Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TOWNSHIP BUILDING SERVICES, INC.

26 PAMARON WAY, SUITE A
NOVATO, CA 94949-6263

26 PAMARON WAY, SUITE A
NOVATO, CA 94949-6263

2b Employer Identification Number (EIN)
68-0043658

2c Plan Sponsor's telephone number
415-382-8858

2d Business code (see instructions)
561720

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	JOHN GILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1811
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1689
a(2) Total number of active participants at the end of the plan year	**6a(2)**	544
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	217
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	761
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	761
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	447
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWNSHIP BUILDING SERVICES, INC.

D Employer Identification Number (EIN)
68-0043658

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	111702	344	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1598	278

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH LIFE AGENCY
1400 MERRILL LYNCH DRIVE
PENNINGTON, NJ 08534-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1598	117	OTHER ALLOWANCES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SOUTHEASTERN EMPLOYEE BENEFIT SERVICES, INC.
723 COLISEUM DRIVE SUITE 200
WINSTON-SALEM, NC 27106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	161	TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	390840

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TOWNSHIP BUILDING SERVICES, INC.	**D** Employer Identification Number (EIN) 68-0043658

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	24	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOWNSHIP BUILDING SERVICES, INC.

D Employer Identification Number (EIN)
68-0043658

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	57357

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	29520

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	3688

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	54854

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	17846

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	34988

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	35378

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25476

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51528

a Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2055

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15985

a Name of MTIA, CCT, PSA, or 103-12 IE: STBL VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2271

a Name of MTIA, CCT, PSA, or 103-12 IE: VS CORE BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9457

a Name of MTIA, CCT, PSA, or 103-12 IE: AF WASH MUTUAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2175

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX 500

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12567

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSINVEST

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1330

a Name of MTIA, CCT, PSA, or 103-12 IE: AF CAP WGI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1057

a Name of MTIA, CCT, PSA, or 103-12 IE: VS VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4350

a Name of MTIA, CCT, PSA, or 103-12 IE: IDX MID

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1936

a Name of MTIA, CCT, PSA, or 103-12 IE: SMCP VA IN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1529

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8561

a Name of MTIA, CCT, PSA, or 103-12 IE: VS MC ST

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1530

a Name of MTIA, CCT, PSA, or 103-12 IE: US SML CAP

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1294

a Name of MTIA, CCT, PSA, or 103-12 IE: IDX INTL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9800

a Name of MTIA, CCT, PSA, or 103-12 IE: SMCP GR IN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2039

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDL EVCO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4322

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

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWNSHIP BUILDING SERVICES, INC.

D Employer Identification Number (EIN)
68-0043658

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	15164	6
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		1738
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	887	377
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	231626	390840
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	247677	392961
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		3366
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		3366
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	247677	389595

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	244195	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		244195
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-9074
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		235147
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58651	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		58651
f Corrective distributions (see instructions)	2f		11224
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	20330	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3024	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23354
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		93229
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		141918
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP (2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X			107110
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
TOWNSHIP BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOWNSHIP BUILDING SERVICES, INC.

D Employer Identification Number (EIN)
68-0043658

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

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

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

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

TOWNSHIP BUILIDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

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MKA MILLER KAPLAN ARASE LLP
CERTIFIED PUBLIC ACCOUNTANTS SINCE 1941

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INTERNATIONAL

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust
26 Pamaron Way, Suite A
Novato, California 94949

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust

Disclaimer of Opinion

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

Other Matters

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 14, 2016

EXHIBIT "A"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	December 31, 2014
ASSETS		
CASH	$ 6	$ 15,164
INVESTMENTS, AT FAIR VALUE	390,840	231,626
RECEIVABLES		
Employee Contributions	2,058	-
Note Receivable from Participant	377	887
TOTAL RECEIVABLES	2,435	887
TOTAL ASSETS	393,281	247,677
LIABILITIES		
Excess Contributions Payable	13,679	11,224
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 379,602	$ 236,453

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2015 TO DECEMBER 31, 2015

ADDITIONS	
INVESTMENT (LOSS)	
Net (Decrease) in Fair Value of Investments	$ (9,277)
CONTRIBUTIONS AND OTHER ADDITIONS	
Participant Contributions	248,399
Interest on Note Receivable from Participant	27
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	248,426
TOTAL ADDITIONS	239,149
DEDUCTIONS	
Withdrawals and Distributions	72,646
Administrative Expenses	23,354
TOTAL DEDUCTIONS	96,000
NET INCREASE	143,149
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	236,453
END OF YEAR	$ 379,602

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, commissions and administrative fees to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct costs in 2015 totaling approximately $23,000.

C. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Non-excludable employees are eligible to make elective deferrals to the Plan on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions on completion of one year of service. Plan entry is the first day of the quarter after attaining eligibility.

D. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make additional catch-up contributions up to $6,000 for 2015. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation. Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors. No employer contributions have been made from inception of the Plan.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Vesting

All participant accounts are 100% vested at December 31, 2015. Provisions of the Plan provide for full vesting of participant accounts attributable to Company matching and profit sharing contributions, if any, after six years of service. Forfeitures of terminated participants' non-vested accounts will be used to reduce Company contributions.

F. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement. These accounts consist of portfolios of mutual funds selected to meet an appropriate investment strategy for a participant who will reach retirement age at a specified date in the future.

G. Payment of Benefits

Participants are eligible for benefits upon attainment of age 59½, retirement, disability or termination of service. Normal retirement age under the Plan is age 65. Benefits are paid in a lump sum and recorded when paid.

H. Note Receivable from Participant

The Plan allows participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance. A loan is secured by a participant's vested account balance, bears a fixed rate of interest at 1% above the prime rate published on the first day of the month in the *Wall Street Journal* and must be repaid to the Plan within a 4½ years, unless a loan is used for the purchase of a principal residence in which case the maximum repayment period may be extended. The plan administrator approves the specific terms and conditions of each loan. Principal and interest are paid ratably through payroll deductions. One participant note receivable was outstanding at December 31, 2015 bearing an interest rate of 4.25%.

Notes receivable are measured at their unpaid principal balance plus accrued unpaid interest. Delinquent notes are recorded as a distribution based on terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV.

ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015 and for all other entities for fiscal years beginning after December 15, 2016. Earlier application is permitted. The amendments are applied retrospectively to all periods presented. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways.

ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Earlier application is permitted. Amendments in Part II are applied retrospectively for all periods presented. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

D. Investment Valuation and Income Recognition

Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on the trade-date basis.

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Risks and Uncertainties (Continued)

securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

NOTE 3 - TAX STATUS

The Company adopted a prototype plan that has received a favorable opinion letter from the Internal Revenue Service stating that the form of the Plan meets requirements for tax-exempt status. The Company believes the Plan is operated in accordance with and qualifies under applicable requirements of the Code and related state statutes and the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of participants affected by a partial or complete termination of the Plan are non-forfeitable and will be determined as of the termination date.

NOTE 5 - RELATED PARTY TRANSACTIONS

Plan investments consist of pooled separate accounts issued by John Hancock. Purchases and sales of units of these accounts are considered party-in-interest transactions under ERISA regulations. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition against party-in-interest transactions under ERISA.

NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2015 and 2014, and net depreciation in fair value of investments for the year ended December 31, 2015 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31, 2015 and 2014, respectively:

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE (Continued)

	December 31, 2015	December 31, 2014	Unfunded Commitments	Redemption Frequency	Participant Redemption Notice Period	Plan Redemption Notice Period
Pooled Separate Accounts	$ 390,840	$ 231,626	None	Daily	30 days	12 months

NOTE 8 - SUBSEQUENT EVENTS

The Plan was amended and restated effective March 1, 2016 as follows:

- A one year service requirement is required for newly hired employees to attain eligibility to participate.
- The Plan entry date for newly eligible employees is on January 1 or July 1 following attainment of eligibility.
- Participants are no longer able to borrow from their accounts.
- Auto-enrollment provisions are suspended.

Management has evaluated subsequent events through October 14, 2016, the date on which the financial statements were available to be issued. There are no other subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE 9 - RECLASSIFICATIONS

Certain information in the 2014 financial statements has been reclassified to conform to the 2015 presentation in accordance with guidance provided in ASU 2015-07 and ASU 2015-12 (Note 2-B). Reclassifications have no effect on previously reported net assets available for benefits.

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2015, contributions of $107,110 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator intends to fully restore earnings to the accounts of participants from the loss date to the recovery date.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December:

	2015	2014
Net Assets Per the Financial Statements	$ 379,602	$ 236,453
Add: Excess Contributions Payable	13,679	11,224
Net Assets Per the Form 5500	$ 393,281	$ 247,677

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500:

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	January 1, 2015 to December 31, 2015
Net Increase Per the Financial Statements	$ 143,149
Plus: 2015 Excess Contributions Payable	13,679
Less: 2014 Excess Contributions Payable	(11,224)
Net Income Per the Form 5500	$ 145,604

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2015 TO DECEMBER 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$107,110	$ -	$107,110	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2015

Identity of Issuer	Description of Investment	Fair Value
* John Hancock:		
Retirement Portfolio 2010	Pooled Separate Account	$ 57,357
Retirement Portfolio 2015	Pooled Separate Account	29,520
Retirement Portfolio 2020	Pooled Separate Account	3,688
Retirement Portfolio 2025	Pooled Separate Account	54,854
Retirement Portfolio 2030	Pooled Separate Account	17,847
Retirement Portfolio 2035	Pooled Separate Account	34,988
Retirement Portfolio 2040	Pooled Separate Account	35,378
Retirement Portfolio 2045	Pooled Separate Account	25,476
Retirement Portfolio 2050	Pooled Separate Account	51,528
Retirement Portfolio 2055	Pooled Separate Account	15,985
Stable Value Fund	Pooled Separate Account	2,270
Core Bond Fund	Pooled Separate Account	9,457
Massachusetts Investors Fund	Pooled Separate Account	1,330
Templeton World	Pooled Separate Account	8,561
Mid Cap Stock Fund	Pooled Separate Account	1,530
DFA US Small Cap Fund	Pooled Separate Account	1,294
Vanguard Small Cap Growth Index Fund	Pooled Separate Account	2,039
Fidelity Contrafund	Pooled Separate Account	2,175
Index 500 Fund	Pooled Separate Account	12,567
American Funds Cap World Growth and Income Fund	Pooled Separate Account	1,057
Value Fund	Pooled Separate Account	4,351
Mid Cap Index Fund	Pooled Separate Account	1,936
Vanguard Small Cap Value Index Fund	Pooled Separate Account	1,529
International Equity Index Fund	Pooled Separate Account	9,800
Fidelity Advisor Leveraged Company Stock Fund	Pooled Separate Account	4,323
* Participant Loan	4.25%	377
		$ 391,217

* Party-in-Interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

ension Benefit Guaranty Corporatic

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Township Building Services, Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/2013

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, suite no. and street or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)

Township Building Services, Inc.

26 Pamaron Way, Suite A

US Novato CA 94949

2b Employer Identification Number (EIN)
68-0043658

2c Plan Sponsor's telephone number
(415) 382-8858

2d Business code (see instructions)
561720

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

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

SIGN HERE	**Signature of plan administrator**	Date	Enter name of individual signing as plan administrator
SIGN HERE	John M. Gill	10/13/16	John M. Gill
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	John M. Gill	10/13/16	John M. Gill
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [x] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1,811
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1,689
a(2) Total number of active participants at the end of the plan year	**6a(2)**	544
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	217
d Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	761
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	761
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	447
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [x] Insurance	(1) [x] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [x] Trust	(3) [x] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules	**b** General Schedules
(1) [x] **R** (Retirement Plan Information)	(1) [x] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
	(3) [x] 1 **A** (Insurance Information)
	(4) [x] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [x] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

TOWNSHIP BUILIDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust
26 Pamaron Way, Suite A
Novato, California 94949

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust

Disclaimer of Opinion

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

Other Matters

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 14, 2016

EXHIBIT "A"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	December 31, 2014
ASSETS		
CASH	$ 6	$ 15,164
INVESTMENTS, AT FAIR VALUE	390,840	231,626
RECEIVABLES		
Employee Contributions	2,058	-
Note Receivable from Participant	377	887
TOTAL RECEIVABLES	2,435	887
TOTAL ASSETS	393,281	247,677
LIABILITIES		
Excess Contributions Payable	13,679	11,224
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 379,602	$ 236,453

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2015 TO DECEMBER 31, 2015

ADDITIONS	
INVESTMENT (LOSS)	
Net (Decrease) in Fair Value of Investments	$ (9,277)
CONTRIBUTIONS AND OTHER ADDITIONS	
Participant Contributions	248,399
Interest on Note Receivable from Participant	27
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	248,426
TOTAL ADDITIONS	239,149
DEDUCTIONS	
Withdrawals and Distributions	72,646
Administrative Expenses	23,354
TOTAL DEDUCTIONS	96,000
NET INCREASE	143,149
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	236,453
END OF YEAR	$ 379,602

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, commissions and administrative fees to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct costs in 2015 totaling approximately $23,000.

C. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Non-excludable employees are eligible to make elective deferrals to the Plan on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions on completion of one year of service. Plan entry is the first day of the quarter after attaining eligibility.

D. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make additional catch-up contributions up to $6,000 for 2015. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation. Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors. No employer contributions have been made from inception of the Plan.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Vesting

All participant accounts are 100% vested at December 31, 2015. Provisions of the Plan provide for full vesting of participant accounts attributable to Company matching and profit sharing contributions, if any, after six years of service. Forfeitures of terminated participants' non-vested accounts will be used to reduce Company contributions.

F. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement. These accounts consist of portfolios of mutual funds selected to meet an appropriate investment strategy for a participant who will reach retirement age at a specified date in the future.

G. Payment of Benefits

Participants are eligible for benefits upon attainment of age 59½, retirement, disability or termination of service. Normal retirement age under the Plan is age 65. Benefits are paid in a lump sum and recorded when paid.

H. Note Receivable from Participant

The Plan allows participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance. A loan is secured by a participant's vested account balance, bears a fixed rate of interest at 1% above the prime rate published on the first day of the month in the *Wall Street Journal* and must be repaid to the Plan within a 4½ years, unless a loan is used for the purchase of a principal residence in which case the maximum repayment period may be extended. The plan administrator approves the specific terms and conditions of each loan. Principal and interest are paid ratably through payroll deductions. One participant note receivable was outstanding at December 31, 2015 bearing an interest rate of 4.25%.

Notes receivable are measured at their unpaid principal balance plus accrued unpaid interest. Delinquent notes are recorded as a distribution based on terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV.

ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015 and for all other entities for fiscal years beginning after December 15, 2016. Earlier application is permitted. The amendments are applied retrospectively to all periods presented. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways.

ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Earlier application is permitted. Amendments in Part II are applied retrospectively for all periods presented. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

D. Investment Valuation and Income Recognition

Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on the trade-date basis.

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Risks and Uncertainties (Continued)

securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

NOTE 3 - TAX STATUS

The Company adopted a prototype plan that has received a favorable opinion letter from the Internal Revenue Service stating that the form of the Plan meets requirements for tax-exempt status. The Company believes the Plan is operated in accordance with and qualifies under applicable requirements of the Code and related state statutes and the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of participants affected by a partial or complete termination of the Plan are non-forfeitable and will be determined as of the termination date.

NOTE 5 - RELATED PARTY TRANSACTIONS

Plan investments consist of pooled separate accounts issued by John Hancock. Purchases and sales of units of these accounts are considered party-in-interest transactions under ERISA regulations. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition against party-in-interest transactions under ERISA.

NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2015 and 2014, and net depreciation in fair value of investments for the year ended December 31, 2015 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31, 2015 and 2014, respectively:

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE (Continued)

	December 31, 2015	December 31, 2014	Unfunded Commitments	Redemption Frequency	Participant Redemption Notice Period	Plan Redemption Notice Period
Pooled Separate Accounts	$ 390,840	$ 231,626	None	Daily	30 days	12 months

NOTE 8 - SUBSEQUENT EVENTS

The Plan was amended and restated effective March 1, 2016 as follows:

- A one year service requirement is required for newly hired employees to attain eligibility to participate.
- The Plan entry date for newly eligible employees is on January 1 or July 1 following attainment of eligibility.
- Participants are no longer able to borrow from their accounts.
- Auto-enrollment provisions are suspended.

Management has evaluated subsequent events through October 14, 2016, the date on which the financial statements were available to be issued. There are no other subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE 9 - RECLASSIFICATIONS

Certain information in the 2014 financial statements has been reclassified to conform to the 2015 presentation in accordance with guidance provided in ASU 2015-07 and ASU 2015-12 (Note 2-B). Reclassifications have no effect on previously reported net assets available for benefits.

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2015, contributions of $107,110 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator intends to fully restore earnings to the accounts of participants from the loss date to the recovery date.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December:

	2015	2014
Net Assets Per the Financial Statements	$ 379,602	$ 236,453
Add: Excess Contributions Payable	13,679	11,224
Net Assets Per the Form 5500	$ 393,281	$ 247,677

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500:

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	January 1, 2015 to December 31, 2015
Net Increase Per the Financial Statements	$ 143,149
Plus: 2015 Excess Contributions Payable	13,679
Less: 2014 Excess Contributions Payable	(11,224)
Net Income Per the Form 5500	$ 145,604

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2015 TO DECEMBER 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$107,110	$ -	$107,110	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2015

Identity of Issuer	Description of Investment	Fair Value
* John Hancock:		
Retirement Portfolio 2010	Pooled Separate Account	$ 57,357
Retirement Portfolio 2015	Pooled Separate Account	29,520
Retirement Portfolio 2020	Pooled Separate Account	3,688
Retirement Portfolio 2025	Pooled Separate Account	54,854
Retirement Portfolio 2030	Pooled Separate Account	17,847
Retirement Portfolio 2035	Pooled Separate Account	34,988
Retirement Portfolio 2040	Pooled Separate Account	35,378
Retirement Portfolio 2045	Pooled Separate Account	25,476
Retirement Portfolio 2050	Pooled Separate Account	51,528
Retirement Portfolio 2055	Pooled Separate Account	15,985
Stable Value Fund	Pooled Separate Account	2,270
Core Bond Fund	Pooled Separate Account	9,457
Massachusetts Investors Fund	Pooled Separate Account	1,330
Templeton World	Pooled Separate Account	8,561
Mid Cap Stock Fund	Pooled Separate Account	1,530
DFA US Small Cap Fund	Pooled Separate Account	1,294
Vanguard Small Cap Growth Index Fund	Pooled Separate Account	2,039
Fidelity Contrafund	Pooled Separate Account	2,175
Index 500 Fund	Pooled Separate Account	12,567
American Funds Cap World Growth and Income Fund	Pooled Separate Account	1,057
Value Fund	Pooled Separate Account	4,351
Mid Cap Index Fund	Pooled Separate Account	1,936
Vanguard Small Cap Value Index Fund	Pooled Separate Account	1,529
International Equity Index Fund	Pooled Separate Account	9,800
Fidelity Advisor Leveraged Company Stock Fund	Pooled Separate Account	4,323
* Participant Loan	4.25%	377
		$ 391,217

* Party-in-Interest

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

TOWNSHIP BUILIDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust
26 Pamaron Way, Suite A
Novato, California 94949

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan Administrator
Township Building Services, Inc.
401(k) Profit Sharing Plan and Trust

Disclaimer of Opinion

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

Other Matters

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 14, 2016

EXHIBIT "A"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	December 31, 2014
ASSETS		
CASH	$ 6	$ 15,164
INVESTMENTS, AT FAIR VALUE	390,840	231,626
RECEIVABLES		
Employee Contributions	2,058	-
Note Receivable from Participant	377	887
TOTAL RECEIVABLES	2,435	887
TOTAL ASSETS	393,281	247,677
LIABILITIES		
Excess Contributions Payable	13,679	11,224
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 379,602	$ 236,453

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2015 TO DECEMBER 31, 2015

ADDITIONS	
INVESTMENT (LOSS)	
Net (Decrease) in Fair Value of Investments	$ (9,277)
CONTRIBUTIONS AND OTHER ADDITIONS	
Participant Contributions	248,399
Interest on Note Receivable from Participant	27
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	248,426
TOTAL ADDITIONS	239,149
DEDUCTIONS	
Withdrawals and Distributions	72,646
Administrative Expenses	23,354
TOTAL DEDUCTIONS	96,000
NET INCREASE	143,149
NET ASSETS AVAILABLE FOR BENEFITS	
BEGINNING OF YEAR	236,453
END OF YEAR	$ 379,602

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, commissions and administrative fees to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct costs in 2015 totaling approximately $23,000.

C. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Non-excludable employees are eligible to make elective deferrals to the Plan on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions on completion of one year of service. Plan entry is the first day of the quarter after attaining eligibility.

D. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make additional catch-up contributions up to $6,000 for 2015. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation. Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors. No employer contributions have been made from inception of the Plan.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Vesting

All participant accounts are 100% vested at December 31, 2015. Provisions of the Plan provide for full vesting of participant accounts attributable to Company matching and profit sharing contributions, if any, after six years of service. Forfeitures of terminated participants' non-vested accounts will be used to reduce Company contributions.

F. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement. These accounts consist of portfolios of mutual funds selected to meet an appropriate investment strategy for a participant who will reach retirement age at a specified date in the future.

G. Payment of Benefits

Participants are eligible for benefits upon attainment of age 59½, retirement, disability or termination of service. Normal retirement age under the Plan is age 65. Benefits are paid in a lump sum and recorded when paid.

H. Note Receivable from Participant

The Plan allows participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance. A loan is secured by a participant's vested account balance, bears a fixed rate of interest at 1% above the prime rate published on the first day of the month in the *Wall Street Journal* and must be repaid to the Plan within a 4½ years, unless a loan is used for the purchase of a principal residence in which case the maximum repayment period may be extended. The plan administrator approves the specific terms and conditions of each loan. Principal and interest are paid ratably through payroll deductions. One participant note receivable was outstanding at December 31, 2015 bearing an interest rate of 4.25%.

Notes receivable are measured at their unpaid principal balance plus accrued unpaid interest. Delinquent notes are recorded as a distribution based on terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV.

ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015 and for all other entities for fiscal years beginning after December 15, 2016. Earlier application is permitted. The amendments are applied retrospectively to all periods presented. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) recently issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways.

ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Earlier application is permitted. Amendments in Part II are applied retrospectively for all periods presented. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

D. Investment Valuation and Income Recognition

Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on the trade-date basis.

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Risks and Uncertainties (Continued)

securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

NOTE 3 - TAX STATUS

The Company adopted a prototype plan that has received a favorable opinion letter from the Internal Revenue Service stating that the form of the Plan meets requirements for tax-exempt status. The Company believes the Plan is operated in accordance with and qualifies under applicable requirements of the Code and related state statutes and the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of participants affected by a partial or complete termination of the Plan are non-forfeitable and will be determined as of the termination date.

NOTE 5 - RELATED PARTY TRANSACTIONS

Plan investments consist of pooled separate accounts issued by John Hancock. Purchases and sales of units of these accounts are considered party-in-interest transactions under ERISA regulations. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition against party-in-interest transactions under ERISA.

NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2015 and 2014, and net depreciation in fair value of investments for the year ended December 31, 2015 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31, 2015 and 2014, respectively:

NOTE 7 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE (Continued)

	December 31, 2015	December 31, 2014	Unfunded Commitments	Redemption Frequency	Participant Redemption Notice Period	Plan Redemption Notice Period
Pooled Separate Accounts	$ 390,840	$ 231,626	None	Daily	30 days	12 months

NOTE 8 - SUBSEQUENT EVENTS

The Plan was amended and restated effective March 1, 2016 as follows:

- A one year service requirement is required for newly hired employees to attain eligibility to participate.
- The Plan entry date for newly eligible employees is on January 1 or July 1 following attainment of eligibility.
- Participants are no longer able to borrow from their accounts.
- Auto-enrollment provisions are suspended.

Management has evaluated subsequent events through October 14, 2016, the date on which the financial statements were available to be issued. There are no other subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE 9 - RECLASSIFICATIONS

Certain information in the 2014 financial statements has been reclassified to conform to the 2015 presentation in accordance with guidance provided in ASU 2015-07 and ASU 2015-12 (Note 2-B). Reclassifications have no effect on previously reported net assets available for benefits.

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2015, contributions of $107,110 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator intends to fully restore earnings to the accounts of participants from the loss date to the recovery date.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December:

	2015	2014
Net Assets Per the Financial Statements	$ 379,602	$ 236,453
Add: Excess Contributions Payable	13,679	11,224
Net Assets Per the Form 5500	$ 393,281	$ 247,677

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500:

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	January 1, 2015 to December 31, 2015
Net Increase Per the Financial Statements	$ 143,149
Plus: 2015 Excess Contributions Payable	13,679
Less: 2014 Excess Contributions Payable	(11,224)
Net Income Per the Form 5500	$ 145,604

SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2015 TO DECEMBER 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$107,110	$ -	$107,110	$ -	$ -

Check Here ( ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2015

Identity of Issuer	Description of Investment	Fair Value
* John Hancock:		
Retirement Portfolio 2010	Pooled Separate Account	$ 57,357
Retirement Portfolio 2015	Pooled Separate Account	29,520
Retirement Portfolio 2020	Pooled Separate Account	3,688
Retirement Portfolio 2025	Pooled Separate Account	54,854
Retirement Portfolio 2030	Pooled Separate Account	17,847
Retirement Portfolio 2035	Pooled Separate Account	34,988
Retirement Portfolio 2040	Pooled Separate Account	35,378
Retirement Portfolio 2045	Pooled Separate Account	25,476
Retirement Portfolio 2050	Pooled Separate Account	51,528
Retirement Portfolio 2055	Pooled Separate Account	15,985
Stable Value Fund	Pooled Separate Account	2,270
Core Bond Fund	Pooled Separate Account	9,457
Massachusetts Investors Fund	Pooled Separate Account	1,330
Templeton World	Pooled Separate Account	8,561
Mid Cap Stock Fund	Pooled Separate Account	1,530
DFA US Small Cap Fund	Pooled Separate Account	1,294
Vanguard Small Cap Growth Index Fund	Pooled Separate Account	2,039
Fidelity Contrafund	Pooled Separate Account	2,175
Index 500 Fund	Pooled Separate Account	12,567
American Funds Cap World Growth and Income Fund	Pooled Separate Account	1,057
Value Fund	Pooled Separate Account	4,351
Mid Cap Index Fund	Pooled Separate Account	1,936
Vanguard Small Cap Value Index Fund	Pooled Separate Account	1,529
International Equity Index Fund	Pooled Separate Account	9,800
Fidelity Advisor Leveraged Company Stock Fund	Pooled Separate Account	4,323
* Participant Loan	4.25%	377
		$ 391,217

* Party-in-Interest