| -   | rm 5500-SF  | Short Form Annu  | al Return/Repor<br>Benefit Plan                 | rt of Small Employ  | /ee                           |  | OMB Nos. 1210-0110<br>1210-0089 |  |  |
|---|---|--|---|---|-------------------------------|--|---------------------------------|--|--|
|   | rtment of the Treasury<br>nal Revenue Service         | This form is required to be file   |   | 4065 of the Employee Retir  | rement                        | 2015                                       |                                 |  |  |
| Employee B  | epartment of Labor<br>enefits Security Administration | Income Security Act of 1974  | (ERISA), and sections 6<br>Revenue Code (the Co | 057(b) and 6058(a) of the Int<br>de).   | ternal                        |  | orm is Open to<br>ic Inspection |  |  |
|   | enefit Guaranty Corporation                           |  |   | tructions to the Form 5500  | )-SF.                         |  | •                               |  |  |
| For calenda   |   | Identification Information   |   | and ending 12/3   | 1/2015                        |  |                                 |  |  |
|   |   | X a single-employer plan   |   | plan (not multiemployer) (Fi  |                               | cking this bo                              | ox must attach a                |  |  |
| A This ret  | turn/report is for:                                   | a one-participant plan   |   | employer information in acco  |                               | -  |                                 |  |  |
| <b>B</b> This retu  | urn/report is   | the first return/report  | the final return/repor                          | t   |                               |  |                                 |  |  |
|   | ·   | an amended return/report   | a short plan year ret                           | urn/report (less than 12 mont   | ths)                          |  |                                 |  |  |
| C Check I   | box if filing under:                                  | X Form 5558  | automatic extension                             | I. Contraction of the second se |                               | DFVC progr                                 | am                              |  |  |
|   |   | special extension (enter desc  |   |   |                               |  |                                 |  |  |
| Part II   |   | rmation—enter all requested in   | formation                                       |   |                               |  |                                 |  |  |
| <b>1a</b> Name<br>NOBUTAKA  | •   | ECT PC 401(K) PROFIT SHARING   | G PLAN  | 1   | <b>b</b> Thre<br>plan<br>(PN) | number                                     | 002                             |  |  |
|   |   |  |   | 1   |                               | ctive date of                              | plan<br>1/2010                  |  |  |
|   |   | ver, if for a single-employer plan)<br>n, apt., suite no. and street, or P.0           | D. Box)   | 2   | 2b Emp<br>(EIN                | loyer Identif                              | ication Number                  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NOBUTAKA ASHIHARA ARCHITECT PC |   |  |   |   |                               | Sponsor's telephone number<br>212-233-1783 |                                 |  |  |
|   |   |  |   |   | 2d Busi                       | Business code (see instructions)           |                                 |  |  |
| 132 NASSAU<br>NEW YORK,   | J STREET, SUITE 132<br>NY 10038                       | 0  |   |   |                               | 5413                                       | 10                              |  |  |
| 3a Plan a   | dministrator's name an                                | d address XSame as Plan Spon   | sor.  | 3   | <b>3b</b> Adm                 | inistrator's E                             | EIN                             |  |  |
|   |   |  |   | 3   | 3c Adm                        | inistrator's t                             | elephone number                 |  |  |
|   |   | plan sponsor has changed since   | the last return/report filed                    | for this plan, enter the  | b EIN                         |  |                                 |  |  |
|   | , EIN, and the plan hun<br>or's name                  | nber from the last return/report.  |   | 4   | C PN                          |  |                                 |  |  |
| 5a Total r  | number of participants                                | at the beginning of the plan year.   |   |   | 5a                            |  | 17                              |  |  |
| <b>b</b> Total r  | number of participants                                | at the end of the plan year  |   |   | 5b                            |  | 18                              |  |  |
|   |   | account balances as of the end of  |   |   | 5c                            |  | 12                              |  |  |
| <b>d(1)</b> Tota  | al number of active par                               | ticipants at the beginning of the p  | lan year  |   | 5d(1)                         |  | 12                              |  |  |
| <b>d(2)</b> Tot   | al number of active par                               | ticipants at the end of the plan ye  | ar  |   | 5d(2)                         |  | 13                              |  |  |
|   |   | terminated employment during the   |   |   | 5e                            |  | 0                               |  |  |
|   |   | or incomplete filing of this retur   |   |   |                               |  |                                 |  |  |
| SB or Sche  |   | ner penalties set forth in the instru<br>id signed by an enrolled actuary, a<br>plete. |   |   |                               |  |                                 |  |  |
| SIGN<br>HERE  | Filed with authorized/                                | valid electronic signature.  | 10/12/2016                                      | NOBUTAKA ASHIHARA   |                               |  |                                 |  |  |
|   | Signature of plan a                                   | dministrator   | Date  | Enter name of individual  | l signing                     | as plan adn                                | ninistrator                     |  |  |
| SIGN<br>HERE  | Signature of emplo                                    | ver/plan sponsor   | Date  | Enter name of individual  | sianina                       | as emplove                                 | r or plan sponsor               |  |  |
| Preparer's  |   | ame, if applicable) and address (i   |   |   |                               | s telephone                                |                                 |  |  |
|   |   |  |   |   |                               |  |                                 |  |  |
| For Paperw  | ork Reduction Act Notic                               | e and OMB Control Numbers, see th  | e instructions for Form 550                     | 00-SF.  |                               |  | Form 5500-SF (2015)             |  |  |

| b    | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a<br>If you answered "No" to either line 6a or line 6b, the plan cann | an indeper<br>and condit   | ndent qualified public a ions.)         | account | ant (IQ  | PA)     |           |                   |
|------|---|----------------------------|---|---------|----------|---------|-----------|-------------------|
|      | If the plan is a defined benefit plan, is it covered under the PBGC in  |                            |   |         |          |         |           | No Not determined |
| Par  | t III Financial Information   |                            |   |         |          |         |           |                   |
| 7    | Plan Assets and Liabilities   |                            | (a) Beginning                           | g of Ye | ar       |         |           | (b) End of Year   |
| а    | Total plan assets   | 7a                         |   | 216     | 311      |         |           | 189052            |
| b    | Total plan liabilities  | 7b                         |   |         | 0        |         |           | 0                 |
| С    | Net plan assets (subtract line 7b from line 7a)   | 7c                         |   | 216     | 311      |         |           | 189052            |
| 8    | Income, Expenses, and Transfers for this Plan Year  |                            | (a) Amou                                | unt     |          |         |           | (b) Total         |
|      | Contributions received or receivable from:  | 0-(4)                      |   |         | 0        |         |           |                   |
|      | (1) Employers   | 8a(1)                      |   | 0       | 182      |         |           |                   |
|      | (2) Participants  | 8a(2)                      |   | 8       |          |         |           |                   |
|      | (3) Others (including rollovers)  | 8a(3)                      |   |         | 0        |         |           |                   |
|      | Other income (loss)   | 8b                         |   | -4      | 182      |         |           | 5000              |
|      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                         |   |         |          | _       |           | 5000              |
|      | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d                         |   | 29      | 967      |         |           |                   |
| е    | Certain deemed and/or corrective distributions (see instructions)   | 8e                         |   |         | 0        |         |           |                   |
| f    | Administrative service providers (salaries, fees, commissions)  | 8f                         |   | 2       | 292      |         |           |                   |
| g    | Other expenses  | 8g                         |   |         | 0        |         |           |                   |
| h    | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                         |   |         |          |         |           | 32259             |
| i    | Net income (loss) (subtract line 8h from line 8c)   | 8i                         |   |         |          |         |           | -27259            |
| j    | Transfers to (from) the plan (see instructions)   | 8j                         |   |         | 0        |         |           |                   |
| Par  | t IV Plan Characteristics   |                            |   |         |          |         |           |                   |
| 9a   | If the plan provides pension benefits, enter the applicable pension<br>2A 2E 2G 2J 2K 3D 2T   | feature co                 | odes from the List of Pla               | an Cha  | racteri  | stic Co | odes in   | the instructions: |
| В    | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod                 | les from the List of Pla                | n Chara | acterist | tic Coo | les in th | ne instructions:  |
| Part | V Compliance Questions  |                            |   |         |          |         |           |                   |
| 10   | During the plan year:   |                            |   |         | Yes      | No      | N/A       | Amount            |
| а    | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  | /oluntary F                | iduciary Correction                     | 10a     |          | x       |           |                   |
| b    | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   |                            |   | 10b     |          | х       |           |                   |
| С    | Was the plan covered by a fidelity bond?  |                            |   | 10c     |          | x       |           |                   |
| d    | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   |                            |   | 10d     |          | х       |           |                   |
| e    |   | her person<br>he or all of | s by an insurance<br>the benefits under | 10e     | х        |         |           | 998               |
| f    | Has the plan failed to provide any benefit when due under the pla   | ın?                        |   | 10f     |          | х       |           |                   |
| g    | Did the plan have any participant loans? (If "Yes," enter amount a  | is of year e               | end.)                                   | 10g     | Х        |         |           | 19374             |
| h    | If this is an individual account plan, was there a blackout period? 2520.101-3.)  |                            |   | 10h     |          | х       |           |                   |
| i    | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10   | he required                | d notice or one of the                  | 10i     |          |         |           |                   |
| j    | Did the plan trust incur unrelated business taxable income?   |                            |   | 10j     |          |         |           |                   |
| Part | VI Pension Funding Compliance   |                            |   | ,       | I        | 1       | 1         | I                 |

| 11  | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | 🗌 Yes X No |
|-----|--|------------|
| 11a | a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a  |            |
| 12  | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?                          | Yes X No   |

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|      |        |  |                   |  | 1                       |                       |                     |  |  |
|------|--------|--|-------------------|--|-------------------------|-----------------------|---------------------|--|--|
|      | (lf "` | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                   |  |                         |                       |                     |  |  |
| a    |        | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in:<br>ting the waiver.  |                   | enter th<br>Day                                      | e date of               | the letter ru<br>Year | ling                |  |  |
| lf   | you c  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  | 13.               |  | <b>.</b>                |                       |                     |  |  |
| b    | Enter  | the minimum required contribution for this plan year   |                   | 12b  |                         |                       |                     |  |  |
| -    |        | the amount contributed by the employer to the plan for this plan year  |                   | 12c  |                         |                       |                     |  |  |
| d    |        | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the<br>ative amount)  |                   | 12d  |                         |                       |                     |  |  |
| е    | Will   | the minimum funding amount reported on line 12d be met by the funding deadline?  |                   |  | Yes                     | No                    | N/A                 |  |  |
| Part | VII    | Plan Terminations and Transfers of Assets  |                   |  |                         |                       |                     |  |  |
| 13a  | Has    | a resolution to terminate the plan been adopted in any plan year?  |                   |  | Ye                      | es X No               |                     |  |  |
|      |        | es," enter the amount of any plan assets that reverted to the employer this year   |                   | 13a  |                         |                       |                     |  |  |
| h    |        | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou   |                   |  |                         |                       |                     |  |  |
|      | of th  | e PBGC?  | -                 |  |                         | Yes X                 | No                  |  |  |
| С    |        | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi<br>h assets or liabilities were transferred. (See instructions.)                                       | fy the plan(s) to |  |                         |                       |                     |  |  |
| 1    | 13c(1) | Name of plan(s):   | 13c(2)            | EIN(s)   |                         | 13c(3)                | PN(s)               |  |  |
|      |        |  |                   |  |                         |                       |                     |  |  |
| Part | VIII   | Trust Information  | -                 |  |                         |                       |                     |  |  |
| 14a  | Name   | of trust   |                   | 14b Trust's EIN                                      |                         |                       |                     |  |  |
|      |        |  |                   |  |                         |                       |                     |  |  |
| 14c  | Nam    | e of trustee or custodian  |                   | <b>14d</b> Trustee's or custodian's telephone number |                         |                       |                     |  |  |
| Par  | t IX   | IRS Compliance Questions   |                   |  |                         |                       |                     |  |  |
| 15a  | Is th  | e plan a 401(k) plan?  |                   | Ye   | es                      | No                    |                     |  |  |
| 15b  |        | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                                    |                   |  |                         |                       | P/ACP               |  |  |
| 15c  | testir | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c<br>ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4<br>2)(ii))? |                   | Y  | es                      | No                    |                     |  |  |
| 16a  | Chec   | k the box to indicate the method used by the plan to satisfy the coverage requirements under sect  | ion 410(b):       | Цр   | atio<br>ercentag<br>est |                       | erage<br>nefit test |  |  |
| 16b  |        | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con<br>lan with any other plans under the permissive aggregation rules?  | 0                 | Ye   | es                      | No                    |                     |  |  |
| 17a  | Has    | he plan been timely amended for all required tax law changes?  |                   | Ye   | es                      | No                    | N/A                 |  |  |
|      | for ta | the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).   | •                 |  |                         |                       | tructions           |  |  |
| 17c  |        | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r                                    |                   | t to a f   | avorable<br>            | IRS opinion           | or                  |  |  |
| 17d  |        | plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/   | nter the date of  | the pla  | in's last fa            | avorable              |                     |  |  |
| 18   |        | e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2<br>e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir          |                   | Ye   | S                       | No                    |                     |  |  |
| 19   | Were   | in-service distributions made during the plan year?  |                   | Ye   | es                      | No                    |                     |  |  |
|      | lf "Y€ | es," enter amount  |                   | 19   |                         |                       |                     |  |  |
| 20   | Were   | required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?  |                   | Y  | es                      | No                    | N/A                 |  |  |

| Form 5500-  | SF                         | Short Form Annu   | al Return/Report of  | Small Employ                                       | yee                         | C   | 0MB Nos 1210-0110<br>1210-0089       |  |  |  |
|---|----------------------------|---|--|--|-----------------------------|---|--------------------------------------|--|--|--|
| Department of the Treat                                       |                            |   | Benefit Plan   |  | -                           |   | 2015                                 |  |  |  |
| Internal Revenue Serv<br>Department of Labor                  |                            | This form is required to be file<br>Income Security Act of 1974   | d under sections 104 and 4065<br>(ERISA), and sections 6057(b)<br>Revenue Code (the Code).   | of the Employee Ret<br>and 6058(a) of the Ir       | itement                     | ternal This Form is Open to Public Inspection |                                      |  |  |  |
| Employee Benefits Security Ada<br>Pension Benefit Guaranty Co |                            | . Or malate all antrias in  | accordance with the instructi  | ons to the Form 550                                | 0-SF.                       | Publi   | c inspection                         |  |  |  |
|   |                            | dentification Information   |  |  |                             |   |                                      |  |  |  |
| Part I Annual I   | 015 or fisc                | al plan year beginning 01/01/20   | 15   | and ending 12/31                                   |                             | · · · · · · · ·                               |                                      |  |  |  |
| This return/report is t                                       |                            | X a single-employer plan a one-participant plan   | a multiple-employer plan<br>list of participating employ<br>a foreign plan   | (not multiemployer) (l<br>yer information in acc   | Filers check<br>ordance wit | ing this bo                                   | instructions)                        |  |  |  |
| 3 This return/report is                                       |                            | the first return/report an amended return/report  | the final return/report a short plan year return/re  | port (less than 12 mo                              |                             | - 19  |                                      |  |  |  |
| C Check box if filing un                                      | nder:                      | X Form 5558   | automatic extension cription)  |  |                             | FVC prog                                      | am                                   |  |  |  |
| Dent II   Basia P   | lan Info                   | mation-enter all requested in   |  |  |                             |   |                                      |  |  |  |
| 1a Name of plan   |                            | CT PC 401(K) PROFIT SHARIN  |  |  | (PN)<br>1c Effec            | number  | 002<br>f plan                        |  |  |  |
|   |                            | ver, if for a single-employer plan)<br>n, apt., suite no. and street, or P<br>e, country, and ZIP or foreign po |  | tions)   | 2b Empl<br>(EIN)            | oyer Identi<br>45-49565                       | fication Number<br>76<br>hone number |  |  |  |
| IOBUTÁKA ASHIHARA<br>32 NASSAU STREET,                        | ARCHITE                    | CTPC  |  |  | <b>2d</b> Busir<br>5413     | ness code                                     | 233-1783<br>(see instructions)       |  |  |  |
| IEW YORK, NY 10038  |                            | nd address XSame as Plan Spo  |  |  | 3b Adm                      | inistrator's                                  | EIN                                  |  |  |  |
|   |                            |   |  |  | 3C Adm                      | inistrator's                                  | telephone number                     |  |  |  |
| 4 If the name and/c   | r EIN of th                | e plan sponsor has changed sin  | ce the last return/report filed for  | this plan, enter the                               | 4b EIN                      |   |                                      |  |  |  |
| name, EIN, and t  | he plan nu                 | mber from the last return/report.   |  |  | 4c PN                       |   |                                      |  |  |  |
| a Sponsor's name  |                            |   |  |  |                             | 1   | 17                                   |  |  |  |
| 5a Total number of p  | participant                | s at the beginning of the plan yea  | If   | <pre>x * * * * * * * * * * * * * * * * * * *</pre> | ·                           | 1   | 18                                   |  |  |  |
|   | والأشبية معممه             | s at the end of the plan year<br>account balances as of the end   | of the plan year (defined benef  | it plans up not                                    | 50                          |   | 12                                   |  |  |  |
| complete this ite   | m)                         | articipants at the beginning of the   | nian vear  |  | 5d(1)                       |   | 12                                   |  |  |  |
| d(1) Total number   | of active p                | articipants at the end of the plan  | vear   |  | 5d(2)                       |   | 13                                   |  |  |  |
| e Number of parti   | cipants tha                | it terminated employment during   | the plan year with accrued ben   | elits triat were icoo                              | <b>5e</b>                   |   | 0                                    |  |  |  |
| Caution: A penalty f  | or the late                | e or incomplete filing of this re   | turn/report will be assessed u   | inless reasonable ci                               | ause is est                 | ablished.                                     | licable a Schedule                   |  |  |  |
| Under penalties of pe<br>SB or Schedule MB of                 | rjury and c                | and signed by an enrolled actual  | structions, I declare that I have on the structure of the | sion of this return/repo                           | ort, and to th              | ne best of i                                  | ny knowledge and                     |  |  |  |
| belief, it is true, corre                                     | Card and                   | and.  | OCT 12,2+16  | NOBUTAKA ASHIH/                                    | ARA                         |   |                                      |  |  |  |
| SIGN<br>HERE Signatu  |                            | administrator   | Date   | Enter name of indiv                                | idual signin                | g as plan a                                   | dministrator                         |  |  |  |
| SIGN  |                            |   |  | Enter name of indiv                                | idual signig                | a as emole                                    | over or plan sponso                  |  |  |  |
| HERE Signatu<br>Preparer's name (inc                          | ire of emp<br>cluding firm | loyer/plan sponsor<br>name, if applicable) and addres   | Date<br>S (include room or suite numbe   |  | Prepare                     | r's telepho                                   | ne number                            |  |  |  |
|   |                            |   |  |  |                             |   |                                      |  |  |  |

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5500) and line 11a below).

| Pa | ge | 2 |
|----|----|---|
| ۲a | ge | " |

|          | <ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul> |                |                          |         |          |         | <br>      | Yes 🗍 No<br>Yes 🗍 No   |            |
|----------|---|----------------|--------------------------|---------|----------|---------|-----------|--|------------|
| С        | If the plan is a defined benefit plan, is it covered under the PBGC in  |                |                          |         |          |         |           |  | determined |
| Pa       | rt III Financial Information  |                |                          |         |          |         |           |  |            |
| 7        | Plan Assets and Liabilities   | 1              | (a) Beginning            | of Yea  | ar       | Τ       |           | (b) End of Ye  | ar         |
| а        | Total plan assets   | 7a             |                          | 21631   |          | 1       |           | and the second | 9052       |
| b        | Total plan liabilities  | 7b             |                          |         | 0        |         |           |  | 0          |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7c             |                          | 21631   | 1        |         |           | 18   | 9052       |
| -        | Income, Expenses, and Transfers for this Plan Year  | 1              | (a) Amou                 | int     |          |         |           | (b) Total  |            |
| а        | Contributions received or receivable from:  | 1              |                          |         | •        |         |           |  |            |
|          | (1) Employers   | 8a(1)          |                          |         | 0        |         |           |  |            |
| ****     | (2) Participants  | 8a(2)          |                          | 918     |          |         |           |  |            |
|          | (3) Others (including rollovers)  | 8a(3)          |                          |         | 0        |         |           |  |            |
| b        | Other income (loss)   | <u>8b</u>      |                          | -418    | 2        |         |           |  |            |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c             |                          |         |          |         |           |  | 5000       |
|          | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d             |                          | 2996    |          |         |           |  |            |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions)   | 8e             |                          |         | 0        |         |           |  |            |
| <u></u>  | Administrative service providers (salaries, fees, commissions)  | 8f             |                          | 229     | 2        |         |           |  |            |
| <u>g</u> | Other expenses  | 8g             |                          |         | 0        |         |           |  |            |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h             |                          |         |          |         |           | 3  | 2259       |
| i        | Net income (loss) (subtract line 8h from line 8c)   | 8i             |                          |         |          |         |           | -2   | 27259      |
| j        | Transfers to (from) the plan (see instructions)   | 8j             |                          |         | 0        |         |           |  |            |
| Pai      | rt IV Plan Characteristics  |                |                          |         |          |         |           |  |            |
| 9a       | If the plan provides pension benefits, enter the applicable pension<br>2A 2E 2G 2J 2K 3D 2T   | feature co     | ides from the List of Pl | an Cha  | racteri: | stic Co | ides in t | the instructions:  |            |
| В        | If the plan provides welfare benefits, enter the applicable welfare f   | eature coo     | les from the List of Pla | n Chara | icterist | lic Cod | les in th | e instructions:  |            |
| Par      | t V Compliance Questions  |                |                          | *****   |          | A       |           |  |            |
| 10       | During the plan year:   |                |                          |         | Yes      | No      | N/A       | Amo  | unt        |
| a        | Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  | /oluntary F    | iduciary Correction      | 10a     |          | x       |           |  |            |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   | ? (Do not      | include transactions     | 10b     |          | x       |           |  |            |
|          |   |                |                          |         | <b> </b> | x       |           |  |            |
| d        |   |                |                          | 10c     |          |         |           |  |            |
|          | by fraud or dishonesty?   | ************** | **********               | 10d     |          | ×       |           |  |            |
| e        | Were any fees or commissions paid to any brokers, agents, or oth<br>carrier, insurance service, or other organization that provides son<br>the plan? (See instructions.).   | ne or all of   | the benefits under       | 10e     | x        |         |           |  | 998        |
| f        | Has the plan failed to provide any benefit when due under the pla   | in?            |                          | 10f     |          | X       |           |  |            |
| g        | Did the plan have any participant loans? (If "Yes," enter amount a  | s of year (    | end.)                    | 10g     | x        | 1       |           |  | 19374      |
| h        | If this is an individual account plan, was there a blackout period?<br>2520.101-3.)   |                |                          | 10h     |          | x       |           |  |            |
| 1        | If 10h was answered "Yes," check the box if you either provided t<br>exceptions to providing the notice applied under 29 CFR 2520.10  | he require     | d notice or one of the   | 101     |          |         |           |  |            |
| j        | Did the plan trust incur unrelated business taxable income?   |                |                          | 10j     |          |         |           | · · · · · · · · · · · · · · · · · · ·  |            |
| Par      | t VI Pension Funding Compliance   |                |                          |         |          |         |           |  |            |
| 11       | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).   |                |                          |         |          |         |           | (Form  | Yes X No   |

Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

11a

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

| Form 5500-SF 2015 Page 3 - 1  |   |                  |   |  |  |
|---|---|------------------|---|--|--|
| to the table to and the below as annicable )  |   |                  |   |  |  |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins  | the second s  | nter the<br>Day_ | date of th                                | e letter ru<br>Year                      | ing                                      |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to me   | <u>13.</u>  | 405              |   |  |  |
| b Enter the minimum required contribution for this plan year  |   | 12b              |   |  |  |
| C Enter the amount contributed by the employer to the plan for this plan year   |   | 12c              |   |  |  |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)   |   | 12d              | Ĺ   | <u> </u>                                 | 1  |
| Will the minimum funding amount reported on line 12d be met by the funding deadline?  | *********   |                  | Yes                                       | No                                       | N/A                                      |
| Part VII Plan Terminations and Transfers of Assets  |   |                  |   |  |  |
| 13a Has a resolution to terminate the plan been adopted in any plan year?   |   |                  | Yes                                       | X No                                     |  |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year   |   | 13a              |   |  |  |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PRCC2  | ight under the co   |                  |   | Yes X                                    | No                                       |
| <ul> <li>C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)</li> </ul>                     | ity the plan(s) to  |                  |   | 43-(2)                                   |  |
| 13c(1) Name of plan(s):   | 13c(2)  | EIN(s)           |   | 13c(3)                                   | PN(S)                                    |
|   |   |                  |   | ann an an ann an ann an an an an an an a |  |
| Part VIII Trust Information   |   | 14b              | Trust's Ell                               | N  |  |
| 14c Name of trustee or custodian  |   | 14d              | Trustee's<br>telephon                     | s or custor<br>e number                  |  |
| Part IX IRS Compliance Questions  |   | Πr               |   |  |  |
| 15a Is the plan a 401(k) plan?  |   |                  |   |  |  |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?                                 | and employer  | 1 1              | Design-<br>based safe<br>harbor<br>method |  | DP/ACP<br>est                            |
| 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 2(a)(2)(ii))?  |   |                  | res                                       | <u></u> ма                               | )  |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under se   | ction 410(b):   | 1 6 1            | Ratio<br>percentagi<br>test               | e - t                                    | verage<br>enefit test                    |
| 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by c<br>this plan with any other plans under the permissive aggregation rules?  | ombining  | - <u>-</u>       | Yes                                       |  |  |
| 17a Has the plan been timely amended for all required tax law changes?  |   | <u> </u>         | Yes                                       | <u> </u>                                 |  |
| 17b Date the last plan amendment/restatement for the required tax law changes was adopted   | Enter the   |                  | able code                                 |  | e instructions                           |
| 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter<br>and the letter's set  |   |                  |   |  |  |
| 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS   | the state burgers in the state of the state | T                |   |  |  |
| <ul> <li>Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Vi</li> </ul> | 3   |                  | Yes<br>Yes                                |  |  |
| 19 Were in-service distributions made during the plan year?   |   | ··· <u> </u>     |   |  | Anna an |
| If "Yes," enter amount  | f whether or not  |                  |   |  | )   N/A                                  |
| 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless or retired), as required under section 401(a)(9)?   |   | <u> </u>         | Yes                                       |  |  |