

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>	
D Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ST. CHRISTOPHER S INC.</u> <div style="display: flex; justify-content: space-between;"> <div> <u>71 SOUTH BROADWAY</u> <u>DOBBS FERRY, NY 10522-2834</u> </div> <div> <u>ST. CHRISTOPHERS INC.</u> <u>71 SOUTH BROADWAY</u> <u>DOBBS FERRY, NY 10522</u> </div> </div>		1c Effective date of plan <u>01/01/1971</u>	
		2b Employer Identification Number (EIN) <u>13-1740485</u>	
		2c Plan Sponsor's telephone number <u>914-693-3030</u>	
		2d Business code (see instructions) <u>624100</u>	

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016	TRACY POTKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2016	TRACY POTKAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 241
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 241 6a(2) 239 6b 6c 6d 239 6e 6f 239 6g 239 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2L b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection

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

A Name of plan ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. CHRISTOPHER S INC.	D Employer Identification Number (EIN) 13-1740485	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AXA/EQUITABLE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-5570651	62944	008431 001	239	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 7145	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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593 ROUTE 9D
GARRISON, NY 10524

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7145	0		3

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

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

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

Schedule A (Form 5500) 2015
v. 150123

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	5913273
5 Current value of plan's interest under this contract in separate accounts at year end	5	3611301

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	5432715
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c Additions: (1) Contributions deposited during the year	7c(1)	398636	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	160526	
(4) Transferred from separate account	7c(4)	174824	
(5) Other (specify below)	7c(5)	113868	

▶ **LOAN REPAYMENTS DEPOSITED/BEGINNING VALUE ADJ.**

(6) Total additions	7c(6)	847854
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6280569
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	274861	
(2) Administration charge made by carrier	7e(2)	1165	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	86270	

(5) Total deductions	7e(5)	362296
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5918273
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. CHRISTOPHER S INC.	D Employer Identification Number (EIN) 13-1740485	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LEONARD LINDROS593 ROUTE 9DGARRISON, NY 10524
99-9999999

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

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

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

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ROUTE 9D
GARRISON, NY 10524

99-9999999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 37 58 59 60 62 63 67	BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. CHRISTOPHER S INC.</u>	D Employer Identification Number (EIN) <u>13-1740485</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GIA FROZEN RESERVE</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5913273</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/GAMCO SMALL COMPANY VALUE</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115831</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO VI MID CAP CORE EQTY</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5747</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD RETIREMT EMG MKTS EQTY</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7841</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS UTILITIES</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54511</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/QUALITY BOND PLUS</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1308</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA CONSERV ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>AXA</u>				
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38390</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/COM STOCK INDEX](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441464
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ.EQUITY 500 INDEX](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 332748
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/SMALL COMPANY INDEX](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36147
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/OPPENHEIMER GLOBAL](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33707
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/GAMCO MERGERS & ACQUISITION](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14687
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY VIP CONTRAFUND](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12739
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IVY FUNDS VIP HIGH INCOME](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46264
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MULTIMANAGER AGGRESSIVE EQUITY](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80959
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AXA LG CAP GRW MANAGED VOL](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44747
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/CAPITAL GUARDIAN RESEARCH](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55026
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CHARTER SMALL CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7559
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CHARTER MULTI-SECTOR BOND](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MULTIMANAGER CORE BOND](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2379
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/CORE BOND INDEX](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 781
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AXA/FR SM CAP VAL MANAGED VOL](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5751
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AXA GLB EQTY MANAGED VOL](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29279
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EQ/INTERMEDIATE GOVERNMENT FUND](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1729
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AXA AGGRESSIVE ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292311
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AXA CONSERV-PLUS ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142087
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ALL ASST GROWTH ALT TWENTY](#)**b** Name of sponsor of entity listed in (a): [AXA](#)

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13464
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1125

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP SMALL CAP GROWTH			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	201

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI DIVERSIFIED DIV			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	160

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI GLBL REAL ESTATE			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	295

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND VIP			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10115

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP ENERGY			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT CMMDTYRE ALRETRN STGY			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1476

a Name of MTIA, CCT, PSA, or 103-12 IE: VAN ECK VIP GOBAL HARD ASSETS			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	255

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA/FR TMP ALLOC MANAGED VOL			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET AGGRESSIVE ALT 25			
b Name of sponsor of entity listed in (a): AXA			
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7376

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3680
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CNTRY VP MID CAP VAL		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11923
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI HIGH YIELD		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1928
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA LG CAP VAL MANAGED		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203301
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP INDEX		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39324
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MID CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35057
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA INT CORE MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31237
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER TECHNOLOGY		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28630
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44955
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BLACKROCK BASIC VALUE EQTY		
b Name of sponsor of entity listed in (a): AXA		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137531

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 602799
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a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE PLUS ALLOCATION**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324170
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH INDEX**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32725
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER MID CAP GROWTH**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1737
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/UBS GROWTH AND INCOME**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17523
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MORGAN STANLEY MID CAP GR**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17680
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a Name of MTIA, CCT, PSA, or 103-12 IE: AXA INT VAL MANAGED VOL**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10914
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/WELLS FARGO OMEGA GROWTH**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17311
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/T. ROWE PRICE GROWTH STOCK**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107690
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI SMALL CAP EQUITY**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16082
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL VALUE**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40883
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a Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP MID CAP GROWTH**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38508
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVEWSO VI INTER NATIONAL GR**b** Name of sponsor of entity listed in (a): AXA

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6790
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. CHRISTOPHER S INC.</u>	D Employer Identification Number (EIN) <u>13-1740485</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	12687
(2) Participant contributions	1b(2)	0	19797
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	292513	341894
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3550658	3611301
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5432715	5913273
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9275886	9898952

Liabilities

g Benefit claims payable	1g	504238	428781
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	504238	428781

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8771648	9470171
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	364016	
(B) Participants	2a(1)(B)	573559	
(C) Others (including rollovers)	2a(1)(C)	54419	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		991994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14183	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14183
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	160526	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		160526
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-60643
d Total income. Add all income amounts in column (b) and enter total	2d		1106060

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	274861	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		274861
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		22787
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	109889	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		109889
j Total expenses. Add all expense amounts in column (b) and enter total	2j		407537

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		698523
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BRAD ROSENBERG, CPA PC

(2) EIN: 11-3358788

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		<input checked="" type="checkbox"/>		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		<input checked="" type="checkbox"/>		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>ST. CHRISTOPHER S INC. PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. CHRISTOPHER S INC.</u>	D Employer Identification Number (EIN) <u>13-1740485</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>11-5570651</u> <u>13-1740485</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	<input type="checkbox"/> Design-based safe harbor method	<input type="checkbox"/> ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22a Has the plan been timely amended for all required tax law changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ST. CHRISTOPHER'S INC.
403(b) PLAN**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

BRAD S ROSENBERG CPA PC

ST. CHRISTOPHER'S INC.
403(b) PLAN
TABLE OF CONTENTS
DECEMBER 31, 2015 AND 2014

	<u>Page No.</u>
Independent Auditor's Report	1-2
Statements of Net Assets Available for Benefits - December 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Benefits - For the Years Ended December 31, 2015 and 2014	4
Notes to Financial Statements	5-12
Supplemental Schedule	13

BRAD S. ROSENBERG CPA PC

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
St. Christopher's Inc. 403(b) Plan
71 Broadway
Dobbs Ferry, New York 10522

Report on the Financial Statements

We are engaged to audit the accompanying financial statements of St. Christopher's Inc. 403(b) Plan as of December 31, 2015 and 2014 which comprise the statements of net assets available for benefits and the related statement of changes in net assets available for financial benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the investment information, which was certified by AXA Equitable Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

**St. Christopher's Inc. 403(b) Plan
Independent Auditor's Report (Continued)**

Basis for Disclaimer of Opinion (continued)

Because of inadequacies in the Plan's prior year records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from the inception of the Plan or to satisfy ourselves as to the basis on which participant's equity is stated at December 31, 2015 and 2014, or evaluate the propriety of the distributions to participants who terminated during the years then ended.

Disclaimer of Opinion

Because of the significance of the information that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements taken as a whole.

Other Matter - Supplementary Schedules

The supplemental schedules as of or for the year ended December 31, 2015 and 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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



Brad S Rosenberg CPA PC
Plainview, New York
September 12, 2016

ST. CHRISTOPHER'S INC.
403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS
DECEMBER 31,

-ASSETS-	2015	2014
Investments:		
Mutual Funds, at fair Value - Per Schedule 1	\$3,611,301	\$3,550,658
Common Collective Trust - General Interest Account - Per Schedule 1	5,913,273	5,432,715
Total Investments	<u>9,524,574</u>	<u>8,983,373</u>
Participant Loans	<u>341,894</u>	<u>292,513</u>
Total Assets Held for Investment	<u>9,866,468</u>	<u>9,275,886</u>
Receivables:		
Contributions Receivable - Employees	19,797	0
Contributions Receivable - Employer	12,687	0
Total Receivables	<u>32,484</u>	<u>0</u>
Total Assets	9,898,952	9,275,886
-LIABILITIES-		
Benefit Claims Payable	<u>428,781</u>	<u>504,238</u>
Net Assets Available for Benefits	<u>\$9,470,171</u>	<u>\$8,771,648</u>

See accountant's report and notes to financial statements

**ST. CHRISTOPHER'S INC.
403(b) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS
DECEMBER 31,**

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net appreciation in fair value of investments	(\$60,643)	\$143,834
Interest and dividend income	160,526	151,600
Interest income - participant loans	14,183	17,273
Total Investment Income	<u>114,066</u>	<u>312,707</u>
 Contributions:		
Employees	573,559	585,642
Employer	364,016	381,821
Others including rollovers	54,419	0
Total Contributions	<u>991,994</u>	<u>967,463</u>
 TOTAL ADDITIONS	<u>1,106,060</u>	<u>1,280,170</u>
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	274,861	348,045
Amounts transferred to separate accounts	0	105,173
Deemed distributions of participant loans	22,787	71,196
Administrative expenses	109,889	123,668
 TOTAL DEDUCTIONS	<u>407,537</u>	<u>648,082</u>
 NET INCREASE	698,523	632,088
 NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>8,771,648</u>	<u>8,139,560</u>
 NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u><u>\$9,470,171</u></u>	<u><u>\$8,771,648</u></u>

See accountant's report and notes to financial statements

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 1: Description of Plan:

The following description of the St. Christopher's (the "Company") 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan, which was adopted on November 30, 2004, is a 403(b) Profit Sharing Plan.

All eligible employees can elect deferrals, however, employees must complete two years of service to be eligible for matching contributions.

Contributions:

Each eligible employee may authorize a reduction of his or her annual gross compensation subject to the limitations as provided in the Internal Revenue Code and the Plan.

The Company is required to match employee's contributions as follows: 5% of each such Non Collective Bargaining employee's compensation when such employee defers 5% and 4.5% of each such Collective Bargaining employee's compensation when such employee defer 5%.

Forfeitures:

The Company may reduce employer contributions by forfeitures occurring during the year that are not used to pay Plan expenses. The Plan did not reduce employer contributions with forfeitures during the Plan year.

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 1: Description of Plan: (continued)

Participant accounts:

Participant's funds are kept in their own separate pre-tax and Company contribution accounts. Each participant's pre-tax account is credited with the participant's contribution and the Company matching contribution, if any, is credited to the participant's Company contribution account. Net investment gain or loss in each mutual fund is allocated to each participant's account in proportion to account balances, as defined. Forfeitures of terminated participants' nonvested Company contribution accounts are used to reduce the Company's future contributions.

Vesting:

Participants are immediately vested in participants' contributions plus earnings thereon. a participant will be 100% vested in Company matching contributions after two years of credited service.

Payment of benefits:

On termination of service, death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. If the lump-sum value of a participant's benefit does not exceed \$1,000, the Administrator may distribute the benefit in a lump-sum without a participant's consent as soon as administratively feasible after a participant's termination of employment.

Loans to participants:

Participants may borrow from their account a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loan must be repaid with equal payments, not less than quarterly, within five years (unless the purpose of the loan is to purchase a principal residence). The loans must bear a reasonable interest rate and be adequately secured. Principal and interest is paid ratably through payroll deductions. All loans are secured by the balance of the participant's account. The loan balances are measured at their unpaid balance plus any accrued but unpaid interest.

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 1: Description of Plan: (continued)

Tax status:

The Company has adopted a prototype plan which has received an opinion letter from the Internal Revenue Service stating that the prototype satisfies the applicable sections of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 2: Summary of Significant Accounting Policies:

Basis of accounting:

The Plan prepares its financial statements on the accrual basis of accounting.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on the accrual basis. Dividends earned by the funds are included in the unit value and, accordingly, are included in net appreciation (depreciation) in fair value of investments which includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles require the Plan Administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 2: Summary of Significant Accounting Policies:

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure through September 12, 2016 the date the financial statements were available to be issued.

Note 3: Plan Termination:

Although it has not expressed an interest to do so, the Company has the right under the Plan to change or terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, amounts credited to the participant's accounts shall be fully vested and are nonforfeitable.

Note 4: Investments:

Participants direct the investment of amounts credited to their accounts among various funds having different investment objectives. Such funds are held by AXA Equitable Life Insurance Company, the trustee and custodian.

AXA Equitable Life Insurance Company has certified to the accuracy and completeness of investments and related income as reported in the accompanying financial statements and supplemental schedule. Refer to Schedule 2 for a detailed description of the investments.

Note 5: Fair Value Measurements:

Financial Accounting Standards Boards (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures," establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under FASB (ASC) 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has ability to access.

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 5: Fair Value Measurements (continued):

Level 2: Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual term, Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The fair value of mutual funds is based on quoted net asset value of the shares held by the Plan at year end. The fair value of common stocks and corporate bonds are based on the closing price reported on the active market where the individual securities are traded.

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 5: Fair Value Measurements (continued):

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	<u>Dec. 31, 2015</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Equity Balanced Funds	\$2,882,197	\$0	\$0	\$2,882,197
Equity Growth Funds	373,334	0	0	373,334
Equity Income Funds	67,352	0	0	67,352
Equity Value Funds	288,418	0	0	288,418
Total	<u>3,611,301</u>	<u>0</u>	<u>0</u>	<u>3,611,301</u>
Guaranteed Interest Account	0	5,913,273	0	5,913,273
Total	<u>\$3,611,301</u>	<u>\$5,913,273</u>	<u>\$0</u>	<u>\$9,524,574</u>

	<u>Dec. 31, 2014</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Equity Balanced Funds	\$2,457,242	\$0	\$0	\$2,457,242
Equity Growth Funds	180,304	0	0	180,304
Equity Income Funds	47,218	0	0	47,218
Equity Value Funds	865,894	0	0	865,894
Total	<u>3,550,658</u>	<u>0</u>	<u>0</u>	<u>3,550,658</u>
Guaranteed Interest Account	0	5,432,715	0	5,432,715
Total	<u>\$3,550,658</u>	<u>\$5,432,715</u>	<u>\$0</u>	<u>\$8,983,373</u>

ST. CHRISTOPHER'S INC.
403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

Note 6: Party-In-Interest Transactions:

The employer pays certain administrative expenses of the plan. Certain of the Plan's investments are mutual funds managed by an affiliate of the Plan's trustee.

Note 7: Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

Note 8: Internal Revenue Status:

The Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code of 1986 (the "Code") and is intended to be exempt from taxation under Section 501 (a) of the Code. The Plan Administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The tax years ended December 31, 2010 through 2013 are still open for potential audit.

ST. CHRISTOPHER'S INC.
403(b) PLAN
RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
DECEMBER 31,

	<u>2015</u>	<u>2014</u>
Net assets available for benefits - per financial statements	\$9,450,374	\$8,771,648
Less: Employee contributions receivable	(19,797)	0
Less: Employer contributions receivable	<u>(12,687)</u>	<u>0</u>
 Net assets available for benefits - per Form 5500	 <u>\$9,417,890</u>	 <u>\$8,771,648</u>
 Net Increase in net assets available for benefits - per financial statements	 \$678,726	 \$632,088
Less: Contributions receivable December 31, 2015	<u>(32,484)</u>	<u>0</u>
 Net Increase in net assets available for benefits - per Form 5500	 <u><u>\$646,242</u></u>	 <u><u>\$632,088</u></u>

See accountant's report and notes to financial statements

SUPPLEMENTARY INFORMATION

ST. CHRISTOPHER'S INC.
403(b) PLAN
SCHEDULE H - LINE 4j
CERTIFIED BY PLAN TRUSTEE
DECEMBER 31,

SCHEDULE I

	2015	2014
Investment in Mutual Funds - at Fair market Value		
Equity Common Stock Index Fund	\$441,464	\$436,483
Equity Mid Cap Index Fund	39,324	39,392
Equity 500 Index Fund	332,748	296,637
AXA Conservative Allocation Fund	38,390	162,803
Multimanager Aggressive Equity Fund	80,959	74,153
Equity Large Cap Value Plus Fund	203,301	202,715
Equity Blackrock Basic Value Equity Fund	137,531	136,729
Equity Morgan Stanley Mid Cap Growth Fund	17,680	36,598
Equity Gamco Small Company Value Fund	115,831	87,656
Equity Oppenheimer Global Fund	33,707	34,660
Equity Gamco Mergers and Acquisitions Fund	14,687	13,558
Multimanager Technology Fund	28,630	26,106
Equity Wells Fargo Omega Growth Fund	17,311	11,377
Equity Capital Guardian Research Fund	55,026	52,586
MFS International Value Fund	40,883	20,510
AXA Mid Cap Value Managed Volume Fund	35,057	34,360
Equity International Value Plus Fund	10,914	10,248
AXA Moderate-Plus Allocation Fund	324,170	303,822
Equity Large Cap Growth Plus Fund	44,747	40,386
Ivy Funds VIP Mid Cap Growth Fund	38,508	24,264
Equity UBS Growth and Income Fund	17,523	18,551
Equity International Core Plus Fund	31,237	47,280
Equity Global Multi-Sector Equity Fund	29,279	27,698
AXA Conservative-Plus Allocation Fund	142,087	178,707
AXA Aggressive Allocation Fund	292,311	294,865
Invesco V.I. Small Cap Equity Fund	16,082	11,254
Equity Small Company Index Fund	36,147	36,189
Equity Large Cap Growth Index Fund	32,725	29,312
AXA Moderate Allocation Fund	602,799 *	569,974 *
Equity T Rowe Price Growth Stock Fund	107,690	91,493
Ivy Funds VIP High Income Fund	46,264	28,667
Equity International Equity Index Fund	44,955	41,840
MFS Utilities Fund	54,511	38,453
All Asset Growth Alternative Twenty Fund	13,464	12,645
Sundry Funds	93,359	78,687
Subtotal	3,611,301	3,550,658
Investment in Funds Held in Insurance Co. General Account:		
Guaranteed Interest Account	5,913,273 *	5,432,715 *
Total Investments	9,524,574	8,983,373
Participant Loans	341,894	292,513
Total Assets Held for Investment	<u>\$9,866,468</u>	<u>\$9,275,886</u>

* represents more than 5% or more of entire Plan's assets

See accountant's report and notes to financial statements

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2015 and ending 12/31/2015

Name of plan

St. Christopher s Inc. Pension Benefit Plan

Employer Identification Number

13-1740485

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AXA	Equity Common Stock Index Fund		441,464
	AXA	Equity Mid Cap Index Fund		39,324
	AXA	Equity 500 Index Fund		332,748
	AXA	AXA Conservative Allocation		38,390
	AXA	Multimanager Aggressive Equity		80,959
	AXA	Equity Large Cap Value Fund		203,301
	AXA	Equity BlackRock Basis Value		137,531
	AXA	Equity Mrgn Stnly Mid Cap Grow		17,680
	AXA	Equity Gamco Small Co. Value		115,831
	AXA	Equity Oppenheimer Glbl Fund		33,707
	AXA	Eqty Gamco Mergers & Acquisi		14,687
	AXA	Multimanager Technology Fund		28,630
	AXA	Eqty Wells Fargo Omega		17,311
	AXA	Eqty Capital Guardian Research		55,026
	AXA	MFS International Fund		40,883
	AXA	AXA Mid Cap Value Managed Vol		35,057
	AXA	Eqty Int'l Value Plus Fund		10,914
	AXA	AXA Moderate-Plus Allocation		324,170
	AXA	Eqty Large Cap Growth Plus		44,747
	AXA	Ivy Funds VIP Mid Cap Growth		38,508
	AXA	Eqty UBS Growth and Income		17,523
	AXA	Eqty Int'l Core Plus Fund		31,237
	AXA	Eqty Global Multisector Equity		29,279
	AXA	AXA Conservative-Plus Allocat		142,087
	AXA	AXA Aggressive Allocation Fund		292,311
	AXA	Invesco VI Small Cap Equity		16,082
	AXA	Equity Small Co Index Fund		36,147
	AXA	Equity Large Cap Growth Index		32,725
*	AXA	AXA Moderate Allocation Fund		602,799
	AXA	Eqty T Rowe Price Growth Stock		107,690
	AXA	Ivy Funds IP High Income Fund		46,264
	AXA	Eqty Int'l Equity Index Fund		44,955
	AXA	MFS Utilites Fund		54,511
	AXA	All Assets Growth Alt Twenty		13,464
	AXA	Sundry Funds		93,359
*	AXA	Guaranteed Interest Account		5,913,273
	AXA	Participant Loans		341,894