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
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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)
AAA FLAG & BANNER MFG. CO., INC.

8955 NATIONAL BLVD.
LOS ANGELES, CA 90034

2b Employer Identification Number (EIN) 95-2921050

2c Plan Sponsor's telephone number 310-836-3341

2d Business code (see instructions) 453990

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.	10/17/2016	HENRY E. LESNIAK
	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**	172
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)**	149
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	165
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	183
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	183
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA FLAG & BANNER MFG. CO., INC.

D Employer Identification Number (EIN)
95-2921050

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
VOYA RETIREMENT INSURANCE & ANNUITY

(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
71-0294708	86509	811518	135	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
1972	1013

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY LLC
1 NEW YORK PLAZA
FLOOR 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1972			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STONNINGTON GROUP LLC
114 PACIFICA #150
IRVINE, CA 92618-3326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1013	TPA SUPPORT	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	70387
5	Current value of plan's interest under this contract in separate accounts at year end	5	2540744

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 CONTRACT

b	Balance at the end of the previous year			7b	69940
c	Additions: (1) Contributions deposited during the year	7c(1)	10339		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	835		
	(4) Transferred from separate account	7c(4)	1		
	(5) Other (specify below)	7c(5)	3208		
	▶ MARKET VALUE ADJUSTMENT				
	(6) Total additions			7c(6)	14383
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	84323
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12647		
	(2) Administration charge made by carrier	7e(2)	32		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1257		
	▶ TPA FEES				
	(5) Total deductions			7e(5)	13936
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	70387

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)**	0
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)**	0
(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)**	0
(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
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA FLAG & BANNER MFG. CO., INC.

D Employer Identification Number (EIN)
95-2921050

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY
P.O. BOX 990067
HARTFORD, CT 06199-0067

71-0294708

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

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

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

MORNINGSTAR

36-3297908

(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?
27 99	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	710	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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 64 65	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
49 99	BROKER/DEALER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AAA FLAG & BANNER MFG. CO., INC.

D Employer Identification Number (EIN)
95-2921050

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: VOYA RETIRE INS AND ANN SEP ACCT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE

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)
71-0294708-000	P	2540744

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA FLAG & BANNER MFG. CO., INC.

D Employer Identification Number (EIN)
95-2921050

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(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)	0	30914
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2803167	2540744
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	69940	70387
(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	2873107	2642045
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1086	1086
i Acquisition indebtedness	1i		
j Other liabilities	1j	64	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1150	1086
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2871957	2640959

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)	238112	
(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)		238112
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)	20	
(F) Other	2b(1)(F)	838	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		858
(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)	6604	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6604
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	3208	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3208

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-19299
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		229483
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	446621	
(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)		446621
f Corrective distributions (see instructions)	2f		12560
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	1300	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		460481
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-230998
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: KALLMAN, THOMPSON LOGAN, LLP **(2)** EIN: 95-4610626

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
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
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA FLAG & BANNER MFG. CO., INC.

D Employer Identification Number (EIN)
95-2921050

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): 71-0294708

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

AAA FLAG & BANNER MFG. CO INC.
401(k) PROFIT SHARING PLAN
AND TRUST

December 31, 2015

KALLMAN+THOMPSON+LOGAN, LLP

AAA FLAG & BANNER MFG. CO., INC
401(k) PROFIT SHARING PLAN AND TRUST
YEAR ENDED DECEMBER 31, 2015

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KALLMAN+THOMPSON+LOGAN, LLP

Independent Auditor's Report

MICHAEL CARTER
ANDREW KALLMAN
FRANCES KALLMAN
MICHAEL R. KALVIN
STEPHEN LOGAN
THOMAS P. MCMILLAN
ABRAHAM MIZRAHI
STANLEY F. SHIMOHARA
MICHAEL G.THOMPSON
ADA M. WONG

To the Plan Trustee
AAA Flag & Banner Mfg. Co., Inc. 401(k) Profit Sharing Plan and Trust
Los Angeles, California

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

125 SOUTH
BARRINGTON PLACE
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CALIFORNIA
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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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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.

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PUBLIC ACCOUNTANTS
AND CALIFORNIA
SOCIETY OF CERTIFIED
PUBLIC ACCOUNTANTS

(Continued)

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 4, which was certified by Voya Retirement Insurance and Annuity Company ("Voya"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of assets (held at end of year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kallman+Thompson+Logan, LLP

KALLMAN+THOMPSON+LOGAN, LLP

Los Angeles, CA
October 17, 2016

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2015 AND 2014

	2015	2014
Assets		
Investments, at fair value (Notes 3, 4, and 5):		
Pooled separate accounts	$ 2,540,744	$ 2,803,167
Fixed account	70,387	69,940
	2,611,131	2,873,107
Receivables:		
Notes receivable from participants	30,914	-
Total assets	2,642,045	2,873,107
Liabilities		
Accrued expenses	15,021	1,086
Excess contributions payable	24,740	12,560
Total liabilities	39,761	13,646
Net assets available for plan benefits	$ 2,602,284	$ 2,859,461

See accompanying notes to the financial statements

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2015

Additions:	
Investment Income:	
Dividends (Note 3)	$ 6,604
Interest	838
Interest income on notes receivable from participants	20
Net depreciation in fair value of investments (Notes 3, 4 and 5)	(16,091)
Total investment loss	(8,629)
Contributions:	
Participant	238,048
Total contributions	238,048
Total additions	229,419
Deductions:	
Benefits paid to participants	446,621
Corrective distributions	24,740
Administrative expenses (Note 6)	15,235
Total deductions	486,596
Net decrease	(257,177)
Net assets available for plan benefits:	
Beginning of year	2,859,461
End of year	$ 2,602,284

See accompanying notes to the financial statements

1. DESCRIPTION OF THE PLAN

The following description of the AAA Flag & Banner Mfg. Co., Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a qualified defined contribution employer profit sharing plan, originally effective on January 1, 1992, and amended and restated effective January 1, 2010, under provisions of the Internal Revenue Code (IRC). The Plan covers all full-time employees who have attained 21 years of age and have completed 90 days of service, entering the Plan on the first day of the month coinciding with or next following the date eligibility requirements are met. All full-time employees of AAA Flag & Banner Mfg. Co., Inc. (the "Company") with at least 1,000 hours of service during a twelve-month period and have completed one year of service are eligible for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of Plan Assets

Certain officers of the Company are administrators of the Plan. Certain administrative functions are performed by the officers or employees of the Company. No such officer or employee received compensation from the Plan. Certain custodial fees are paid by the Plan. Other administrative expenses including auditing and accounting fees may be paid by the Plan or directly by the Company.

Contributions

Each year, participants may elect to defer a percentage of eligible compensation, as defined in the Plan, not to exceed the annual dollar limit set by law ($18,000 for 2015). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions ($6,000 maximum for 2015). Participants may also rollover contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by Voya Retirement Insurance and Annuity Company, ("Voya"). Voluntary non-deductible employee contributions are not permitted and there is no required Company matching contribution.

Each year, the Company may make a discretionary profit sharing contribution to the Plan. Participants must have completed a year of service during the Plan year in order to be eligible to share in the profit sharing contribution. The contribution is allocated per participant's compensation as a ratio of total eligible compensation.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Contributions (continued)

For 2015, the Internal Revenue Service (IRS) maximum annual amount that may be contributed or allocated to a participant's account shall not exceed the lesser of $53,000 or 100% of the participant's eligible compensation.

Participant accounts

All Individual accounts are maintained in the name of the trustee for each participant's benefit. Each participant directs his or her own investments and is allocated the related investment activity results. Each participant's account is credited with participant voluntary contributions, Company profit sharing contributions, and investment earnings and charged with distributions, fees and investment losses. Allocations, if any, are based on eligible participant compensation relative to total eligible compensation. The difference between the value of a participant's account at the end of the previous day, and the value at the end of the current day, net of all transactions occurring during the current day (contributions, distributions, etc.), is the amount of earnings (losses) credited to the participant's account. The benefit to which a participant is entitled is their vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon, in addition to qualified employer non-elective contributions. For employer profit sharing contributions, participants vest 20% for each year in the plan after the second year. Upon retirement, death or disability, account balances become 100% vested. Upon termination, any remaining non-vested balances are forfeited.

Notes receivable from participants

The Plan has been updated as of January 1, 2015, to allow notes receivable from participants. See note 11 below. Participants are allowed a maximum of two outstanding notes at one time. Interest charged on the notes is the prime rate plus one percent. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis and principal and interest payments are allocated to the participant's account. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit loss has been recorded as of December 31, 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

On termination of service due to retirement, death or disability, the participant will receive payment of benefits equal to the value of the participant's vested interest in his or her account in the form of a lump sum distribution, if total benefits are less than $5,000. For amounts in excess of $5,000, the participant is entitled, with the consent of the administrator, to elect an optional form of distribution of monthly, quarterly, semi-annual or annual cash installments over a period of not more than their assumed life expectancy. Payment of benefits is made as soon as administratively feasible following termination of employment. Participants may also elect to receive an in-service distribution prior to their termination of employment provided they have attained age 59 ½.

Forfeited accounts

At December 31, 2015 and 2014 the balance of forfeited non-vested accounts totaled $1,080 and $1,080 respectively. This amount may be used to reduce future employer contributions or offset plan expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, ("GAAP").

Use of estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, disclosures and changes therein, including disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported 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. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Benefits

Benefits are recorded when paid.

Administrative expenses

Fees and expenses are paid by either the Plan, the Company, as reduction of the forfeiture account or directly as a reduction of the participant's account and fall into two major categories. Investment fees are generally assessed as a percentage of assets invested, and are deducted directly from the participant's account. Plan administration fees and costs are either paid directly by the Company or charged to the Plan. Expenses that are charged to the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events through October 17, 2016, the date the financial statements were available to be issued.

3. INVESTMENTS (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to be complete and accurate by Voya Retirement Insurance and Annuity Company.

Investments at fair value, included in assets available for benefits as of December 31, are as follows:

	2015	2014
Pooled Separate Accounts	$ 2,540,744	$ 2,803,167
Fixed Account	70,387	69,940
	$ 2,611,131	$ 2,873,107

3. INVESTMENTS (CONTINUED)

The following presents investments that represent 5% or more of the Plan's net assets:

Description	2015	2014
Vanguard Target Retirement 2035 Fund	$ 562,440	$ 692,517
American Funds Washington Mutual Investors Funds	393,768	337,285
Vanguard Target Retirement 2025 Fund	304,495	323,809
Vanguard Target Retirement 2015 Fund	217,050	198,798
American Funds Capital World Growth & Income Func	211,296	245,361
Vanguard LifeStrategy Moderate Growth Fund	202,519	207,675
Vanguard LifeStrategy Conservative Growth Fund	194,684	209,405
JPMorgan Large Cap Growth Fund	176,751	191,080
Voya Intermediate Bond Fund	-	150,994

During the year ended December 31, 2015, the Plan's investments (including, gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $16,091, as follows:

Pooled separate accounts	($ 19,299)
Fixed account	3,208
	($ 16,091)

4. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee as complete and accurate to the best of their knowledge, except for comparing such information certified by the trustee to the information included in the Plan's financial statements and supplemental schedule.

4. INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

Investments held and certified by the trustee in the accompanying statements of net assets available for benefits and supplemental schedule totaled $2,642,045 and $2,873,107 as of December 31, 2015 and 2014, respectively. Dividends, interest and net investment depreciation, certified by the trustee in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2015 were $6,604, $858, and ($16,091), respectively.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedules.

5. FAIR VALUE MEASUREMENTS

The frame work for measuring fair value provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to the unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts

The separate accounts invest directly in mutual funds which are valued daily at their net asset values (NAV). The Plan holds units of participation in the separate accounts. The accumulation unit value (AUV) is the value of each unit of participation in the separate accounts and the separate accounts are valued daily as the number of accumulation units held multiplied by the AUV. The AUV was determined based on the NAV of the shares of the underlying mutual funds, the funds dividends and the related contract separate charges.

Fixed Account

This account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). It is not fully benefit responsive under SOP 94-4-1 requirements because there is a potential to restrict certain transfers and withdrawals. It is an obligation of VRIAC's general account which supports all of the company's insurance and annuity commitments. The account is credited with declared rates of interest and is subject to a minimum rate of 1.0% as described in the contract. The credited rate is communicated to the plan and credited daily. Any market value adjustment or contract surrender charge will be based on the formulas and schedules in the related contract. At December 31, 2015, the fair value of the fixed account represented the current fund balance of $67,179 plus the application of market value adjustments, contracts surrender charges and other applicable fees totaling $3,208.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2015, and 2014:

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Asset allocation funds	$ -	$ 1,486,584	$ -	$ 1,486,584
Balanced fund	-	42,392	-	42,392
Bond funds	-	98,010	-	98,010
International funds	-	225,530	-	225,530
Domestic stock funds	-	688,228	-	688,228
Fixed Account	-	70,387	-	70,387
Total investments at fair value	$ -	$ 2,611,131	$ -	$ 2,611,131

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Asset allocation funds	$ -	$ 1,633,711	$ -	$ 1,633,711
Balanced fund	-	40,813	-	40,813
Bond funds	-	155,844	-	155,844
International funds	-	323,789	-	323,789
Domestic stock funds	-	649,010	-	649,010
Fixed Account	-	69,940	-	69,940
Total investments at fair value	$ -	$ 2,873,107	$ -	$ 2,873,107

Transfers between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from on fair value to another. In such instances, the transfer is reported at the end of the reporting period.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

For the year ended December 31, 2015, there were no transfers between Levels 1, 2 or 3. For the year ended December 31, 2014 there were transfers of Level 1 assets (Registered investment companies) to Level 2 assets (Pooled separate accounts) in the amount of $2,641,492 due to the changes in the investment portfolio during 2014.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

6. RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and are managed by Voya. Voya is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

QBI Retirement Plan Experts ("QBI"), provides third party administrative services pursuant to a contract between the Company and QBI. Fees charged to the Plan for administrative services amounted to $7,060 and $3,160 for the year ended December 31, 2015, and 2014, respectively.

7. PLAN TERMINATION

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

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. NET ASSET VALUE (NAV) AND ACCUMULATED UNIT VALUE (AUV) PER SHARE

The following table sets forth a summary of the Plan's investments reported based upon NAV and AUV at December 31, 2015 and 2014.

	Fair Value	Unfunded commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
2015					
Pooled Separate Accounts	$ 2,540,744	None	Immediate	None	None
2014					
Pooled Separate Accounts	$ 2,803,167	None	Immediate	None	None

10. TAX STATUS

The IRS determined and informed the Company by a letter dated January 1, 1992, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Company's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for tax years prior to 2012.

11. PLAN ADOPTION AGREEMENT

Effective January 1, 2015 the Plan was updated through a "Volume Submitter Profit Sharing/401(k) Plan Adoption Agreement" which allows the Plan to include participant loans.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 2,602,284	$ 2,859,461
Adjustment from accrual to cash basis:		
Other liabilities	13,935	(1,127)
Amounts allocated to refunds of excess contributions	24,740	- 13,623
Net assets available for benefits per the Form 5500	$ 2,640,959	$ 2,871,957

The following is a reconciliation of refunds of excess contributions paid to participants per the financial statements for the year ended December 31, 2015, to Form 5500:

Refunds of excess contributions per the financial statements	$ 24,740
Less:	
Amounts allocated from benefits paid to participants at December 31, 2015	(24,740)
Add:	
Excess contributions paid to participants for year ending December 31, 2014	12,560
Excess contributions paid to participants per Form 5500	$ 12,560

Amounts allocated to refunds of excess contributions are recorded on the financial statements for refunds that have been processed and approved for payment prior to December 31, 2015, but not yet paid as of that date.

Supplemental Schedule

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
EIN 95-2921050 Plan No. 002
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF December 31, 2015

(a) *	(b) Identity of Issuer	(c) Description of Investments	(e) Current Value
		Pooled Separate Accounts	
	American Funds	American Balanced FundÂ® - Class R-6	$ 42,392
	American Funds	American Funds Capital World Growth and Income FundSM - R-6	211,296
	American Funds	American Funds Washington Mutual Investors FundSM - R-6	393,769
	ClearBridge	ClearBridge Appreciation Fund - IS	15
	ClearBridge	ClearBridge Small Cap Growth Fund - Class IS	6
	Dimension Fund Advisors	DFA U. S. Targeted Value Port Inst.	35
	Invesco	Invesco American Value Fund R	36
	JP Morgan	JPMorgan Large Cap Growth Fund - Class R6 Shares	176,751
	MFS	MFSÂ® Research International Fund - Class R5	14,234
	PIMCO	PIMCO Real Return Fund - Institutional Class	4,023
	Vanguard	VanguardÂ® LifeStrategyÂ® Conservative Growth Fund - Investor	194,684
	Vanguard	VanguardÂ® LifeStrategyÂ® Moderate Growth Fund - Investor	202,519
	Vanguard	VanguardÂ® Mid-Cap Index Fund - AdmiralÂ™ Shares	80,104
	Vanguard	VanguardÂ® Small-Cap Index Fund - AdmiralÂ™ Shares	36,784
	Vanguard	VanguardÂ® Target Retirement 2015 Fund - Investor Shares	217,050
	Vanguard	VanguardÂ® Target Retirement 2025 Fund - Investor Shares	304,495
	Vanguard	VanguardÂ® Target Retirement 2035 Fund - Investor Shares	562,440
	Vanguard	VanguardÂ® Target Retirement 2040 Fund - Investor Shares	1,399
	Vanguard	VanguardÂ® Target Retirement 2045 Fund - Investor Shares	23
	Vanguard	VanguardÂ® Target Retirement 2050 Fund - Investor Shares	2,008
	Vanguard	VanguardÂ® Target Retirement 2060 Fund - Investor Shares	1,966
	Vanguard	VanguardÂ® Total Stock Market Index Fund - AdmiralÂ™ Shares	720
*	Voya	Voya Intermediate Bond Fund - Class R6	93,988
*	Voya	Voya Midcap Growth Equity Fund 8	6
*	Voya	Voya Money Market Fund - Class A	1
		Fixed Account	
*	Voya	Voya Fixed Account	70,387
		Notes Receivable	
*	Particpant loans	Notes Receivable Int. Rate of 5.30%	5,914
*	Particpant loans	Notes Receivable Int. Rate of 5.75%	25,000
		TOTAL	$ 2,642,045

(a) * Party listed in column (b) is a party-in-interest

Column (d) is not required as the Plan's investments are entirely participant directed

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
- ☒ 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
AAA FLAG & BANNER MFG. CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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)
AAA FLAG & BANNER MFG. CO., INC.

8955 NATIONAL BLVD.

LOS ANGELES CA 90034

2b Employer Identification Number (EIN)
95-2921050

2c Plan Sponsor's telephone number
310-836-3341

2d Business code (see instructions)
453990

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	Henry E. Lesniak	10/14/2016	HENRY E. LESNIAK
	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**	172
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)**	149
a(2) Total number of active participants at the end of the plan year	**6a(2)**	165
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	18
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	183
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	183
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**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 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_____

AAA FLAG & BANNER MFG. CO INC.
401(k) PROFIT SHARING PLAN
AND TRUST

December 31, 2015

KALLMAN+THOMPSON+LOGAN, LLP

AAA FLAG & BANNER MFG. CO., INC
401(k) PROFIT SHARING PLAN AND TRUST
YEAR ENDED DECEMBER 31, 2015

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KALLMAN+THOMPSON+LOGAN, LLP

Independent Auditor's Report

MICHAEL CARTER
ANDREW KALLMAN
FRANCES KALLMAN
MICHAEL R. KALVIN
STEPHEN LOGAN
THOMAS P. MCMILLAN
ABRAHAM MIZRAHI
STANLEY F. SHIMOHARA
MICHAEL G.THOMPSON
ADA M. WONG

To the Plan Trustee
AAA Flag & Banner Mfg. Co., Inc. 401(k) Profit Sharing Plan and Trust
Los Angeles, California

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

125 SOUTH
BARRINGTON PLACE
LOS ANGELES,
CALIFORNIA
90049
310.909.1900
FAX 310.909.1909
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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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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.

MEMBER AMERICAN
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
AND CALIFORNIA
SOCIETY OF CERTIFIED
PUBLIC ACCOUNTANTS

(Continued)

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 4, which was certified by Voya Retirement Insurance and Annuity Company ("Voya"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of assets (held at end of year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kallman+Thompson+Logan, LLP

KALLMAN+THOMPSON+LOGAN, LLP

Los Angeles, CA
October 17, 2016

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2015 AND 2014

	2015	2014
Assets		
Investments, at fair value (Notes 3, 4, and 5):		
Pooled separate accounts	$ 2,540,744	$ 2,803,167
Fixed account	70,387	69,940
	2,611,131	2,873,107
Receivables:		
Notes receivable from participants	30,914	-
Total assets	2,642,045	2,873,107
Liabilities		
Accrued expenses	15,021	1,086
Excess contributions payable	24,740	12,560
Total liabilities	39,761	13,646
Net assets available for plan benefits	$ 2,602,284	$ 2,859,461

See accompanying notes to the financial statements

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2015

Additions:	
Investment Income:	
Dividends (Note 3)	$ 6,604
Interest	838
Interest income on notes receivable from participants	20
Net depreciation in fair value of investments (Notes 3, 4 and 5)	(16,091)
Total investment loss	(8,629)
Contributions:	
Participant	238,048
Total contributions	238,048
Total additions	229,419
Deductions:	
Benefits paid to participants	446,621
Corrective distributions	24,740
Administrative expenses (Note 6)	15,235
Total deductions	486,596
Net decrease	(257,177)
Net assets available for plan benefits:	
Beginning of year	2,859,461
End of year	$ 2,602,284

See accompanying notes to the financial statements

1. DESCRIPTION OF THE PLAN

The following description of the AAA Flag & Banner Mfg. Co., Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a qualified defined contribution employer profit sharing plan, originally effective on January 1, 1992, and amended and restated effective January 1, 2010, under provisions of the Internal Revenue Code (IRC). The Plan covers all full-time employees who have attained 21 years of age and have completed 90 days of service, entering the Plan on the first day of the month coinciding with or next following the date eligibility requirements are met. All full-time employees of AAA Flag & Banner Mfg. Co., Inc. (the "Company") with at least 1,000 hours of service during a twelve-month period and have completed one year of service are eligible for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of Plan Assets

Certain officers of the Company are administrators of the Plan. Certain administrative functions are performed by the officers or employees of the Company. No such officer or employee received compensation from the Plan. Certain custodial fees are paid by the Plan. Other administrative expenses including auditing and accounting fees may be paid by the Plan or directly by the Company.

Contributions

Each year, participants may elect to defer a percentage of eligible compensation, as defined in the Plan, not to exceed the annual dollar limit set by law ($18,000 for 2015). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions ($6,000 maximum for 2015). Participants may also rollover contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by Voya Retirement Insurance and Annuity Company, ("Voya"). Voluntary non-deductible employee contributions are not permitted and there is no required Company matching contribution.

Each year, the Company may make a discretionary profit sharing contribution to the Plan. Participants must have completed a year of service during the Plan year in order to be eligible to share in the profit sharing contribution. The contribution is allocated per participant's compensation as a ratio of total eligible compensation.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Contributions (continued)

For 2015, the Internal Revenue Service (IRS) maximum annual amount that may be contributed or allocated to a participant's account shall not exceed the lesser of $53,000 or 100% of the participant's eligible compensation.

Participant accounts

All Individual accounts are maintained in the name of the trustee for each participant's benefit. Each participant directs his or her own investments and is allocated the related investment activity results. Each participant's account is credited with participant voluntary contributions, Company profit sharing contributions, and investment earnings and charged with distributions, fees and investment losses. Allocations, if any, are based on eligible participant compensation relative to total eligible compensation. The difference between the value of a participant's account at the end of the previous day, and the value at the end of the current day, net of all transactions occurring during the current day (contributions, distributions, etc.), is the amount of earnings (losses) credited to the participant's account. The benefit to which a participant is entitled is their vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon, in addition to qualified employer non-elective contributions. For employer profit sharing contributions, participants vest 20% for each year in the plan after the second year. Upon retirement, death or disability, account balances become 100% vested. Upon termination, any remaining non-vested balances are forfeited.

Notes receivable from participants

The Plan has been updated as of January 1, 2015, to allow notes receivable from participants. See note 11 below. Participants are allowed a maximum of two outstanding notes at one time. Interest charged on the notes is the prime rate plus one percent. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis and principal and interest payments are allocated to the participant's account. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit loss has been recorded as of December 31, 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

On termination of service due to retirement, death or disability, the participant will receive payment of benefits equal to the value of the participant's vested interest in his or her account in the form of a lump sum distribution, if total benefits are less than $5,000. For amounts in excess of $5,000, the participant is entitled, with the consent of the administrator, to elect an optional form of distribution of monthly, quarterly, semi-annual or annual cash installments over a period of not more than their assumed life expectancy. Payment of benefits is made as soon as administratively feasible following termination of employment. Participants may also elect to receive an in-service distribution prior to their termination of employment provided they have attained age 59 ½.

Forfeited accounts

At December 31, 2015 and 2014 the balance of forfeited non-vested accounts totaled $1,080 and $1,080 respectively. This amount may be used to reduce future employer contributions or offset plan expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, ("GAAP").

Use of estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, disclosures and changes therein, including disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported 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. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Benefits

Benefits are recorded when paid.

Administrative expenses

Fees and expenses are paid by either the Plan, the Company, as reduction of the forfeiture account or directly as a reduction of the participant's account and fall into two major categories. Investment fees are generally assessed as a percentage of assets invested, and are deducted directly from the participant's account. Plan administration fees and costs are either paid directly by the Company or charged to the Plan. Expenses that are charged to the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events through October 17, 2016, the date the financial statements were available to be issued.

3. INVESTMENTS (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to be complete and accurate by Voya Retirement Insurance and Annuity Company.

Investments at fair value, included in assets available for benefits as of December 31, are as follows:

	2015	2014
Pooled Separate Accounts	$ 2,540,744	$ 2,803,167
Fixed Account	70,387	69,940
	$ 2,611,131	$ 2,873,107

3. INVESTMENTS (CONTINUED)

The following presents investments that represent 5% or more of the Plan's net assets:

Description	2015	2014
Vanguard Target Retirement 2035 Fund	$ 562,440	$ 692,517
American Funds Washington Mutual Investors Funds	393,768	337,285
Vanguard Target Retirement 2025 Fund	304,495	323,809
Vanguard Target Retirement 2015 Fund	217,050	198,798
American Funds Capital World Growth & Income Func	211,296	245,361
Vanguard LifeStrategy Moderate Growth Fund	202,519	207,675
Vanguard LifeStrategy Conservative Growth Fund	194,684	209,405
JPMorgan Large Cap Growth Fund	176,751	191,080
Voya Intermediate Bond Fund	-	150,994

During the year ended December 31, 2015, the Plan's investments (including, gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $16,091, as follows:

Pooled separate accounts	($ 19,299)
Fixed account	3,208
	($ 16,091)

4. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee as complete and accurate to the best of their knowledge, except for comparing such information certified by the trustee to the information included in the Plan's financial statements and supplemental schedule.

4. INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

Investments held and certified by the trustee in the accompanying statements of net assets available for benefits and supplemental schedule totaled $2,642,045 and $2,873,107 as of December 31, 2015 and 2014, respectively. Dividends, interest and net investment depreciation, certified by the trustee in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2015 were $6,604, $858, and ($16,091), respectively.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedules.

5. FAIR VALUE MEASUREMENTS

The frame work for measuring fair value provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to the unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts

The separate accounts invest directly in mutual funds which are valued daily at their net asset values (NAV). The Plan holds units of participation in the separate accounts. The accumulation unit value (AUV) is the value of each unit of participation in the separate accounts and the separate accounts are valued daily as the number of accumulation units held multiplied by the AUV. The AUV was determined based on the NAV of the shares of the underlying mutual funds, the funds dividends and the related contract separate charges.

Fixed Account

This account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). It is not fully benefit responsive under SOP 94-4-1 requirements because there is a potential to restrict certain transfers and withdrawals. It is an obligation of VRIAC's general account which supports all of the company's insurance and annuity commitments. The account is credited with declared rates of interest and is subject to a minimum rate of 1.0% as described in the contract. The credited rate is communicated to the plan and credited daily. Any market value adjustment or contract surrender charge will be based on the formulas and schedules in the related contract. At December 31, 2015, the fair value of the fixed account represented the current fund balance of $67,179 plus the application of market value adjustments, contracts surrender charges and other applicable fees totaling $3,208.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2015, and 2014:

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Asset allocation funds	$ -	$ 1,486,584	$ -	$ 1,486,584
Balanced fund	-	42,392	-	42,392
Bond funds	-	98,010	-	98,010
International funds	-	225,530	-	225,530
Domestic stock funds	-	688,228	-	688,228
Fixed Account	-	70,387	-	70,387
Total investments at fair value	$ -	$ 2,611,131	$ -	$ 2,611,131

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Asset allocation funds	$ -	$ 1,633,711	$ -	$ 1,633,711
Balanced fund	-	40,813	-	40,813
Bond funds	-	155,844	-	155,844
International funds	-	323,789	-	323,789
Domestic stock funds	-	649,010	-	649,010
Fixed Account	-	69,940	-	69,940
Total investments at fair value	$ -	$ 2,873,107	$ -	$ 2,873,107

Transfers between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from on fair value to another. In such instances, the transfer is reported at the end of the reporting period.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

For the year ended December 31, 2015, there were no transfers between Levels 1, 2 or 3. For the year ended December 31, 2014 there were transfers of Level 1 assets (Registered investment companies) to Level 2 assets (Pooled separate accounts) in the amount of $2,641,492 due to the changes in the investment portfolio during 2014.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

6. RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and are managed by Voya. Voya is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

QBI Retirement Plan Experts ("QBI"), provides third party administrative services pursuant to a contract between the Company and QBI. Fees charged to the Plan for administrative services amounted to $7,060 and $3,160 for the year ended December 31, 2015, and 2014, respectively.

7. PLAN TERMINATION

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

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. NET ASSET VALUE (NAV) AND ACCUMULATED UNIT VALUE (AUV) PER SHARE

The following table sets forth a summary of the Plan's investments reported based upon NAV and AUV at December 31, 2015 and 2014.

	Fair Value	Unfunded commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
2015					
Pooled Separate Accounts	$ 2,540,744	None	Immediate	None	None
2014					
Pooled Separate Accounts	$ 2,803,167	None	Immediate	None	None

10. TAX STATUS

The IRS determined and informed the Company by a letter dated January 1, 1992, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Company's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for tax years prior to 2012.

11. PLAN ADOPTION AGREEMENT

Effective January 1, 2015 the Plan was updated through a "Volume Submitter Profit Sharing/401(k) Plan Adoption Agreement" which allows the Plan to include participant loans.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 2,602,284	$ 2,859,461
Adjustment from accrual to cash basis:		
Other liabilities	13,935	(1,127)
Amounts allocated to refunds of excess contributions	24,740	- 13,623
Net assets available for benefits per the Form 5500	$ 2,640,959	$ 2,871,957

The following is a reconciliation of refunds of excess contributions paid to participants per the financial statements for the year ended December 31, 2015, to Form 5500:

Refunds of excess contributions per the financial statements	$ 24,740
Less:	
Amounts allocated from benefits paid to participants at December 31, 2015	(24,740)
Add:	
Excess contributions paid to participants for year ending December 31, 2014	12,560
Excess contributions paid to participants per Form 5500	$ 12,560

Amounts allocated to refunds of excess contributions are recorded on the financial statements for refunds that have been processed and approved for payment prior to December 31, 2015, but not yet paid as of that date.

Supplemental Schedule

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
EIN 95-2921050 Plan No. 002
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF December 31, 2015

(a) *	(b) Identity of Issuer	(c) Description of Investments	(e) Current Value
		Pooled Separate Accounts	
	American Funds	American Balanced FundÂ® - Class R-6	$ 42,392
	American Funds	American Funds Capital World Growth and Income FundSM - R-6	211,296
	American Funds	American Funds Washington Mutual Investors FundSM - R-6	393,769
	ClearBridge	ClearBridge Appreciation Fund - IS	15
	ClearBridge	ClearBridge Small Cap Growth Fund - Class IS	6
	Dimension Fund Advisors	DFA U. S. Targeted Value Port Inst.	35
	Invesco	Invesco American Value Fund R	36
	JP Morgan	JPMorgan Large Cap Growth Fund - Class R6 Shares	176,751
	MFS	MFSÂ® Research International Fund - Class R5	14,234
	PIMCO	PIMCO Real Return Fund - Institutional Class	4,023
	Vanguard	VanguardÂ® LifeStrategyÂ® Conservative Growth Fund - Investor	194,684
	Vanguard	VanguardÂ® LifeStrategyÂ® Moderate Growth Fund - Investor	202,519
	Vanguard	VanguardÂ® Mid-Cap Index Fund - AdmiralÂ™ Shares	80,104
	Vanguard	VanguardÂ® Small-Cap Index Fund - AdmiralÂ™ Shares	36,784
	Vanguard	VanguardÂ® Target Retirement 2015 Fund - Investor Shares	217,050
	Vanguard	VanguardÂ® Target Retirement 2025 Fund - Investor Shares	304,495
	Vanguard	VanguardÂ® Target Retirement 2035 Fund - Investor Shares	562,440
	Vanguard	VanguardÂ® Target Retirement 2040 Fund - Investor Shares	1,399
	Vanguard	VanguardÂ® Target Retirement 2045 Fund - Investor Shares	23
	Vanguard	VanguardÂ® Target Retirement 2050 Fund - Investor Shares	2,008
	Vanguard	VanguardÂ® Target Retirement 2060 Fund - Investor Shares	1,966
	Vanguard	VanguardÂ® Total Stock Market Index Fund - AdmiralÂ™ Shares	720
*	Voya	Voya Intermediate Bond Fund - Class R6	93,988
*	Voya	Voya Midcap Growth Equity Fund 8	6
*	Voya	Voya Money Market Fund - Class A	1
		Fixed Account	
*	Voya	Voya Fixed Account	70,387
		Notes Receivable	
*	Particpant loans	Notes Receivable Int. Rate of 5.30%	5,914
*	Particpant loans	Notes Receivable Int. Rate of 5.75%	25,000
		TOTAL	$ 2,642,045

(a) * Party listed in column (b) is a party-in-interest

Column (d) is not required as the Plan's investments are entirely participant directed

AAA FLAG & BANNER MFG. CO., INC.
401(K) PROFIT SHARING PLAN AND TRUST
EIN 95-2921050 Plan No. 002
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF December 31, 2015

(a) *	(b) Identity of Issuer	(c) Description of Investments	(e) Current Value
		Pooled Separate Accounts	
	American Funds	American Balanced FundÂ® - Class R-6	$ 42,392
	American Funds	American Funds Capital World Growth and Income FundSM - R-6	211,296
	American Funds	American Funds Washington Mutual Investors FundSM - R-6	393,769
	ClearBridge	ClearBridge Appreciation Fund - IS	15
	ClearBridge	ClearBridge Small Cap Growth Fund - Class IS	6
	Dimension Fund Advisors	DFA U. S. Targeted Value Port Inst.	35
	Invesco	Invesco American Value Fund R	36
	JP Morgan	JPMorgan Large Cap Growth Fund - Class R6 Shares	176,751
	MFS	MFSÂ® Research International Fund - Class R5	14,234
	PIMCO	PIMCO Real Return Fund - Institutional Class	4,023
	Vanguard	VanguardÂ® LifeStrategyÂ® Conservative Growth Fund - Investor	194,684
	Vanguard	VanguardÂ® LifeStrategyÂ® Moderate Growth Fund - Investor	202,519
	Vanguard	VanguardÂ® Mid-Cap Index Fund - AdmiralÂ™ Shares	80,104
	Vanguard	VanguardÂ® Small-Cap Index Fund - AdmiralÂ™ Shares	36,784
	Vanguard	VanguardÂ® Target Retirement 2015 Fund - Investor Shares	217,050
	Vanguard	VanguardÂ® Target Retirement 2025 Fund - Investor Shares	304,495
	Vanguard	VanguardÂ® Target Retirement 2035 Fund - Investor Shares	562,440
	Vanguard	VanguardÂ® Target Retirement 2040 Fund - Investor Shares	1,399
	Vanguard	VanguardÂ® Target Retirement 2045 Fund - Investor Shares	23
	Vanguard	VanguardÂ® Target Retirement 2050 Fund - Investor Shares	2,008
	Vanguard	VanguardÂ® Target Retirement 2060 Fund - Investor Shares	1,966
	Vanguard	VanguardÂ® Total Stock Market Index Fund - AdmiralÂ™ Shares	720
*	Voya	Voya Intermediate Bond Fund - Class R6	93,988
*	Voya	Voya Midcap Growth Equity Fund 8	6
*	Voya	Voya Money Market Fund - Class A	1
		Fixed Account	
*	Voya	Voya Fixed Account	70,387
		Notes Receivable	
*	Particpant loans	Notes Receivable Int. Rate of 5.30%	5,914
*	Particpant loans	Notes Receivable Int. Rate of 5.75%	25,000
		TOTAL	$ 2,642,045

(a) * Party listed in column (b) is a party-in-interest

Column (d) is not required as the Plan's investments are entirely participant directed