Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CEDARWOOD-YOUNG COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1972

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)
CEDARWOOD-YOUNG COMPANY

14620 JOANBRIDGE STREET
BALDWIN PARK, CA 91706

2b Employer Identification Number (EIN)
95-2412088

2c Plan Sponsor's telephone number
626-962-4047

2d Business code (see instructions)
322200

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.	10/10/2016	VANESS MARTINEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	288
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	265
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	259
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	285
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	285
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
CEDARWOOD-YOUNG COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CEDARWOOD-YOUNG COMPANY

D Employer Identification Number (EIN)
95-2412088

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65 71	RECORDKEEPER	2391	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF LG CAP VAL INV - BOSTON FINANC 52-2206685	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BAIRD CORE PLUS INV - US BANCORP F 39-0281260	0.27%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN MTL GLB DISC A - FRANKLIN TEM 94-3167260	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM MID CAP VALUE A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINA BFDS BUILDING, 30 DAN ROAD CANTON, MA 02021	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PRU/J MID CAP GR A - PRUDENTIAL MU 22-3703799	0.35%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
CEDARWOOD-YOUNG COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CEDARWOOD-YOUNG COMPANY

D Employer Identification Number (EIN)
95-2412088

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	909486	1225505
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	3259484	2574027
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	287593	340916
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8061937	8350014
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	12518500	12490462
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12518500	12490462

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)	189594	
	(B) Participants	2a(1)(B)	548349	
	(C) Others (including rollovers)	2a(1)(C)	39306	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		777249
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	163	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	26763	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26926
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	61002	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	446590	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		507592
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1469020	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1556429	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-87409
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	-547812	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-547812

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-509213
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		167333
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	162273	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		162273
f Corrective distributions (see instructions)	2f		35108
g Certain deemed distributions of participant loans (see instructions)	2g		-5895
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	3010	
(4) Other	2i(4)	875	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3885
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		195371
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-28038
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DOUGHERTY & COMPANY **(2)** EIN: 95-3871065

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
CEDARWOOD-YOUNG COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CEDARWOOD-YOUNG COMPANY

D Employer Identification Number (EIN)
95-2412088

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

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

CEDARWOOD-YOUNG COMPANY
401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2015

DOUGHERTY & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. MERSCH
NONI S. PATCHETT*
*A PROFESSIONAL CORPORATION

500 NORTH CENTRAL AVENUE
SUITE 325
GLENDALE, CALIFORNIA 91203

(818) 543-3682
FAX (818) 240-0520
E-MAIL: CPASFORLA@AOL.COM

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Cedarwood-Young Company 401(k) Plan
Baldwin Park, California

We were engaged to audit the accompanying financial statements of Cedarwood-Young Company 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note K, which was certified by Fidelity Management

Trust Company, the custodian trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian trustee as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

Dougherty & Company

Glendale, California
September 24, 2016

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments		
Fidelity - Cash	$ 1,225,505	$ 909,486
Fidelity - Corporate common stocks	2,574,028	3,259,484
Fidelity - Registered investment companies	8,350,014	8,061,938
Total Investments	12,149,547	12,230,908
Receivables		
Notes receivable from participants, see Note A	340,915	287,592
Total Receivables	340,915	287,592
TOTAL ASSETS	$ 12,490,462	$ 12,518,500
LIABILITIES		
Excess contributions to return	$ 42,099	$ 35,108
TOTAL LIABILITIES	42,099	35,108
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE AND NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 12,448,363	$ 12,483,392

See accompanying notes

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Year Ended December 31, 2015

BALANCE, BEGINNING OF YEAR		$ 12,483,392
Contributions:		
Employer	$ 189,594	
Employee	548,349	
Rollover	39,306	777,249
Earnings on investments:		
Interest and money market dividends		163
Dividends - registered investment companies	61,002	
Dividends - common stocks	446,590	507,592
Net investment (loss) from registered investment companies	(87,409)	
Net investment (loss) from common stocks	(1,057,025)	(1,144,434)
Other income:		
Participant loan interest		26,763
TOTAL ADDITIONS		167,333
Distributions:		
Benefit payments	(162,272)	
Corrective distributions	(42,099)	
Deemed distribution of loan - see Note D	5,894	(198,477)
Contract administration expense - see Note B		(3,885)
NET (DECREASE)		(35,029)
BALANCE, END OF YEAR		$ 12,448,363

See accompanying notes

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2015

NOTE A - Description of Plan

The following description of the Cedarwood-Young Company ("Company") 401(k) Plan ("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 is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has both 401(k) and profit sharing features. It covers all full-time employees when they meet the eligibility requirements of one year of service with at least 1,000 hours of labor and have attained 21 years of age.

Contributions. 401(k) contributions to the Plan are composed of employee and employer portions. Employees can elect to contribute up to $18,000 through salary reduction. Employees eligible for catch-up deferrals may contribute up to an additional $6,000. The Company computes the match of the employee's contribution at the percentage declared by the Board of Directors on a weekly payroll basis.

The Plans also provides the Company with the opportunity to decide each Plan year whether to make a discretionary non-elective employer contribution on behalf of eligible active participants. If such an election is made, the contribution is allocated based upon a non-integrated formula of each eligible active participant's compensation to total active participant compensation. To be eligible for a non-elective employer contribution, the participant must be employed on the last day of the plan year and have earned at least 1,000 hours of service during the plan year.

Participant Accounts. Each participant's account is credited with the participant's contribution, employer matching, employer non-elective contribution, and investment earnings. Each participant's account is charged with investment losses, benefits paid, and administrative expenses. Participants have direct control over the investing of their account, meeting the requirements of ERISA 404(c). Changes in investment market values and income are allocated specifically to participant accounts depending on the performance of funds in which they have elected to invest. The vested portion of the participant's account is the benefit to which the participant is entitled.

Vesting. Participants are fully vested in their elective contributions and the matching employer contributions on them. Participants vest in non-elective employer contributions over a period of six years of vesting service. When years of Vesting Service are determined, the elapsed time method is used.

NOTE A - Description of Plan – continued

Notes Receivable from Participants. Participants may borrow the lesser of up to 50% of their vested Plan account balance as measured at time of the loan or $50,000. Loans are secured by the balance in the participant's account and bear interest rates ranging from 5% to 8%, which are commensurate with local prevailing rates as determined by the Plan administrator at the time. Principal and interest are generally paid ratably through regular payroll deductions.

Payment of Benefits. The Plan provides cash benefits for participants when they retire, die or terminate employment with the Company. Participants may elect to receive their vested interest in the form of a lump-sum payment, installment payments, or as a life annuity depending if the separation is due to normal retirement, disability retirement, death, or termination. Normal retirement age under the Plan is sixty-five (65).

Forfeited Accounts. When a participant terminates employment with the Company or incurs a "break in service" a portion of the participant's interest in the Plan may be forfeited depending on the number of years of service. At December 31, 2015 and 2014, the forfeited non-vested accounts totaled $374 and $244, respectively. These accounts will be used to reduce future employer contributions or pay expenses.

NOTE B - Summary of Significant Accounting Policies

The financial statements and notes are representation of the Trustees, who are responsible for their integrity and objectivity.

Basis of Accounting. The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. The investments are reported at fair value based upon current published market prices. The difference between the current value and cost of the investments is reflected in the statement of changes in net assets available for plan benefits.

Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE B - Summary of Significant Accounting Policies - continued

Excess Contributions Payable. Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2015 excess contributions to the applicable participants prior to March 15, 2016.

Administration Expenses. Many of the expenses of maintaining the Plan are generally paid by the Company except for the costs incurred specifically by participants at their direction and some of the record keeping fees. For example, if participants choose the self-directed brokerage investment option, their individual accounts are charged the custodian's quarterly account fee directly for having that extra option. Other fees possibly charged directly to participant accounts are elective advisory fees, wire fees, express mail service charges, and mutual funds fees charged at the fund level. Fund fees are netted with fund income and can be determined by viewing the fund prospectus. For the year ended December 31, 2015, fees paid by plan are $3,885.

Payments of Benefits. Benefits are recorded when paid.

Subsequent events. Subsequent events have been evaluated through September 24, 2016, which is the date the financial statements were available to be issued.

NOTE C - Investments

The investments are held by the custodian trustee and certified as described in Note K. The funds are invested by them in the manner directed by the participant. The selection of funds from which to choose offers a range of potential returns and corresponding risk. Participants selecting the self-directed brokerage option expand their investing options even more.

The following presents investments at December 31, 2015 and 2014 that represent 5% or more of the Plan's net assets.

	2015	2014
Fidelity Freedom 2020 Fund, 130,614 and 114,621 shares, respectively	$ 1,897,818	$ 1,760,582
Fidelity Freedom 2030 Fund, 50,860 and 50,842 shares, respectively	773,574	820,075
Fidelity Freedom 2015 Fund, 47,593 and 55,803 shares, respectively	567,311	703,675
Fidelity Freedom 2025 Fund, 82,582 and 70,574 shares, respectively	1,027,321	927,343
Fidelity Freedom 2035 Fund, 88,653 and 79,084 shares, respectively	1,109,055	1,048,658

NOTE C - Investments – continued

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $1,144,434 as follows:

	2015
Mutual Funds	$ (87,409)
Common Stocks	(1,057,025)
	$ (1,144,434)

NOTE D - Distributions

Distributions made during the year fall into the three categories of corrective distributions, benefit payments, and deem distribution of loans. The corrective distributions are required to meet discrimination testing. Benefit payments include distributions allowed under the Plan's hardship provision as well as those relating to retirement, disability, termination, and death. When payments are not being received on participant loans, the plan administrator makes the determination if the loan is uncollectible and a deemed distribution needs to occur. During 2015, a deemed loan distributed during a prior year was repaid.

NOTE E - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The fair value measurement accounting literature establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. For the years presented, no Level 2 or 3 inputs are required. The fair value hierarchy levels used by the plan are described as follows:

> ***Level 1*** - Inputs to this valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
>
> 1. Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.
>
> 2. Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

NOTE E - Fair Value Measurements – continued

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

December 31, 2015	Total	Level 1
Interest-bearing cash:		
Money market funds	$ 1,225,505	$ 1,225,505
	1,225,505	1,225,505
Mutual funds:		
Balance funds	6,760,520	6,760,520
Growth funds	684,846	684,846
Index funds	298,495	298,495
Fixed funds	164,315	164,315
Value funds	441,838	441,838
	8,350,014	8,350,014
Common stocks:		
Computer peripherals	79,600	79,600
Consumer electronics	221,046	221,046
Railroad	328,440	328,440
Oil & gas	393,647	393,647
Biotechnology	56,680	56,680
Communication equipment	217,620	217,620
Drug manufacturers	447,424	447,424
Banking	364,838	364,838
Diversified machinery	319,288	319,288
Other	145,445	145,445
	2,574,028	2,574,028
Total Assets at Fair Value	$ 12,149,547	$ 12,149,547

NOTE E - Fair Value Measurements- continued

December 31, 2014	Total	Level 1
Interest-bearing cash:		
Money market funds	$ 909,486	$ 909,486
	909,486	909,486
Mutual funds:		
Balance funds	6,838,730	6,838,730
Growth funds	586,442	586,442
Fixed funds	415,058	415,058
Value funds	221,708	221,708
	8,061,938	8,061,937
Common stocks:		
Computer peripherals	470,176	470,176
Consumer electronics	231,798	231,798
Railroad	500,346	500,346
Oil & gas	486,500	486,500
Biotechnology	18,535	18,535
Communication equipment	243,660	243,660
Drug manufacturers	445,254	445,254
Banking	381,476	381,476
Chemicals	19,992	19,992
Industrial metals and minerals	118,770	118,770
Diversified machinery	257,754	257,754
Airlines	26,815	26,815
Utilities	14,905	14,905
Other	43,503	43,503
	3,259,484	3,259,485
Total Assets at Fair Value	$ 12,230,908	$ 12,230,908

There have been no changes in the fair value methodologies used at December 31, 2015 and 2014. Also, the methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - Fair Value Measurements- continued

The amount of gains or losses for the year attributable to the changes in unrealized gains or losses relating to assets still held at the reporting date and included in changes in net assets available for benefits is a net loss of $81,361.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2015 are reported in net appreciation in fair value of investments.

NOTE F - Income Tax Status and Plan Amendments

The Company has adopted the Fidelity Prototype Plan. The Internal Revenue Service (IRS) has determined and informed the Prototype Sponsor by a letter dated October 9, 2003, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. Although the Plan has been amended since receiving the determination letter, these amendments were required by legislated changes following the determination date. The Trustees and Plan administrator believe the Plan is designed and is currently being operated to be in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the plan is qualified and the related trust is tax-exempt.

The Plan can be subject to examinations by the Internal Revenue Service or the Department of Labor (DOL). These governing agencies have different periods for statues of limitations. The common statues are three years for the IRS from date of filing and six years for the DOL.

NOTE G - Cash Balances and Interest-bearing Accounts

Noninterest-bearing cash are funds in the process of being invested. Interest-bearing cash has been placed by participants in money market funds and short term certificates of deposit. Periodically throughout the year, balances may be in excess of federally insured limits or maintained in money market funds that are not federally insured.

NOTE H - Risks and Uncertainties

The Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain the investments, it is at least reasonably possible that changes in the values of investment will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. As an ERISA section 404(c) plan, such risk is borne by the participant and not the Trustees.

NOTE I - Corrective Distributions

Corrective distributions required for 2015 but paid during 2016 are $42,099. Corrective distributions required for 2014 but paid during 2015 are $35,108. Any employer related match is allocated to forfeitures.

NOTE J - Disclosures Required by ERISA and the Department of Labor

ERISA and DOL regulations require that supplemental schedules be presented when certain conditions are met. The Trustees has determined that the Plan only meets conditions that require a schedule of assets held for investment purposes at end of year be presented.

NOTE K - Information Certified by the Custodian Trustee (Unaudited)

The following is a summary of the information included in the accompanying financial statements and supplemental schedules that was obtained from data that has been prepared and certified to as complete and accurate by the custodian trustee.

	2015	2014
Investments:		
Interest bearing cash	$ 1,225,505	$ 909,486
Corporate common stocks	2,574,028	3,259,484
Registered investment companies	8,350,014	8,061,938
Receivables:		
Notes receivable from participants	340,915	287,592
TOTAL ASSETS	$ 12,490,462	$ 12,518,500
Other Items:		
Contributions	$ 777,249	$ 668,702
Disbursements	191,486	417,980
Investment (loss) income and interest	(609,916)	786,939
Administration expenses	3,885	5,686

Schedules certified by the custodian trustee are Summary of Net Trust Assets, Summary of Plan Operations, 5500 Worksheet, 5% reportable Transactions Report, and Trial Balance.

NOTE L - Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is a related party to Fidelity Management Trust Company, the custodian trustee as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. However, Fidelity is not compensated for its investment management service other than the typical mutual fund fees charged at the fund level, such as 12B-1 fees, or fees charged directly to participants for specific services, see Note B. The mutual fund fees are netted with income at the fund level. The Company generally pays most of the administration costs including the fee Fidelity receives for its record keeping services.

NOTE M - Reconciliation of Financial Statement to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 12,448,363	$ 12,483,392
Accrued payable for excess contributions	42,099	35,108
Net assets available for benefits per Schedule H to the form 5500	$ 12,490,462	$ 12,518,500

For financial statement purposes, the Plan has accrued the payable for the excess contributions returned by March 15th of the following year. This accrual is not reflected on the Schedule H.

NOTE N - Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE O - Insurance and Bonding

Insurance and bonding requirements are met by general insurance carried by the Company.

SUPPLEMENTARY INFORMATION

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2015

EIN 95-2412088; Plan 001
Form 5500, Schedule H - Part IV Line I
Schedule of assets held for investment purposes at end of year:

(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
*	Fidelity Investments	Brokerage Link - Stock	2,172,835	2,574,027
*	Fidelity Investments	Brokerage Link - Cash	127,880	127,880
*	Fidelity Investments	ABF large Cap Value	142,290	138,539
*	Fidelity Investments	Franklin Mutual Discovery Fund A	161,226	154,254
*	Fidelity Investments	PRU/J Mid Cap Gr A	166,370	156,328
*	Fidelity Investments	JPM Mid Cap Value A	88,463	82,115
*	Fidelity Investments	Baird Core Plus	227,812	221,184
*	Fidelity Investments	Balance Fund	218,019	230,743
*	Fidelity Investments	Intl Discovery	185,195	200,036
*	Fidelity Investments	Stock Sel All Cap	106,150	100,323
*	Fidelity Investments	Strategic Income	39,998	38,590
*	Fidelity Investments	Freedom Income	130,609	125,724
*	Fidelity Investments	Freedom 2010	238,274	237,317
*	Fidelity Investments	Freedom 2020	1,936,162	1,897,818
*	Fidelity Investments	Freedom 2030	758,288	773,574
*	Fidelity Investments	Small Cap Discovery	189,708	174,229
*	Fidelity Investments	Retirement Money Market	1,097,626	1,097,626
*	Fidelity Investments	Freedom 2040	381,123	390,782
*	Fidelity Investments	Freedom 2005	148,623	149,028
*	Fidelity Investments	Freedom 2015	571,986	567,311
*	Fidelity Investments	Freedom 2025	947,964	1,027,321
*	Fidelity Investments	Freedom 2035	1,088,909	1,109,055
*	Fidelity Investments	Spartan 500 Index	201,118	214,647
*	Fidelity Investments	Freedom 2045	193,564	194,957
*	Fidelity Investments	Freedom 2050	52,987	51,947
*	Fidelity Investments	Spartan US Bond	38,965	38,296
*	Fidelity Investments	Freedom 2055	31,093	30,344
*	Fidelity Investments	Spartan Global Index	9,074	8,272
*	Fidelity Investments	Spartan Mid Cap Index	25,822	23,444
*	Fidelity Investments	Spartan Small Cap Index	15,252	13,836
	Participant Loan	5%-8%	-	340,915

See accompanying notes

CEDARWOOD-YOUNG COMPANY
401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2015

DOUGHERTY & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. MERSCH
NONI S. PATCHETT*
*A PROFESSIONAL CORPORATION

500 NORTH CENTRAL AVENUE
SUITE 325
GLENDALE, CALIFORNIA 91203

(818) 543-3682
FAX (818) 240-0520
E-MAIL: CPASFORLA@AOL.COM

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Cedarwood-Young Company 401(k) Plan
Baldwin Park, California

We were engaged to audit the accompanying financial statements of Cedarwood-Young Company 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note K, which was certified by Fidelity Management

Trust Company, the custodian trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian trustee as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

Dougherty & Company

Glendale, California
September 24, 2016

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments		
Fidelity - Cash	$ 1,225,505	$ 909,486
Fidelity - Corporate common stocks	2,574,028	3,259,484
Fidelity - Registered investment companies	8,350,014	8,061,938
Total Investments	12,149,547	12,230,908
Receivables		
Notes receivable from participants, see Note A	340,915	287,592
Total Receivables	340,915	287,592
TOTAL ASSETS	$ 12,490,462	$ 12,518,500
LIABILITIES		
Excess contributions to return	$ 42,099	$ 35,108
TOTAL LIABILITIES	42,099	35,108
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE AND NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 12,448,363	$ 12,483,392

See accompanying notes

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Year Ended December 31, 2015

BALANCE, BEGINNING OF YEAR		$ 12,483,392
Contributions:		
Employer	$ 189,594	
Employee	548,349	
Rollover	39,306	777,249
Earnings on investments:		
Interest and money market dividends		163
Dividends - registered investment companies	61,002	
Dividends - common stocks	446,590	507,592
Net investment (loss) from registered investment companies	(87,409)	
Net investment (loss) from common stocks	(1,057,025)	(1,144,434)
Other income:		
Participant loan interest		26,763
TOTAL ADDITIONS		167,333
Distributions:		
Benefit payments	(162,272)	
Corrective distributions	(42,099)	
Deemed distribution of loan - see Note D	5,894	(198,477)
Contract administration expense - see Note B		(3,885)
NET (DECREASE)		(35,029)
BALANCE, END OF YEAR		$ 12,448,363

See accompanying notes

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2015

NOTE A - Description of Plan

The following description of the Cedarwood-Young Company ("Company") 401(k) Plan ("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 is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has both 401(k) and profit sharing features. It covers all full-time employees when they meet the eligibility requirements of one year of service with at least 1,000 hours of labor and have attained 21 years of age.

Contributions. 401(k) contributions to the Plan are composed of employee and employer portions. Employees can elect to contribute up to $18,000 through salary reduction. Employees eligible for catch-up deferrals may contribute up to an additional $6,000. The Company computes the match of the employee's contribution at the percentage declared by the Board of Directors on a weekly payroll basis.

The Plans also provides the Company with the opportunity to decide each Plan year whether to make a discretionary non-elective employer contribution on behalf of eligible active participants. If such an election is made, the contribution is allocated based upon a non-integrated formula of each eligible active participant's compensation to total active participant compensation. To be eligible for a non-elective employer contribution, the participant must be employed on the last day of the plan year and have earned at least 1,000 hours of service during the plan year.

Participant Accounts. Each participant's account is credited with the participant's contribution, employer matching, employer non-elective contribution, and investment earnings. Each participant's account is charged with investment losses, benefits paid, and administrative expenses. Participants have direct control over the investing of their account, meeting the requirements of ERISA 404(c). Changes in investment market values and income are allocated specifically to participant accounts depending on the performance of funds in which they have elected to invest. The vested portion of the participant's account is the benefit to which the participant is entitled.

Vesting. Participants are fully vested in their elective contributions and the matching employer contributions on them. Participants vest in non-elective employer contributions over a period of six years of vesting service. When years of Vesting Service are determined, the elapsed time method is used.

NOTE A - Description of Plan – continued

Notes Receivable from Participants. Participants may borrow the lesser of up to 50% of their vested Plan account balance as measured at time of the loan or $50,000. Loans are secured by the balance in the participant's account and bear interest rates ranging from 5% to 8%, which are commensurate with local prevailing rates as determined by the Plan administrator at the time. Principal and interest are generally paid ratably through regular payroll deductions.

Payment of Benefits. The Plan provides cash benefits for participants when they retire, die or terminate employment with the Company. Participants may elect to receive their vested interest in the form of a lump-sum payment, installment payments, or as a life annuity depending if the separation is due to normal retirement, disability retirement, death, or termination. Normal retirement age under the Plan is sixty-five (65).

Forfeited Accounts. When a participant terminates employment with the Company or incurs a "break in service" a portion of the participant's interest in the Plan may be forfeited depending on the number of years of service. At December 31, 2015 and 2014, the forfeited non-vested accounts totaled $374 and $244, respectively. These accounts will be used to reduce future employer contributions or pay expenses.

NOTE B - Summary of Significant Accounting Policies

The financial statements and notes are representation of the Trustees, who are responsible for their integrity and objectivity.

Basis of Accounting. The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. The investments are reported at fair value based upon current published market prices. The difference between the current value and cost of the investments is reflected in the statement of changes in net assets available for plan benefits.

Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE B - Summary of Significant Accounting Policies - continued

Excess Contributions Payable. Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2015 excess contributions to the applicable participants prior to March 15, 2016.

Administration Expenses. Many of the expenses of maintaining the Plan are generally paid by the Company except for the costs incurred specifically by participants at their direction and some of the record keeping fees. For example, if participants choose the self-directed brokerage investment option, their individual accounts are charged the custodian's quarterly account fee directly for having that extra option. Other fees possibly charged directly to participant accounts are elective advisory fees, wire fees, express mail service charges, and mutual funds fees charged at the fund level. Fund fees are netted with fund income and can be determined by viewing the fund prospectus. For the year ended December 31, 2015, fees paid by plan are $3,885.

Payments of Benefits. Benefits are recorded when paid.

Subsequent events. Subsequent events have been evaluated through September 24, 2016, which is the date the financial statements were available to be issued.

NOTE C - Investments

The investments are held by the custodian trustee and certified as described in Note K. The funds are invested by them in the manner directed by the participant. The selection of funds from which to choose offers a range of potential returns and corresponding risk. Participants selecting the self-directed brokerage option expand their investing options even more.

The following presents investments at December 31, 2015 and 2014 that represent 5% or more of the Plan's net assets.

	2015	2014
Fidelity Freedom 2020 Fund, 130,614 and 114,621 shares, respectively	$ 1,897,818	$ 1,760,582
Fidelity Freedom 2030 Fund, 50,860 and 50,842 shares, respectively	773,574	820,075
Fidelity Freedom 2015 Fund, 47,593 and 55,803 shares, respectively	567,311	703,675
Fidelity Freedom 2025 Fund, 82,582 and 70,574 shares, respectively	1,027,321	927,343
Fidelity Freedom 2035 Fund, 88,653 and 79,084 shares, respectively	1,109,055	1,048,658

NOTE C - Investments – continued

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $1,144,434 as follows:

	2015
Mutual Funds	$ (87,409)
Common Stocks	(1,057,025)
	$ (1,144,434)

NOTE D - Distributions

Distributions made during the year fall into the three categories of corrective distributions, benefit payments, and deem distribution of loans. The corrective distributions are required to meet discrimination testing. Benefit payments include distributions allowed under the Plan's hardship provision as well as those relating to retirement, disability, termination, and death. When payments are not being received on participant loans, the plan administrator makes the determination if the loan is uncollectible and a deemed distribution needs to occur. During 2015, a deemed loan distributed during a prior year was repaid.

NOTE E - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The fair value measurement accounting literature establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. For the years presented, no Level 2 or 3 inputs are required. The fair value hierarchy levels used by the plan are described as follows:

> ***Level 1*** - Inputs to this valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
>
> 1. Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.
>
> 2. Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

NOTE E - Fair Value Measurements – continued

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Contributions	$ 777,249	$ 668,702
Disbursements	191,486	417,980
Investment (loss) income and interest	(609,916)	786,939
Administration expenses	3,885	5,686

Schedules certified by the custodian trustee are Summary of Net Trust Assets, Summary of Plan Operations, 5500 Worksheet, 5% reportable Transactions Report, and Trial Balance.

NOTE L - Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is a related party to Fidelity Management Trust Company, the custodian trustee as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. However, Fidelity is not compensated for its investment management service other than the typical mutual fund fees charged at the fund level, such as 12B-1 fees, or fees charged directly to participants for specific services, see Note B. The mutual fund fees are netted with income at the fund level. The Company generally pays most of the administration costs including the fee Fidelity receives for its record keeping services.

NOTE M - Reconciliation of Financial Statement to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 12,448,363	$ 12,483,392
Accrued payable for excess contributions	42,099	35,108
Net assets available for benefits per Schedule H to the form 5500	$ 12,490,462	$ 12,518,500

For financial statement purposes, the Plan has accrued the payable for the excess contributions returned by March 15th of the following year. This accrual is not reflected on the Schedule H.

NOTE N - Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE O - Insurance and Bonding

Insurance and bonding requirements are met by general insurance carried by the Company.

SUPPLEMENTARY INFORMATION

CEDARWOOD-YOUNG COMPANY 401(K) PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2015

EIN 95-2412088; Plan 001
Form 5500, Schedule H - Part IV Line I
Schedule of assets held for investment purposes at end of year:

(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
*	Fidelity Investments	Brokerage Link - Stock	2,172,835	2,574,027
*	Fidelity Investments	Brokerage Link - Cash	127,880	127,880
*	Fidelity Investments	ABF large Cap Value	142,290	138,539
*	Fidelity Investments	Franklin Mutual Discovery Fund A	161,226	154,254
*	Fidelity Investments	PRU/J Mid Cap Gr A	166,370	156,328
*	Fidelity Investments	JPM Mid Cap Value A	88,463	82,115
*	Fidelity Investments	Baird Core Plus	227,812	221,184
*	Fidelity Investments	Balance Fund	218,019	230,743
*	Fidelity Investments	Intl Discovery	185,195	200,036
*	Fidelity Investments	Stock Sel All Cap	106,150	100,323
*	Fidelity Investments	Strategic Income	39,998	38,590
*	Fidelity Investments	Freedom Income	130,609	125,724
*	Fidelity Investments	Freedom 2010	238,274	237,317
*	Fidelity Investments	Freedom 2020	1,936,162	1,897,818
*	Fidelity Investments	Freedom 2030	758,288	773,574
*	Fidelity Investments	Small Cap Discovery	189,708	174,229
*	Fidelity Investments	Retirement Money Market	1,097,626	1,097,626
*	Fidelity Investments	Freedom 2040	381,123	390,782
*	Fidelity Investments	Freedom 2005	148,623	149,028
*	Fidelity Investments	Freedom 2015	571,986	567,311
*	Fidelity Investments	Freedom 2025	947,964	1,027,321
*	Fidelity Investments	Freedom 2035	1,088,909	1,109,055
*	Fidelity Investments	Spartan 500 Index	201,118	214,647
*	Fidelity Investments	Freedom 2045	193,564	194,957
*	Fidelity Investments	Freedom 2050	52,987	51,947
*	Fidelity Investments	Spartan US Bond	38,965	38,296
*	Fidelity Investments	Freedom 2055	31,093	30,344
*	Fidelity Investments	Spartan Global Index	9,074	8,272
*	Fidelity Investments	Spartan Mid Cap Index	25,822	23,444
*	Fidelity Investments	Spartan Small Cap Index	15,252	13,836
	Participant Loan	5%-8%	-	340,915

See accompanying notes