### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/20	015	and ending 12	2/31/2015	
A This ref	turn/report is for:	a single-employer plan  a one-participant plan	list of participating em	an (not multiemployer) ployer information in ac	-	
<b>P</b> This rate	urn/report is	the first return/report	a foreign plan  the final return/report			
<b>D</b> This retu	um/report is	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	▼ Form 5558     □ special extension (enter descri	automatic extension		DFVC	program
D =1 II	Deede Bleeder	<u> </u>	· /			
Part II		rmation—enter all requested info	ormation		T 41	
1a Name PRODUCTI	of plan ON RESOURCES INC	C PENSION PLAN			<b>1b</b> Three-digit plan number (PN) ▶	
					1c Effective da	ate of plan 01/01/2008
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		uctions)	2b Employer Id (EIN)	dentification Number 13-3496841
	ON RESOURCES INC	e, country, and Zii or foreign posta	ii code (ii foreign, see insti	uctions)	2	telephone number 12-268-9212
MICHASEL I	MCCLIPDV				2d Business c	ode (see instructions)
PO BOX 202 NEW YORK,	299					541990
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or.		<b>3b</b> Administrat	or's EIN
4 If the r	name and/or EIN of the	e plan sponsor has changed since tl	he last return/report filed fo	or this plan, enter the	4b EIN	or's telephone number
name		mber from the last return/report.			4c PN	
		at the charing in a of the char			_	2
_		at the beginning of the plan year			5b	2
		at the end of the plan yearaccount balances as of the end of the			36	2
comp	lete this item)				5c	0
		rticipants at the beginning of the pla			5d(1)	2
		rticipants at the end of the plan yea			5d(2)	2
than	100% vested	terminated employment during the			5e	0
		or incomplete filing of this return, her penalties set forth in the instruct				
SB or Sche		nd signed by an enrolled actuary, as				
SIGN HERE		valid electronic signature.	10/11/2016	MICHAEL MCCURDY		
712132	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plai	n administrator
SIGN HERE	0	dulan an ana	Dete	Education (Company)	had almala	- Lauren an alla
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (inc	Date		ual signing as em Preparer's telepl	oloyer or plan sponsor
1 lepaiei S	name (molading iiiii)	iamo, ii appiicabie) and address (iiid	Stade 100m of Suite mullibe	'' /	i reparer s telepi	ione number

	Form 5500-SF 2015		Page 2							
<b>b</b> A	Were all of the plan's assets during the plan year invested in eligib are you claiming a waiver of the annual examination and report of ander 29 CFR 2520.104-46? (See instructions on waiver eligibility af you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				es No
C If	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	X	Yes	No	Not det	ermined
Part	III Financial Information						· <u>-</u>		_	
<b>7</b> P	lan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
<b>a</b> T	otal plan assets	7a			250				28	0950
<b>b</b> T	otal plan liabilities	7b			0					0
<b>C</b> N	let plan assets (subtract line 7b from line 7a)	7c		277	250				28	0950
<b>8</b> In	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	Γotal	
	Contributions received or receivable from:  1) Employers	8a(1)		27	400					
(2	2) Participants	8a(2)			0					
	B) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		3	3700					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3	1100
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d			0					
	ertain deemed and/or corrective distributions (see instructions)	8e			0					
<b>f</b> A	dministrative service providers (salaries, fees, commissions)	8f			0					
<b>g</b> O	other expenses	8g		27	400					
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	7400
	let income (loss) (subtract line 8h from line 8c)	8i								3700
J T	ransfers to (from) the plan (see instructions)	8j			0					
Part	IV Plan Characteristics									
Part \	f the plan provides welfare benefits, enter the applicable welfare for Compliance Questions  During the plan year:	eature cod	des from the List of Pla	n Chara	Yes	No	les in th	e instruct	tions:	•
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		103	110	IVA		Amour	ıı
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				0
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				0
С	Was the plan covered by a fidelity bond?			10c		X				0
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				0
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X				0
	Has the plan failed to provide any benefit when due under the plan			10f	1	Х				0
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		,,				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii						
	Did the plan trust incur unrelated business taxable income?			10j						
Part \	/I Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Y	es No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			(
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of t	he letter rul Year	ing
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter t	he minimum required contribution for this plan year		12b			0
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			0
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			0
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A
Part		Plan Terminations and Transfers of Assets		1			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?		ontrol		Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	· VIII	Trust Information					
	Name c			14b 1	Γrust's EIN	N	
110	Niere			444	T		
146	Name	of trustee or custodian			telephone	or custodia number	an s
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	401(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted// law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plant plants, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	X No	
	If "Yes	," enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

			l .								
		r plan year 2015		ear beginning	01/01/2015		an	nd endin	g 12/3	1/2015	
•	Round o	off amounts to r	nearest dollar.								
<u> </u>	Caution	: A penalty of \$1	,000 will be ass	essed for late f	filing of this repo	ort unless reasonable	e cause is est	tablishe	d.		
	Name of p						<b>B</b> Th	ree-digi	t		
PF	RODUCTI	ION RESOURCE	ES INC PENSION	ON PLAN			pla	an numb	er (PN)	•	002
							-			L.	
		nsor's name as s		a of Form 5500	or 5500-SF		<b>D</b> Emp	ployer lo	dentificati	on Number (E	EIN)
PF	RODUCTI	ION RESOURCI	ES INC						13-3496	841	
Ε.	Type of pla	an: X Single	Multiple-A	Multiple-B	F	Prior year plan size	e: X 100 or f	ewer	101-50	00 More th	nan 500
P	art I	Basic Inforn	nation								
1		he valuation date		Month 01	Day01	Year <u>2015</u>					
<u>.</u>	Assets		j. I	vioritii <u> </u>	Day	Teal <u>2010</u>					
_									. 2a		403090
		arial value					/4) NI I		. 2b		403090
3	Fundin	g target/participa	ant count break	down			(1) Number of participants	Ť	,	ed Funding	(3) Total Funding Target
	<b>3</b> For <b>r</b>	entired participan	to and hanafiais	rioo roosi dos r	- a		participanto	0	l è	arget	
		etired participan		٠.				0		0	0
		erminated veste						0		0	0
	<b>C</b> For a	ctive participant	s					2		356488	356488
	<b>d</b> Total	I						2		356488	356488
4	If the p	lan is in at-risk s	tatus, check the	box and comp	olete lines (a) an	id (b)	П				
									. 4a		
	_					sition rule for plans					
						ding loading factor			4b		
5	Effectiv	e interest rate							. 5		6.37%
6	Target	normal cost							. 6		21514
Sta	tement b	y Enrolled Actu	ıary						1 1		
	To the best	of my knowledge, the	information supplied								ed assumption was applied in
		with applicable law all , offer my best estima				nable (taking into account	the experience of	tne pian a	ino reasona	oie expectations) a	and such other assumptions, in
(	SIGN										
	IERE									10/03/20	216
•	ILIXL		Ciano	ture of cotuent						_	710
				ture of actuary						Date	
RA	LPH GAR	RFIELD, PHD, E								14-012	
			•••	int name of act	uary				Most re	ecent enrollme	
RA	LPH GAR	RFIELD, PHD, E	A							732-567	
222	LONGIA	IOOD DB	F	irm name				Tel	ephone r	number (inclu	ding area code)
		/OOD DR N, NJ 07726									
			Addı	ress of the firm							
	actuary uctions	nas not fully refl	ected any regul	ation or ruling p	oromulgated und	der the statute in co	mpleting this s	schedul	e, check	tne box and s	ee 📙

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year C	arryov	er and Prefunding Ba	alances						
							(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		-	•		cable adjustments (line 13 f	•			0			0
8			•	-	unding requirement (line 35				0			0
9									0			0
10					urn of <u>0.00</u> %				0			0
11					I to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribut	ions (line	38a from prior year)				-			25945
					Ba over line 38b from prior ye interest rate of <u>6.59</u> %							
	<b>b(2)</b> In	nterest or	n line 38b from prior	year Sch	nedule SB, using prior year's	actual			_			1710
												0
	C lotal	available	at beginning of curre	ent plan ye	ear to add to prefunding balar	ice						27655
	<b>d</b> Portion	on of (c)	to be added to pref	unding ba	ılance							0
12	Other re	eductions	s in balances due to	elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current yea	r (line 9 +	- line 10 + line 11d – line 12	)			0			0
P	art III	Fun	ding Percenta	ges								
14	Funding	g target a	attainment percenta	ge							14	113.07 %
15	Adjuste	d funding	g target attainment	percentag	je						15	113.07 %
16					of determining whether car						16	104.16 %
17	If the cu	ırrent val	ue of the assets of	the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	0.00 %
Pa	art IV	Con	tributions and	Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for t	he plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat IM-DD-Y		(b) Amount pai employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(		(0	,	int paid by oyees
	2/15/2015		cinployer(a	27400	О	(WINT DE	<i>,</i> , , , , , , , , , , , , , , , , , ,	employen	.5)		СПР	oyees .
12	10/2010			21400	V							
						Totals ▶	18(b)		27400	18(c)		0
19	Discour	nted emp	loyer contributions	– see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	<b>a</b> Contr	ributions	allocated toward ur	npaid min	imum required contributions	from prior	years		19a			0
	<b>b</b> Contr	ributions	made to avoid resti	rictions ac	ljusted to valuation date				19b			0
	<b>C</b> Contr	ributions a	allocated toward min	imum requ	uired contribution for current y	ear adjuste	d to valuation	n date	19c			25833
20		,	outions and liquidity								-	
			_		he prior year?							Yes X No
					installments for the current			manner?				Yes No
	<b>C</b> If line	20a is "	Yes," see instructio	ns and co	implete the following table a							
		(1) 15	st		Liquidity shortfall as of e	na or quarte		n year 3rd			(4) 4th	า
		. ,	0		0		(-/	0			., .	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou			<u> </u>							
	<b>a</b> Seg	ment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment: 6.81 %			N/A, fu	ıll yield	l curv	e used
	<b>b</b> Appl	licable month (	enter code)			21b					2
22	Weight	ted average ret	irement age			22					65
23		ty table(s) (see			scribed - separate	Substit	ute				
Pa	rt VI	Miscellane	ous Items			<del></del>					
24	Has a	change been m	nade in the non-prescribed act	tuarial assumptions for the current						d Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			🗖	Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	าt		X	Yes	No
27	If the p	lan is subject to	o alternative funding rules, en	ter applicable code and see instruc		27					<u> </u>
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years	•					
28		-	· · · · · · · · · · · · · · · · · · ·	years		28					0
29				d unpaid minimum required contrib							
				<u> </u>		29					0
30	Remaii	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30					0
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost a	nd excess assets (see instruct	tions):			1				
	<b>a</b> Targe	et normal cost	(line 6)			31a					21514
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b					21514
32	Amorti	zation installme	ents:		Outstanding Bala	ance		I	nstalln	nent	
	a Net s	shortfall amortiz	zation installment			0	)				0
	<b>b</b> Waiv	er amortizatior	n installment			0	)				0
33				ter the date of the ruling letter grar		33					
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34					0
				Carryover balance	Prefunding bala	nce		To	tal ba	lance	
35			use to offset funding	0		0					0
36	Additio	nal cash requir	rement (line 34 minus line 35)			36					0
37				ontribution for current year adjuste		37					25833
38	Presen	nt value of exce	ess contributions for current ye	ear (see instructions)		•					
	<b>a</b> Total	l (excess, if any	y, of line 37 over line 36)			38a					25833
	_			prefunding and funding standard c		38b					0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39					0
40	Unpaid	d minimum requ	uired contributions for all years	S		40					0
Pai	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)	1				
41	If an ele		de to use PRA 2010 funding re			•					
				silor for this plan.		Γ	21	plus 7 yea	ırs	15	years
-				41a was made				2009	2010		2011
12							T		2011	<b>-</b> Ц	2011
			•	d		42	-				
43	⊏xcess	installment ac	ceieration amount to be carrie	d over to future plan years		43					

#### Schedule SB, line 26 - Schedule of Active Participant Data

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp	No.	To 4 Avg. Comp	5 No.	To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg. Comp		Avg.
- B-				<u> </u>		1		<u>r</u>		1	$\top$		<b>I</b>		1		, , , , , , , , , , , , , , , , , , ,		1		
Under 25	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	(	0
25 to 29	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
30 to 34	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
35 to 39	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
40 . 44											+										
40 to 44	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	+	0
45 to 49	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
50 to 54	0	0	0	0	0	0	0	0	0	0	$\frac{1}{1}$	0	0	0	0	0	0	0	0		0
											$\perp$										
55 to 59	0	0	0	0	1	0	0	0	0	0	+	0	0	0	0	0	0	0	0	(	0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0
65 to 69	0	0	0	0	0	0	0	0	0	0	$\frac{1}{2}$	0	0	0	0	0	0	0	0	(	0
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	(	0

Name of plan: Production Resources Inc Pension Plan

Plan sponsor's name:

Production Resources Inc

Plan number: 002

EIN: 13-3496841

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

**Options:** 

Male Nonannuitant: 2015 Nonannuitant Male

2015 Nonannuitant Female

**Male Annuitant:** 2015 Annuitant Male

Lump sums use proposed regulations:

Use discount rate transition:

**Actuarial Equivalent Floor** 

**Female Annuitant:** 

Female Nonannuitant:

2015 Annuitant Female

Applicable months from valuation month:

Probability of lump sum: 100.00%

Use pre-retirement mortality: No Stability period:

plan year

Lookback months: 2

Nonannuitant: 2015 Applicable

Use optional combined mortality table for small plans:

Yes

No

Yes

**Setback** 

0

2015 Applicable **Annuitant:** 

2nd

3rd

<u>1st</u> 2nd <u>3rd</u> **Current:** 4.08 Segment rates: 1.18 5.18 Override: **High Quality Bond rates:** N/A N/A N/A

0.00

0.00

Final rates: 4.72 6.11 6.81 0.00

Override:

1.29 3.81 4.88 0.00 0.00 0.00

<u>1st</u>

Salary Scale

Male: 0.00%

Female: 0.00%

Withdrawal

Male: N/A Female: N/A

Withdrawal-Select

Male: N/A Female: N/A

**Early Retirement Rates** 

Male: N/A Female: N/A

**Subsidized Early Retirement Rates** 

Male: N/A Female: N/A **Late Retirement Rates** 

N/A Male:

Female: N/A

**Marriage Probability** 

Male: 0.00%

Female: 0.00% **Expense loading:** 0.00%

**Disability Rates** 

Male: N/A

Female: N/A

**Setback Mortality** 0 N/A

Male: 0 N/A Female:

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841 Plan Number: 002

#### Schedule B, line 6 - Statement of Actuarial Assumptions/Methods

Payout Method: Actuarial Equivalence

**Pre-retirement Assumptions:** 

<u>RPA</u>

**Interest:** 4.07% **Limited to:** 90.00%

**Funding:** 

**Interest:** 5.50%

 Mortality
 Setback

 Male:
 N/A
 None

 Female:
 N/A
 None

Salary Scale

Male: 0.00% Female: 0.00%

Withdrawal

Male:

Male: N/A Female: N/A Withdrawal-Select

Female: N/A
Early Retirement Rates
Male: N/A
Female: N/A

**Subsidized Early Retirement Rates** 

N/A

Male: N/A Female: N/A

**Disability Rates** 

Male: N/A Female: N/A

<u>Mortality</u>

 Male:
 N/A
 None

 Female:
 N/A
 None

**Setback** 

Setback

**Insurance method:** Envelope funding

Mortality

**Term mortality** 

Male: 2007 male comb None Female: 2007 female comb None

**Post-retirement Assumptions:** 

<u>RPA</u>

Interest: 4.07% High Interest: 4.52%

Funding:

**Interest:** 5.50%

MortalitySetbackMale:PPA Lump Sum MortalityNoneFemale:PPA Lump Sum MortalityNone

**Late Retirement Rates** 

Male: N/A Female: N/A

Marriage Probability

Male: 0.00% 0

Female: 0.00% Expense loading: 0.00%

**Cost Methods** 

**Actuarial Cost Method:** Individual aggregate

Funding as level: Dollar
Normal cost expense load: 0.00%
Funding ages defined as: Nearest
Entry age calculated as of: Date of hire
Apply the 401(a)(17) when calculating

present value of compensation: No

Adjust valuation assets by:

**Accumulated Reconciliation Account:** No

**Basis for PVAB** 

**Applicable interest:** 3.04%

**Applicable mortality:** 2015 Applicable

Name of Plan: Production Resources Inc Pension Plan

**Plan Sponsor's EIN:** 13-3496841

Plan Number: 002

#### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months):0Continuing hours:1,000Wait (months):12Excluded classes:

Wait (months): 12 Ex Two year eligibility: No

**Earnings** 

Total compensation excluding: 403(b)

Cafeteria Other

Retirement Normal Early Subsidized Early Disability Death

Age: 65 Service: 0 Participation: 5

**Defined:** Date of event

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A N/A N/A N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition: Elapsed time - completed mo Percentage of accrued benefit: 100.00%

**Death Benefit Payment method:** PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841

Plan Number: 002

#### Schedule SB, Part V - Summary of Plan Provisions

**Benefits** 

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

**Effective Date:** 01/01/2008

Unit type: Percent
Unit based on: Service
Maximum total percent: 100.00%
Tiers based on: Dates
First tier: 6.50%

 First tier:
 6.50% up to 01/01/2013 

 Second tier:
 2.00% up to 01/01/2023 

 Third tier:
 1.00% for remaining yrs

Maximum credit:

Past years: None Future years: None Total years: None

**Averaging** 

Projection method:Accrued Benefit AverageApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 15 Include compensations based

**Excluding:** 0 **on years of:** Accrual

**Accrual** 

Frozen: No

**Definition of years:** Hours worked **Fractions based on:** N/A

Precision: N/A Continuing **Died Disabled** Retired **Terminated** Accrual credit: 1000 1000 1000 1000 1000 Limit current credit to: N/A

Page 2

Years based on:ServiceCap/floor years:0Maximum past accrual years:5.0000Cap or floor:FloorMethod:FractionalAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Production Resources Inc Pension Plan

Plan Sponsor's EIN: 13-3496841 Plan Number: 002

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 1/1/2015	and end	ling 12/3	1/2015		
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	asonable cause is establish	ned.			
A Name of plan	<b>B</b> Three-d	igit		000	
Production Resources Inc Pension Plan	plan nur	nber (PN)	<b>)</b>	002	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employe	dentificat	ion Number (E	IN)	
				,	
Production Resources Inc			3-3496841		
E Type of plan: Single Multiple-A Multiple-B F Prior year	plan size: 🗵 100 or fewer	101-50	00 More th	an 500	
Part I Basic Information					
1 Enter the valuation date: 1/1/2015	A CONTROL OF THE CONT			, p. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
2 Assets:					
a Market value		2a		403090	)
<b>b</b> Actuarial value		2b		403090	)
3 Funding target/participant count breakdown	(1) Number of participants		ed Funding arget	(3) Total Fun Target	
a For retired participants and beneficiaries receiving payment	0		0	0	
<b>b</b> For terminated vested participants	0		0	0	
C For active participants	2	35	6488	356488	3
	2		6488	356488	
d Total					
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		40			
a Funding target disregarding prescribed at-risk assumptions					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading		4b			
5 Effective interest rate				6.37	%
6 Target normal cost				21514	
Statement by Enrolled Actuary			h-,-,,-		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stateme accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking in	ents and attachments, if any, is com	plete and accu	rate. Each prescrib	ed assumption was a and such other assum	ipplied in
combination, offer my best estimate of anticipated experience under the plan.			,		
SIGN Q a C C I					
HERE Kalun Cartul			10/3/2016	5	
Signature of actuary			Date		
RALPH GARFIELD, PhD, EA			1401219		
Type or print name of actuary		Most r	ecent enrollme	ent number	
RALPH GARFIELD, PhD, EA			732-567-66	379	
Firm name		Telephone	number (inclu	ding area code)	
223 LONGWOOD DR					
MANALAPAN NJ 07726					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the stat	ute in completing this scho	dula chack	the hov and		П
if the actuary has not fully reflected any regulation or ruling promulgated under the state	ate in completing this sche	aule, ClieC	the box and s	,,,,	$\sqcup$

Pa	rt II	Begin	ning of Year C	arryov	er and Prefunding	Bala	ances							
								(a) C	arryover balance		(b) P	refundi	ng balance	
7		•	•		cable adjustments (line 1				0			0		
8					unding requirement (line				0			0		
9	Amoun	ıt remainir	ng (line 7 minus lin	€ 8)					0			0		
10	Interes	t on line 9	using prior year's	actual reti	urn of <u> </u>				0			0		
11					to prefunding balance:									
	a Pres	ent value	of excess contribu	tions (line	38a from prior year)							2594	15	
	<b>b(1)</b> I	nterest on Schedule S	the excess, if any SB, using prior yea	of line 38	a over line 38b from prious interest rate of $\frac{6.59}{9}$ %	or yea %	ır					171	0	
	` '		line 38b from prio	•	edule SB, using prior yea	ar's a	ectual							
	<b>C</b> Total	l available	at beginning of curr	ent plan ye	ear to add to prefunding ba	alance	•	- AVIONATION III				2765	55	
	<b>d</b> Port	ion of (c) t	to be added to pre	unding ba	lance				-			0		
12	Other	roductions	in halangas dua t	aloctions	s or deemed elections				0			0		
					· line 10 + line 11d – line				0			0		
		- T			line to time tra-line	12).								
	art III		ding Percenta	<del></del>							T	14	113.07	· %
		<u> </u>	<del>-</del>									15	113.07	
			target attainment										113.07	70
16					of determining whether							16	104.16	%
17	If the c	current val	ue of the assets of	the plan i	s less than 70 percent of	f the	funding targe	et, enter si	uch percentage			17		<u>%</u>
Pa	art IV	Con	tributions and	l Liquid	ity Shortfalls									
18	Contrib	butions m	ade to the plan for	the plan y	ear by employer(s) and e	empl	oyees:							
(N	(a) Da 1M-DD-		(b) Amount pa employer(		(c) Amount paid by employees		(a) Da (MM-DD-Y		(b) Amount pa employer(		(0	•	unt paid by loyees	
	12/15/		· · · · · · · · · · · · · · · · · · ·	27400		0								
						$\top$								
					***************************************									
			<u> </u>		10.00		Totals ►	18(b)	A 444	27400	18(c)			0
19	Discou	unted emp	loyer contributions	– see ins	tructions for small plan w	vith a	valuation da	ite after th	ne beginning of the	e year:				
			-		nimum required contributi					19a		C	)	
					djusted to valuation date					19b		C	)	
					uired contribution for curre					19c		258	33	
20			butions and liquidit											
_		•			the prior year?								Yes 🗷	No
					y installments for the cur								Yes	No
					omplete the following tab			,		ſ				
		.,			Liquidity shortfall as			of this pla	n year					
		(1) 1			(2) 2nd			(3)	3rd			(4) 4	ɪh	
			0			0				)				0

Pa	rt V Assumptions Used to Determine	Funding Target and Target	Normal Cost		
	Discount rate:	<u> </u>			
	a Segment rates:  1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield curve used
	<b>b</b> Applicable month (enter code)			21b	2
22	Weighted average retirement age			22	65
			cribed - separate	Substitut	e
	t VI Miscellaneous Items  Has a change been made in the non-prescribed a	estudial accumptions for the current p	lan year? If "Ves " see	instructions	regarding required
24	attachment				Yes × No
25	Has a method change been made for the current	plan year? If "Yes," see instructions	regarding required attac	hment	Yes X No
26	Is the plan required to provide a Schedule of Activ				
	If the plan is subject to alternative funding rules, e			27	
	attachment			21	
Pa	rt VII Reconciliation of Unpaid Minin	num Required Contributions	For Prior Years		
28	Unpaid minimum required contributions for all price	or years		28	0
29	Discounted employer contributions allocated towa (line 19a)			29	0
30	Remaining amount of unpaid minimum required of	contributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum Required Contribution	on For Current Year			
31	Target normal cost and excess assets (see instru	uctions):			
	a Target normal cost (line 6)			31a	21514
	<b>b</b> Excess assets, if applicable, but not greater that	an line 31a		31b	21514
32	Amortization installments:		Outstanding Bala	nce	Installment
	a Net shortfall amortization installment			0	0
	<b>b</b> Waiver amortization installment			0	0
33	If a waiver has been approved for this plan year,	enter the date of the ruling letter gran ) and the waived amount		33	
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0
***		Carryover balance	Prefunding bala	nce	Total balance
35	Balances elected for use to offset funding				•
	requirement	. 0		0	0
36	Additional cash requirement (line 34 minus line 3	5)		36	0
37	Contributions allocated toward minimum required (line 19c)			37	25833
38	Present value of excess contributions for current	year (see instructions)		г	
	a Total (excess, if any, of line 37 over line 36)			38a	25833
	<b>b</b> Portion included in line 38a attributable to use	of prefunding and funding standard c	arryover balances	38b	0
39				39	0
40				40	0
Pa	rt IX Pension Funding Relief Unde	r Pension Relief Act of 2010	(See Instructions	)	
41	If an election was made to use PRA 2010 funding	g relief for this plan:			
	a Schedule elected				2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s) for which the election in lin	ne 41a was made		200	8 2009 2010 2011
42	Amount of acceleration adjustment			42	
43	Excess installment acceleration amount to be ca	rried over to future plan years		43	

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	Identification Information		10/01/00	
or calendar plan year 2015 or fis		1/1/2015 and ending	12/31/20	
A This continue for month in form	a single-employer plan	a multiple-employer plan (not multiemploye list of participating employer information in	r) (Filers checking) accordance with the	this box must attach a e form instructions)
A This return/report is for:	a one-participant plan	a foreign plan		- · · · · · · · · · · · · · · · · · · ·
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 Check box if filing under:	Form 5558	automatic extension	DFVC	program
	special extension (enter description)		,	
	rmation—enter all requested in	ntomation	1b Three-digi	it I
1a Name of plan Production Resources	Inc Pension Plan		plan numb	
			1c Effective of	date of plan 1/1/2008
Mailing address (include room	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	O. Box)	2b Employer (EIN)	Identification Number 13-3496841
City or town, state or province Production Resources In		tal code (if foreign, see instructions)		stelephone number 12-268-9212
Michael McCurdy PO Box 20299			2d Business	code (see instructions)
New York 10011	NY			541990
3a Plan administrator's name a	nd address 🗸 Same as Plan Spon	nsor.	3b Administra	ator's EIN
			3c Administra	ator's telephone number
4 If the name and/or EIN of th	e plan sponsor has changed since	e the last return/report filed for this plan, enter the		ator's telephone number
name, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	ator's telephone number
name, EIN, and the plan nu <b>a</b> Sponsor's name	mber from the last return/report.		4b EIN 4c PN	
name, EIN, and the plan nu <b>a</b> Sponsor's name	mber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN 4c PN 5a	2
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants	mber from the last return/report.  s at the beginning of the plan year. s at the end of the plan year		4b EIN 4c PN	2 <b>3</b>
name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with	s at the beginning of the plan year. s at the end of the plan year	f the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b	2
name, EIN, and the plan nu  a Sponsor's name  5a Total number of participants  b Total number of participants  c Number of participants with  complete this item)	s at the beginning of the plan year. s at the end of the plan year	f the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b 5c	2 <b>3</b>
name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	mber from the last return/report.  s at the beginning of the plan year.  s at the end of the plan year.  account balances as of the end of	f the plan year (defined benefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	2 <b>2</b> <b>2</b> 0
name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	mber from the last return/report.  s at the beginning of the plan year.  s at the end of the plan year.  account balances as of the end of  articipants at the beginning of the plan year  articipants at the end of the plan year  t terminated employment during the	f the plan year (defined benefit plans do not plan year ear ne plan year with accrued benefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	2 2 0 2 2 2
name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	mber from the last return/report.  at the beginning of the plan year.  account balances as of the end of articipants at the beginning of the plan year terminated employment during the por incomplete filing of this return.	f the plan year (defined benefit plans do not plan year ear ne plan year with accrued benefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  cause is establish	2 2 0 2 2 2
name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filling of this return ther penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined benefit plans do not plan year ear ne plan year with accrued benefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  cause is establish report, including, if port, and to the besi	2 0 2 2 3 0 ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filling of this return ther penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  cause is establish	2 0 2 2 3 0 ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item)  d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of articipants at the beginning of the plan year terminated employment during the position or incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, inplete.	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  cause is establish report, including, if port, and to the besi	2 2 0 2 3 0 ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item)  d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com  SIGN  HERE  Signature of plan	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of articipants at the beginning of the plan year terminated employment during the position or incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, inplete.	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5e  cause is establish report, including, if port, and to the bes	2 2 0 2 3 0 ed. f applicable, a Schedule t of my knowledge and
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item)  d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	at the beginning of the plan year.  Is at the end of the plan year.  Is at the end of the plan year.  Is account balances as of the end of articipants at the beginning of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5e  cause is establish ireport, including, if port, and to the bes  / Mc Cur ividual signing as pl	2 2 0 2 3 0 ed. f applicable, a Schedule t of my knowledge and
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name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item)  d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	at the beginning of the plan year.  Is at the end of the plan year.  Is at the end of the plan year.  Is account balances as of the end of articipants at the beginning of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5e  cause is establish ireport, including, if port, and to the bes  / Mc Cur ividual signing as pl	2 0 2 3 0 ed. f applicable, a Schedule t of my knowledge and the standard of t
name, EIN, and the plan nu a Sponsor's name  5a Total number of participants b Total number of participants with complete this item)  d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	at the beginning of the plan year.  Is at the end of the plan year.  Is at the end of the plan year.  Is account balances as of the end of articipants at the beginning of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.  In the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, inplete.	f the plan year (defined benefit plans do not plan year	4b EIN  4c PN  5a  5b  5c  5d(1)  5e  cause is establish ireport, including, if port, and to the bes  / Mc Cur ividual signing as pl	2 0 2 3 0 ed. f applicable, a Schedule t of my knowledge and the standard of t

	Form 5500-SF 2015		Page <b>2</b>								
60	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a seen as a contract of the plan c	int (IQI	PA)			Yes   No					
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No N	lot determined		
	t III Financial Information		-								
7	Plan Assets and Liabilities				r		(	(b) End of Year			
<u> </u>	Total plan assets	7a	(u/ = ugg	77250		<u> </u>					
	Total plan liabilities	7b					0				
	Net plan assets (subtract line 7b from line 7a)	7c		7725	0 280950						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		(b) Total						
	Contributions received or receivable from:		(4) / 11100								
	(1) Employers	8a(1)		2740	7400						
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		(	0						
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	**************************************						31100		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g			2740	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						27400			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							3700		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Char	acteris	stic Co	des in th	e instruction	ons:		
В	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in the	instruction	ns:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	-	Amount		
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	10a		<b>√</b>							
k	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					<b>√</b>					
	Was the plan covered by a fidelity bond?					1					
-	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					1					
-	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					<b>√</b>					
1	Has the plan failed to provide any benefit when due under the plan?					✓					
_	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					1					
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								······································		

Yes

**b** Are you claiming a waiver of the annual examination and report of an independen under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5 c If the plan is a defined benefit plan, is it covered under the PBGC insurance progr **Financial Information** Part III Plan Assets and Liabilities a Total plan assets..... 7a 7b **b** Total plan liabilities..... C Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 8a(1) (1) Employers ..... 8a(2) (2) Participants ..... 8a(3) (3) Others (including rollovers) ..... **b** Other income (loss)..... 8b **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions).... 8g g Other expenses..... h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h Net income (loss) (subtract line 8h from line 8c)..... Transfers to (from) the plan (see instructions) ...... Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes If the plan provides welfare benefits, enter the applicable welfare feature codes **Compliance Questions** Part V 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within th described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidural Program) ..... b Were there any nonexempt transactions with any party-in-interest? (Do not incl reported on line 10a.).... Was the plan covered by a fidelity bond?..... **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, by fraud or dishonesty?..... e Were any fees or commissions paid to any brokers, agents, or other persons by carrier, insurance service, or other organization that provides some or all of the the plan? (See instructions.) ..... f Has the plan failed to provide any benefit when due under the plan? ..... g Did the plan have any participant loans? (If "Yes," enter amount as of year end. If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.) ...... If 10h was answered "Yes." check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i j Did the plan trust incur unrelated business taxable income? 10i Part VI |Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below) ... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 ...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? No

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		Form 5500-SF 2015 Page <b>3</b> -									
	(If "\	res," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, s					ng				
lf v		ting the waiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		Day		Year					
		the minimum required contribution for this plan year		12b							
				12c		.,					
		the amount contributed by the employer to the plan for this plan year tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t			<del> </del>						
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to ative amount)		12d							
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A				
art '	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?									
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a								
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, o be PBGC?			Yes 🛭	No					
C 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.)											
1	3c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) P	13c(3) PN(s)				
Part	VIII	Trust Information									
14a I	Name	e of trust		14b Trust's EIN							
44:				444							
14C	Nan	ne of trustee or custodian		14d Trustee's or custodian's telephone number							
					·						
Parl	t IX	IRS Compliance Questions		1							
15a	Is th	e plan a 401(k) plan?	Y6	es	No						
				_ D	esign-						
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferr		based safe harbor		∐ ADP/ACP					
	mate	ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	method		test						
15c		ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using	Yes		No						
		ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) a (2)(ii))?				_					
40				111	Ratio	Ave	rage				
16a	Che	ck the box to indicate the method used by the plan to satisfy the coverage requirements unde		ercentage est	ben	efit test					
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) to	Y	es	No						
172		plan with any other plans under the permissive aggregation rules?the plan been timely amended for all required tax law changes?	Пү	es	□No	N/A					
		the last plan amendment/restatement for the required tax law changes was adopted	T		(See ins						
	for t	ax law changes and codes).				`					
17c 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											
17d	17d 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										
18	Is th	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 10 le), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S	Ye	)S	No	<del></del>					
19	Wer	e in-service distributions made during the plan year?		. Y	es	No					
	If "Y	es," enter amount	19								
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardlesed), as required under section 401(a)(9)?	Y	es	No	□ N/A					