  |  |
| Part                             | IX          | IRS Compliance Questions                                                                                                                                                                                   |                                                |          |                                       |                                               |                     |  |  |
| 15a                              | Is the      | plan a 401(k) plan?                                                                                                                                                                                        |                                                | Ye       | s                                     | No                                            |                     |  |  |
|                                  |             | s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and a ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                            |                                                | ba<br>ha | esign-<br>ased safe<br>arbor<br>ethod | AD tes                                        | P/ACP               |  |  |
|                                  | testin      | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curg method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40()(ii))? | rent year<br>1(m)-                             | Ye       | /es No                                |                                               | )                   |  |  |
|                                  |             | the box to indicate the method used by the plan to satisfy the coverage requirements under section                                                                                                         |                                                |          | atio<br>ercentage<br>st               |                                               | erage<br>nefit test |  |  |
|                                  | this p      | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combi<br>an with any other plans under the permissive aggregation rules?                                     |                                                | Ye       | s                                     | No                                            |                     |  |  |
|                                  |             | ne plan been timely amended for all required tax law changes?                                                                                                                                              |                                                | Ye       | S                                     | No                                            | N/A                 |  |  |
|                                  | for tax     | the last plan amendment/restatement for the required tax law changes was adopted alw changes and codes).                                                                                                   | . Enter the                                    |          |                                       |                                               | instruction         |  |  |
|                                  | advis       | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan<br>ory letter, enter the date of that favorable letter and the letter's serial nur                        | mber                                           |          |                                       |                                               | or                  |  |  |
|                                  |             | plan is an individually-designed plan and received a favorable determination letter from the IRS, ento<br>nination letter                                                                                  | er the date of                                 | the plan | n's last fav                          | /orable                                       |                     |  |  |
| 18                               | Is the      | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is      |                                                | Yes      | 5                                     | No                                            |                     |  |  |
| 19                               | Were        | in-service distributions made during the plan year?                                                                                                                                                        |                                                | Ye       | s                                     | No                                            |                     |  |  |
|                                  | If "Ye      | s," enter amount                                                                                                                                                                                           |                                                | 19       |                                       |                                               |                     |  |  |
| 20                               | Were        | required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whe l), as required under section 401(a)(9)?                                                        | ther or not                                    | ☐ Ye     | S                                     | ∏No                                           | □ N/A               |  |  |