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
DASH MARKETS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1988

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)

DASH MARKETS INC.

1770 HERTEL AVENUE
BUFFALO, NY 14216

2b Employer Identification Number (EIN)
16-0928497

2c Plan Sponsor's telephone number
716-834-0246

2d Business code (see instructions)
445110

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.	10/12/2016	JOSEPH DASH
	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**	240
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)**	240
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	267
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	271
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	271
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
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 2G 2J 2S 2T 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)	[X]	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)	[X]	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)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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
DASH MARKETS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

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.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	74380143	124	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	(b) Total amount of fees paid
336	0

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

MORGAN STANLEY AND CO LLC
1 NEW YORK PLAZA, 12TH FLOOR
ANNUITY AND INS. OPERATIONS
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
336	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	

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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.	**6d**	

Specify nature of costs ▶

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 ▶

b	Balance at the end of the previous year			**7b**	117242
c	Additions: (1) Contributions deposited during the year	**7c(1)**	3970		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	2130		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	6100
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	123342
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	542		
	(2) Administration charge made by carrier	**7e(2)**	265		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	807
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	122535

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 ☐ paid in cash, or ☐ 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. ▶

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
DASH MARKETS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

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

ARTISAN FUNDS
P.O. BOX 8412
BOSTON, MA 02266-8412

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

THE VANGUARD GROUP
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

T ROWE PRICE
100 EAST PRATT ST
BALTIMORE, MD 21202

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

FEDERATED FUNDS
5800 CORPORATE DR
PITTSBURGH, PA 15222

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

GLENMEDE FUND INCL

ONE LIBERTY PLACE
1650 MARKET ST STE 1200
PHILADELPHIA, PA 19103

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

DREYFUS MIDCAP INDEX FUND INC

200 PARK AVE
NEW YORK, NY 10166

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

PIMCO INVESTMENTS LLC

1633 BROADWAY
NEW YORK, NY 10019

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

COHEN & STEERS REALTY SHARES INC.

280 PARK AVE 10TH FLOOR
NEW YORK, NY 10017

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

MARSHALL FUNDS INC.

111 EAST KILBOURN AVE
MILWAUKEE, WI 53202

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

VICTORY PORTFOLIOS

3435 STELZER RD SUITE 1000
COLUMBUS, OH 43219

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

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 18 19 49	CONTRACT ADMIN	33141	Yes [X] No [ ]	Yes [ ] No [X]	2455	Yes [ ] No [X]

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

MORGAN STANLEY & CO, LLC

ANNUNITY AND INS. OPERATOR
1 NEW YORK PLAZA 12TH FL
NEW YORK, NY 10004

(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?
72	BROKER	13700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PENSION SERVICE, INC.

270 NORTHPOINTE, PARKWAY STE 10
AMHERST, NY 14228

(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?
64	RECORD KEEPER	10091	Yes [X] No [ ]	Yes [ ] No [X]	3481	Yes [ ] No [X]

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
NATIONWIDE	19	2455

(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.
38-2340348	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PENSION SERVICES INC.	19 64	3481

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	SERVICE PROVIDER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY & CO. LLC	33 99	13700

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	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

(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

(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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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
DASH MARKETS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

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)
22-2712853-001	C	185

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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 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

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 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)

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
DASH MARKETS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

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)		
(2) Participant contributions	1b(2)	3145	
(3) Other	1b(3)		17
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8	
(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)		
(9) Value of interest in common/collective trusts	1c(9)		185
(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)	2295435	2282270
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	117243	122535
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	2415831	2405007
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
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	2415831	2405007

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)		
	(B) Participants	2a(1)(B)	166586	
	(C) Others (including rollovers)	2a(1)(C)	14508	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		181094
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2098	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2098
	(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)		0
	(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)		0

		(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)		-45137
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		138055
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	130772	
(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)		130772
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	10434	
(4) Other	2i(4)	7673	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18107
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		148879
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10824
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) [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: SZYMKOWIAK & ASSOCIATES, CPAS P.C. (2) EIN: 16-1600045

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			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?	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		X		
p	Were in-service distributions made during the plan year?	4p		X		

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
DASH MARKETS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

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): 31-1592130

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

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Financial Statements and
Supplemental Schedule

December 31, 2015 and 2014

Dash Markets, Inc. 401(k)
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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not required.

Independent Auditor's Report

To the Participants and Plan Administrator of the
Dash Markets, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dash Markets, Inc. 401(k) Profit Sharing Plan (the "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 conducting the 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 5, which was certified by Nationwide Trust Company, FSB and Northwest Savings Bank, the asset custodians or trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule.

Basis for Disclaimer of Opinion (continued)

We have been informed by the plan administrator that Northwest Savings Bank held the Plan's investment assets and executed investment transactions as of December 31, 2015, and for the period December 1, 2015 to December 31, 2015, and that Nationwide Trust Company, FSB held the Plan's investment assets and executed investment transactions as of December 31, 2015 and 2014, and for the period January 1, 2015 to December 31, 2015. The plan administrator has obtained certifications from the asset custodians or trustees as of and for the years ended December 31, 2015 and 2014 that the information provided to the plan administrator by the asset custodians or trustees 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 at end of year) as of December 31, 2015 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 for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 asset custodians or trustees, 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.

Szypulski & Associates, CPAs

Williamsville, New York
September 15, 2016

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Investments at Fair Value		
Cash and cash equivalents	$ -	$ 8
Collective investment funds	185	-
Mutual funds	2,282,270	2,295,435
Total investments at fair value	2,282,455	2,295,443
Investments at Contract Value		
Guaranteed interest accounts	122,535	117,243
Total investments	2,404,990	2,412,686
Receivables		
Participant contributions	-	228,145
Accrued interest and dividends	17	-
Total receivables	17	228,145
Net assets available for benefits	$ 2,405,007	$ 2,640,831

See independent auditor's report and notes to financial statements.

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2015

Additions		
Investment income:		
Dividends	$	233
Interest		1,865
Total investment income		2,098
Participant Contributions		181,094
Total additions		183,192
Deductions		
Net depreciation in fair value of investments		45,137
Benefits paid to participants		355,772
Administrative expenses		18,107
Total deductions		419,016
Net decrease		(235,824)
Net Assets Available for Benefits		
Beginning of year		2,640,831
End of year	$	2,405,007

See independent auditor's report and notes to financial statements.

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Notes to Financial Statements
December 31, 2015 and 2014

1. Description of the Plan

The following brief description of the Dash Markets, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. For more complete information, participants should refer to the plan agreement.

General – The Plan was established on October 1, 1988 and is sponsored by Dash Markets, Inc. (the "Company"). The Plan is a contributory defined contribution plan which covers substantially all employees of the Company. Employees become eligible to participate in the Plan on the enrollment date coinciding with or following the date on which they attain age 21 and complete one year of service. The enrollment dates are the first day of each quarter. Employees are automatically enrolled in the Plan at the time they become eligible, unless they submit a signed form to opt out of participation. Employees actively employed on the last day of the plan year are eligible to participate in discretionary profit sharing contributions if they complete 1,000 hours of service during the respective plan year. Employees are also eligible to participate in discretionary profit sharing contributions during a year in which they become disabled, deceased or retired, regardless of the number of hours of service credited in such year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions – Contributions to the Plan are made by the participants through pre-tax and after-tax salary reductions and by the Company through discretionary matching and profit sharing contributions. Participants may elect to contribute a specified percentage of their compensation between 1% and 100%, subject to certain limitations under Sections 401(k) and 415 of the Internal Revenue Code. Participants may separately elect to defer up to 100% of any bonuses paid. Participants who are age 50 and over are able to elect to contribute an additional amount as a catch-up contribution allowed under Section 414(v). Included in participant contributions for the year ended December 31, 2015 is $14,508 that is considered rollovers from other qualified plans. The Company did not elect to make discretionary matching or profit sharing contributions during the year ended December 31, 2015.

Participant Accounts – Individual accounts are maintained for each plan participant. Participant accounts are increased by participant contributions, the Company's contributions, and the participant's share of any plan earnings. Participant accounts are decreased by participant distributions and the participant's share of plan expenses and losses. The allocation of earnings and losses to participant accounts is based on procedures set forth in the plan document. Upon death, disability, retirement or termination of employment, the vested benefits of a participant are calculated based on the valuation of their account at the date of distribution.

Investment Allocation – The investments are allocated to any combination of various investment securities, as directed by the participants.

1. Description of the Plan (continued)

Vesting – Participants are fully vested immediately in their contributions plus actual earnings thereon. If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, the participant will vest in their portion of the Company's contributions based on total years of service with the Company. Participants vest 20% per year after two years of service and are 100% vested after six years of service. If a participant is employed by the Company on the participant's normal retirement date (age 65), the date the participant becomes permanently disabled, or the date the participant dies, the participant's vested interest in their account balance will be 100%.

Payment of Benefits and Withdrawals – Effective October 1, 2014, the Plan allows in-service withdrawals for participants who have attained age 59 ½. Prior to October 1, 2014, the Plan did not permit withdrawals during employment from participant accounts. Distributions under the Plan commence immediately if a participant dies or is permanently disabled.

Notes Receivable from Participants – The Plan does not provide for loans to participants.

Income Taxes – The prototype plan sponsor, Sungard Business Systems LLC, has obtained an opinion letter dated March 31, 2014 in which the Internal Revenue Service stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter and has not received a determination letter specific to the Plan itself, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in accordance with the Internal Revenue Code. Accordingly, no provision has been recorded for income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Plan Termination – The Company may elect to discontinue the Plan at any time. Upon any such termination, the Company will distribute the Plan's assets to participants in accordance with the terms of the plan agreement.

2. Significant Accounting Policies

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

Valuation of Investments – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for further discussion of fair value measurements. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Income – Net appreciation or depreciation in the fair value of investments includes both realized gains and losses and unrealized appreciation and depreciation on the fair value of investments. Investment transactions are accounted for on the trade date.

Benefit Payments – Benefits are recorded when paid.

Party-in-Interest Transactions – Certain plan investments are shares of mutual funds and guaranteed interest accounts managed by Nationwide Trust Company, FSB, an asset custodian and plan trustee, and accordingly, qualify as party-in-interest transactions.

Expenses – During the year ended December 31, 2015, the necessary expenses to administer the Plan were paid primarily out of plan assets. Investment related expenses are included in net appreciation or depreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Management Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits, changes therein, and disclosure of contingent net assets at the date of the financial statements. Actual results could differ from those estimates.

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 change could materially affect the balances of participant accounts and the amounts reported in the statements of net assets available for benefits.

2. Significant Accounting Policies (continued)

Subsequent Events – The Plan has evaluated subsequent events through September 15, 2016, the date the financial statements were available to be issued and has identified no subsequent events for recognition or disclosure.

3. Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Updates (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent),* which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance is effective for non-public business entities for fiscal years beginning after December 15, 2016, with early adoption permitted. The guidance requires retroactive application.

Management elected to early adopt the provisions of this new standard. Accordingly, the amendment was retrospectively applied resulting in no leveling of investments for which fair value is measured using the net asset value (NAV) per share practical expedient such as collective investment funds.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient.* Part I exempts fully benefit-responsive investment contracts from reflecting fair value and presenting related fair value measurement disclosures. Part II simplifies the level of disaggregation for investments measured using fair value by allowing plans to disaggregate their investments and present related fair value information disclosures by general type rather than by class. In addition, Part II simplifies plan investment disclosures by allowing the net appreciation or depreciation in fair value of investments to be disclosed in the aggregate rather than by general type and by eliminating the requirement to disclose individual investments with value equal to or greater than 5% of net assets available for benefits. Part III simplifies accounting for plans with a fiscal year end that does not coincide with a calendar month end by allowing plans to measure their investments using the month end closest to their fiscal year end, a measurement date practical expedient. The standard is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II should be applied retroactively and Part III should be applied prospectively.

3. Recent Accounting Pronouncements (continued)

Management elected to early adopt the provisions of this new standard. Accordingly, the amendment was retroactively applied resulting in no disclosure for individual investments greater than 5 percent of net assets, and net appreciation or depreciation disclosed in aggregate, not by investment type.

4. Fair Value Measurements

The framework for measuring fair value 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under the standard are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly such as:

- 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.

Level 3 – Inputs that are unobservable for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2015 and 2014.

The Plan's investments are stated at fair value, based on the following methodologies.

Mutual Funds – Valued at current market value as measured by quoted market prices in an active market.

4. Fair Value Measurements (continued)

Collective Investment Funds – Valued at fair value using the net asset value of the underlying assets owned by the trust net of liabilities. The net asset value is not a quoted price in an active market.

Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015.

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 20,110	$ 2,262,160	$ -	$ 2,282,270
Total assets in the fair value hierarchy	20,110	2,262,160	-	2,282,270
Investments measured at net asset value *				
Collective investment funds	-	-	-	185
Investments at fair value	$ 20,110	$ 2,262,160	$ -	$ 2,282,455

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 8	$ -	$ -	$ 8
Mutual funds	-	2,295,435	-	2,295,435
Investments at fair value	$ 8	$ 2,295,435	$ -	$ 2,295,443

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. Fair Value Measurements (continued)

Transfers between Levels

For the year ended December 31, 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015.

Type	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective Investment Funds	$ 185	n/a	Daily	n/a

There are no participant redemption restrictions for these investments.

5. Information Certified by the Asset Custodians or Trustees (Unaudited)

The following information has been certified by Nationwide Trust Company, FSB and Northwest Savings Bank to be complete and accurate as of December 31, 2015 and 2014.

	2015	2014
JP Morgan Cor Pls Bond R6 Fund	$ 151,721	$ 203,158
Vanguard Total Stock Market Index Fund AS	151,310	143,866
Fidelity Adv New Insights Inst Fund	137,682	127,684
Nationwide Fixed Select Option Fund	122,535	117,243
American Century Heritage Inst Fund	104,032	97,707
MFS Value R4 Fund	92,907	85,904
Prudential Total Return Bond Z Fund	88,469	135,709
Col Select Large Cap Growth R5 Fund	87,333	57,253
Oppenheimer International Grade Y Fund	85,653	99,429
Prudential Global Real Estate Z Fund	78,408	86,238
PIMCO Total Return Inst Fund	72,168	71,454
Legg Mason Clear Bridge Appreciation I Fund	71,073	71,538
MnSty ICAP Inst I Fund	69,120	73,124
Nationwide Destination 2025 Inst Fund	66,966	55,323
American Century Short Dur Infl Prt Bond Fund	66,369	77,384
Abrden Glbl Eq Inst Fund	65,793	79,365
Prudential High Yield Z Fund	62,246	63,712
Franklin Templeton Glbl Bd Adv Fund	61,141	-
BlackRock Srat Inc Oppr I Fund	59,282	-
MFS Research R4 Fund	57,952	86,954
JP Morgan Equity Income Select Fund	57,789	55,930
Nationwide Destination 2030 Inst Fund	40,393	18,827
DFA Emerging Markets Cor Inst Fund	39,449	39,353
MFS Global Total Return R4 Fund	39,309	39,511
Nationwide Destination 2020 Inst Fund	34,446	28,283
Oppenheimer Development Market Y Fund	33,666	37,702
Nationwide Destination 2050 Inst Fund	29,318	27,052
Nationwide Destination 2015 Inst Fund	29,299	26,041
BlackRock Health Sciences Opp Inst Fund	29,177	26,523
Vanguard Explor Adml Fund	28,841	-
Subtotal	$ 2,113,847	$ 2,032,267

5. Information Certified by the Asset Custodians or Trustees (Unaudited) (continued)

	2015	2014
Subtotal from previous page	$ 2,113,847	$ 2,032,267
Fidelity Adv Leveraged Co Stock Inst Fund	28,033	26,900
Invesco Comstock R5 Fund	26,992	29,909
Thornberg Intl Value R5 Fund	26,393	23,219
Fed Clover Small Value Inst Fund	22,550	28,359
Nationwide Destination 2010 Inst Fund	21,600	19,980
Baron Small Cap Inst Fund	20,385	16,037
Nationwide Destination 2055 Inst Fund	16,609	18,300
Harbor International Inst Fund	15,175	12,406
Neuberger Berman High Inc Bond Inst Fund	14,792	14,852
DE Small Cap Value Inst Fund	11,796	12,374
Franklin MSF Mutual Global Disc Z Fund	11,495	13,626
Nationwide Destination 2035 Inst Fund	10,851	6,422
Goldman Sachs Mid Cap Value Inst Fund	8,093	8,739
Nationwide Destination 2040 Inst Fund	7,932	7,959
Nationwide Destination 2045 Inst Fund	7,735	7,360
Goldman Sachs Small Cap Value Inst Fund	6,801	7,204
BlackRock GNMA Inst Fund	5,217	4,753
PIMCO Real Return Inst Fund	4,981	5,762
Vanguard Target Retirement 2025 Fund	3,550	-
Vanguard Target Retirement 2045 Fund	2,646	-
Vanguard Target Retirement 2015 Fund	2,232	-
Vanguard Target Retirement 2035 Fund	2,203	-
Vanguard Target Retirement 2055 Fund	2,026	-
Oppenheimer Gold & Special Minerals Y Fund	1,873	7,312
Federated Total Return Bond Fund	1,326	-
Subtotal	$ 2,397,133	$ 2,303,740

5. Information Certified by the Asset Custodians or Trustees (Unaudited) (continued)

	2015	2014
Subtotal from previous page	$ 2,397,133	$ 2,303,740
T. Rowe Price Blue Chip Growth Fund	1,249	-
Nationwide Destination 2060 Inst Fund	1,180	-
Vanguard Windsor II Fund	1,113	-
T. Rowe Price Diversified Small Cap Growth Fund	700	-
Artisan International Fund	630	-
Vanguard Target Retirement Income Fund	498	-
Nationwide Retirement Inc Inst Fund	365	-
Victory Munder Mid-Cap Core Growth Fund	341	-
Vanguard 500 Index Fund	308	-
BMO Mid Cap Value Fund	284	-
Dreyfus Midcap Index Fund	256	-
PIMCO High Yield Bond Fund	224	-
Federated Clover Small Value Fund	218	-
Federated Cap Pres Fund	185	-
Glenmede Small Cap Blend Fund	184	-
Cohen Steers Realty Shares Income Fund	92	-
Vanguard Inflat Protected Sec Fund	30	-
Oppenheimer International Bond Y Fund	-	63,421
Vanguard Explor Inv Fund	-	40,414
Invesco Energy R5 Fund	-	5,103
Dreyfus Cash Management Inst Fund	-	8
Total investments	2,404,990	2,412,686
Accrued interest and dividends	17	-
	$ 2,405,007	$ 2,412,686

Additionally, the investment income reported on the statement of changes in net assets available for benefits and information in the supplemental schedule was certified by Nationwide Trust Company, FSB and Northwest Savings Bank.

6. Fully Benefit-Responsive Investment Contract

The Plan maintains a fully benefit-responsive investment contract with Nationwide Life Insurance Company (the "Insurer"). The Insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. The Nationwide Fixed Select contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Nationwide Fixed Select contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the Plan's net assets available for benefits. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract plus earnings at guaranteed crediting rates, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

The average yield of the Nationwide Fixed Select contract based on actual earnings as well as the interest rate credited to participants approximated 1.89% during the year ended December 31, 2015.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value. There are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value.

7. Reconciliation of Financial Statements to Form 5500

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

	2014
Net assets available for benefits, per the financial statements	$ 2,640,831
Rescinded benefit payment reimbursed to Plan in 2015	(225,000)
Net assets available for benefits, per Form 5500	$ 2,415,831

7. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of benefits paid to participants, per the financial statements, to Form 5500:

		2015
Benefits paid to participants, per the financial statements	$	355,772
Rescinded benefit payment reimbursed to Plan in 2015		225,000
Benefits paid to participants, per Form 5500	$	130,772

Supplemental Schedule

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 16-0928497
Plan No.: 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
	Nationwide Trust Company, FSB			
	JP Morgan Cor Pls Bond R6 Fund	Mutual Fund, 152,794 shares		$ 151,721
	Vanguard Total Stock Market Index Fund AS	Mutual Fund, 143,539 shares		151,310
	Fidelity Adv New Insights Inst Fund	Mutual Fund, 134,191 shares		137,682
*	Nationwide Fixed Select Option Fund	Guaranteed Interest Accounts, 119,486 shares		122,535
	American Century Heritage Inst Fund	Mutual Fund, 93,612 shares		104,032
	MFS Value R4 Fund	Mutual Fund, 85,462 shares		92,907
	Prudential Total Return Bond Z Fund	Mutual Fund, 67,490 shares		88,469
	Col Select Large Cap Growth R5 Fund	Mutual Fund, 76,800 shares		87,333
	Oppenheimer International Grade Y Fund	Mutual Fund, 58,451 shares		85,653
	Prudential Global Real Estate Z Fund	Mutual Fund, 78,930 shares		78,408
	PIMCO Total Return Inst Fund	Mutual Fund, 48,283 shares		72,168
	Legg Mason Clear Bridge Appreciation I Fund	Mutual Fund, 48,995 shares		71,073
	MnSty ICAP Intl I Fund	Mutual Fund, 71,859 shares		69,120
*	Nationwide Destination 2025 Inst Fund	Mutual Fund, 45,962 shares		66,966
	American Century Short Dur Infl Prt Bond Fund	Mutual Fund, 66,118 shares		66,369
	Abrden Glbl Eq Inst Fund	Mutual Fund, 75,980 shares		65,793
	Prudential High Yield Z Fund	Mutual Fund, 65,009 shares		62,246
	Franklin Templeton Glbl Bd Adv Fund	Mutual Fund, 63,775 shares		61,141
	BlackRock Strat Inc Oppr I Fund	Mutual Fund, 60,832 shares		59,282
	MFS Research R4 Fund	Mutual Fund, 34,949 shares		57,952
	JP Morgan Equity Income Select Fund	Mutual Fund, 53,687 shares		57,789
*	Nationwide Destination 2030 Inst Fund	Mutual Fund, 26,575 shares		40,393
	DFA Emerging Markets Cor Inst Fund	Mutual Fund, 48,007 shares		39,449
	MFS Global Total Return R4 Fund	Mutual Fund, 40,933 shares		39,309
*	Nationwide Destination 2020 Inst Fund	Mutual Fund, 24,743 shares		34,446
	Oppenheimer Development Market Y Fund	Mutual Fund, 30,918 shares		33,666
*	Nationwide Destination 2050 Inst Fund	Mutual Fund, 18,261 shares		29,318
*	Nationwide Destination 2015 Inst Fund	Mutual Fund, 21,956 shares		29,299
	BlackRock Health Sciences Opp Inst Fund	Mutual Fund, 24,147 shares		29,177
	Vanguard Explor Adml Fund	Mutual Fund, 29,536 shares		28,841
	Fidelity Adv Leveraged Co Stock Inst Fund	Mutual Fund, 16,060 shares		28,033
	Invesco Comstock R5 Fund	Mutual Fund, 28,882 shares		26,992
	Thornberg Intl Value R5 Fund	Mutual Fund, 25,920 shares		26,393
	Fed Clover Small Value Inst Fund	Mutual Fund, 21,773 shares		22,550
*	Nationwide Destination 2010 Inst Fund	Mutual Fund, 16,898 shares		21,600
	Baron Small Cap Inst Fund	Mutual Fund, 21,577 shares		20,385
*	Nationwide Destination 2055 Inst Fund	Mutual Fund, 16,588 shares		16,609
	Harbor International Inst Fund	Mutual Fund, 16,739 shares		15,175
	Neuberger Berman High Inc Bond Inst Fund	Mutual Fund, 15,998 shares		14,792
	DE Small Cap Value Inst Fund	Mutual Fund, 12,904 shares		11,796
	Franklin MSF Mutual Global Disc Z Fund	Mutual Fund, 12,218 shares		11,495
*	Nationwide Destination 2035 Inst Fund	Mutual Fund, 6,897 shares		10,851
	Goldman Sachs Mid Cap Value Inst Fund	Mutual Fund, 5,000 shares		8,093
*	Nationwide Destination 2040 Inst Fund	Mutual Fund, 4,979 shares		7,932
*	Nationwide Destination 2045 Inst Fund	Mutual Fund, 4,804 shares		7,735
	Goldman Sachs Small Cap Value Inst Fund	Mutual Fund, 7,073 shares		6,801
	BlackRock GNMA Inst Fund	Mutual Fund, 5,144 shares		5,217
	PIMCO Real Return Inst Fund	Mutual Fund, 3,781 shares		4,981
	Oppenheimer Gold & Special Minerals Y Fund	Mutual Fund, 3,417 shares		1,873
*	Nationwide Destination 2060 Inst Fund	Mutual Fund, 1,221 shares		1,180
*	Nationwide Retirement Inc Inst Fund	Mutual Fund, 355 shares		365
	Subtotal			$ 2,384,695

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

EIN: 16-0928497
Plan No.: 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
	Subtotal from previous page			$ 2,384,695
	Northwest Savings Bank			
	Vanguard Target Retirement 2025 Fund	Mutual Fund, 227 shares		3,550
	Vanguard Target Retirement 2045 Fund	Mutual Fund, 149 shares		2,646
	Vanguard Target Retirement 2015 Fund	Mutual Fund, 157 shares		2,232
	Vanguard Target Retirement 2035 Fund	Mutual Fund, 131 shares		2,203
	Vanguard Target Retirement 2055 Fund	Mutual Fund, 66 shares		2,026
	Federated Total Return Bond Fund	Mutual Fund, 124 shares		1,326
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund, 17 shares		1,249
	Vanguard Windsor II Fund	Mutual Fund, 19 shares		1,113
	T. Rowe Price Diversified Small Cap Growth Fund	Mutual Fund, 27 shares		700
	Artisan International Fund	Mutual Fund, 22 shares		630
	Vanguard Target Retirement Income Fund	Mutual Fund, 40 shares		498
	Victory Munder Mid-Cap Core Growth Fund	Mutual Fund, 9 shares		341
	Vanguard 500 Index Fund	Mutual Fund, 2 shares		308
	BMO Mid Cap Value Fund	Mutual Fund, 21 shares		284
	Dreyfus Midcap Index Fund	Mutual Fund, 8 shares		256
	PIMCO High Yield Bond Fund	Mutual Fund, 27 shares		224
	Federated Clover Small Value Fund	Mutual Fund, 10 shares		218
	Federated Cap Pres Fund	Collective Investment Fund, 19 shares		185
	Glenmede Small Cap Blend Fund	Mutual Fund, 7 shares		184
	Cohen Steers Realty Shares Income Fund	Mutual Fund, 1 share		92
	Vanguard Inflat Protected Sec Fund	Mutual Fund, 1 share		30
				$ 2,404,990

*Party-in-Interest
**Cost information not required for participant-directed investments.

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 16-0928497
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	Nationwide Trust Company, FSB			
	JP Morgan Cor Pls Bond R6 Fund	Mutual Fund, 152,794 shares		$ 151,721
	Vanguard Total Stock Market Index Fund AS	Mutual Fund, 143,539 shares		151,310
	Fidelity Adv New Insights Inst Fund	Mutual Fund, 134,191 shares		137,682
*	Nationwide Fixed Select Option Fund	Guaranteed Interest Accounts, 119,486 shares		122,535
	American Century Heritage Inst Fund	Mutual Fund, 93,612 shares		104,032
	MFS Value R4 Fund	Mutual Fund, 85,462 shares		92,907
	Prudential Total Return Bond Z Fund	Mutual Fund, 67,490 shares		88,469
	Col Select Large Cap Growth R5 Fund	Mutual Fund, 76,800 shares		87,333
	Oppenheimer International Grade Y Fund	Mutual Fund, 58,451 shares		85,653
	Prudential Global Real Estate Z Fund	Mutual Fund, 78,930 shares		78,408
	PIMCO Total Return Inst Fund	Mutual Fund, 48,283 shares		72,168
	Legg Mason Clear Bridge Appreciation I Fund	Mutual Fund, 48,995 shares		71,073
	MnSty ICAP Intl I Fund	Mutual Fund, 71,859 shares		69,120
*	Nationwide Destination 2025 Inst Fund	Mutual Fund, 45,962 shares		66,966
	American Century Short Dur Infl Prt Bond Fund	Mutual Fund, 66,118 shares		66,369
	Abrden Glbl Eq Inst Fund	Mutual Fund, 75,980 shares		65,793
	Prudential High Yield Z Fund	Mutual Fund, 65,009 shares		62,246
	Franklin Templeton Glbl Bd Adv Fund	Mutual Fund, 63,775 shares		61,141
	BlackRock Strat Inc Oppr I Fund	Mutual Fund, 60,832 shares		59,282
	MFS Research R4 Fund	Mutual Fund, 34,949 shares		57,952
	JP Morgan Equity Income Select Fund	Mutual Fund, 53,687 shares		57,789
*	Nationwide Destination 2030 Inst Fund	Mutual Fund, 26,575 shares		40,393
	DFA Emerging Markets Cor Inst Fund	Mutual Fund, 48,007 shares		39,449
	MFS Global Total Return R4 Fund	Mutual Fund, 40,933 shares		39,309
*	Nationwide Destination 2020 Inst Fund	Mutual Fund, 24,743 shares		34,446
	Oppenheimer Development Market Y Fund	Mutual Fund, 30,918 shares		33,666
*	Nationwide Destination 2050 Inst Fund	Mutual Fund, 18,261 shares		29,318
*	Nationwide Destination 2015 Inst Fund	Mutual Fund, 21,956 shares		29,299
	BlackRock Health Sciences Opp Inst Fund	Mutual Fund, 24,147 shares		29,177
	Vanguard Explor Adml Fund	Mutual Fund, 29,536 shares		28,841
	Fidelity Adv Leveraged Co Stock Inst Fund	Mutual Fund, 16,060 shares		28,033
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Dash Markets, Inc. 401(k)
Profit Sharing Plan

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Schedule of Assets (Held at End of Year) (continued)
December 31, 2015

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