

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 <u>01/01/2015</u> and ending <u>12/31/2015</u>			
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	<u>ZUMAN, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>11/01/2013</u>
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)	<u>ZUMAN, INC.</u> <u>5994 W LAS POSITAS BLVD #225</u> <u>PLEASANTON, CA 94588</u>		
	2b Employer Identification Number (EIN)	<u>45-5251240</u>	
	2c Plan Sponsor's telephone number		
	2d Business code (see instructions)	<u>541214</u>	

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	DOUGLAS P. DEVLIN, CEO
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 406
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) 359
a(2) Total number of active participants at the end of the plan year	6a(2) 457
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 71
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 528
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 528
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 258
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 17
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 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ZUMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ZUMAN, INC.	D Employer Identification Number (EIN) 45-5251240	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 37 38 50	TPA	30205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(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?
28 51	INVESTMENT MGMT	15027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 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 ZUMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ZUMAN, INC.	D Employer Identification Number (EIN) 45-5251240	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	573	20520
	(2) Participant contributions	1b(2)	20839	26154
	(3) Other	1b(3)		2383
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)		268564
	(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)	6399193	6902942
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	6420605	7220563

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6420605	7220563
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	177843	
(B) Participants	2a(1)(B)	1188286	
(C) Others (including rollovers)	2a(1)(C)	121957	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1488086

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)	9544	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9544

(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)	112842	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		112842

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-154617
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1455855

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	819862	
(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)		819862
f Corrective distributions (see instructions)	2f		10634
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	34095	
(3) Investment advisory and management fees	2i(3)	15027	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49122
j Total expenses. Add all expense amounts in column (b) and enter total	2j		879618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		576237
l Transfers of assets:			
(1) To this plan	2l(1)		223721
(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)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: BERMAN HOPKINS WRIGHT & LAHAM, CPAS

(2) EIN: 59-1152714

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.)		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.)		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.)		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.)		X		
e Was this plan covered by a fidelity bond?		X		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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 <u>ZUMAN, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZUMAN, INC.</u>	D Employer Identification Number (EIN) <u>45-5251240</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
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 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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

Zuman, Inc. Retirement Plan

**Financial Statements and
Supplemental Information**

December 31, 2015 and 2014

BERMAN HOPKINS
WRIGHT & LAHAM
CPAS AND ASSOCIATES, LLP

**Schedule H, Part III, Question 3a Attachment
Zuman, Inc. Retirement Plan
Federal ID #45-5251240
Plan #001**

Zuman, Inc. Retirement Plan

**Financial Statements and
Supplemental Information**

December 31, 2015 and 2014

**BERMAN HOPKINS
WRIGHT & LAHAM**
CPAS AND ASSOCIATES, LLP

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits (Participant Directed)	3
Statement of Changes in Net Assets Available for Benefits (Participant Directed)	4
Notes to Financial Statements	5
SUPPLEMENTAL INFORMATION	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	15

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Zuman, Inc. Retirement Plan
Pleasanton, CA

Report on the Financial Statements

We have audited the accompanying financial statements of Zuman, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in its net assets available for benefits for the year ended December 31, 2015 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, as listed in the table of contents, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

October 14, 2016
Melbourne, Florida

*Berman Hopkins Wright &
Latham, CPAs and Associates, LLP*

Zuman, Inc. Retirement Plan

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Participant Directed)**

December 31,

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments:		
Mutual funds	\$ 6,902,942	\$ 6,399,193
Receivables:		
Notes receivable from participants	268,564	-
Employer contributions	20,520	573
Participants contributions	26,154	20,839
Other	<u>2,383</u>	<u>-</u>
Total receivables	<u>317,621</u>	<u>21,412</u>
	7,220,563	6,420,605
LIABILITIES		
Benefits payable	11,444	-
Corrective distributions payable	<u>53,539</u>	<u>10,634</u>
Total liabilities	<u>64,983</u>	<u>10,634</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,155,580</u></u>	<u><u>\$ 6,409,971</u></u>

See notes to financial statements.

Zuman, Inc. Retirement Plan

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Participant Directed)**

Year ended December 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income (loss):

Net depreciation in fair value of mutual funds \$ (154,617)

Dividend and interest income 112,842

Total investment income (loss) (41,775)

Interest on notes receivable from participants 9,544

Contributions:

Employer's 177,843

Participants' 1,134,747

Rollovers 121,957

Total contributions 1,434,547

Total additions 1,402,316

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants 803,148

Deemed distributions of notes receivable to participants 28,158

Administrative expenses 49,122

Total deductions 880,428

Net increase 521,888

TRANSFERS IN 223,721

NET ASSETS AVAILABLE FOR BENEFITS

AT BEGINNING OF YEAR 6,409,971

NET ASSETS AVAILABLE FOR BENEFITS

AT END OF YEAR \$ 7,155,580

See notes to financial statements.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN

The following description of Zuman, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan was established on November 1, 2013 and is a multiple employer defined contribution plan covering all employees of Zuman, Inc. (the Principal Participating Employer) and Adopting Employers. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In December 2014, approximately \$6,060,000 of mutual fund investment assets from participating employers was transferred to the Plan.

During 2015, approximately \$192,000 of notes receivable from participants and \$32,000 of mutual fund investment assets were transferred to the Plan.

2. Contributions

Each year, participants may contribute pre-tax annual compensation as defined in the Plan and subject to ERISA limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants. The employer may adopt to automatically enroll employees in the plan as elected in an addendum to the Adoption Agreement. If an Automatic Enrollment arrangement is adopted, participants will have the right to opt out of participating in the plan within the first ninety days of the first contribution and receive a refund of their account balance, without reduction of any plan fees. Automatic enrollment accounts will be invested into a balanced fund or managed account at the direction of the trustee, if the participant does not specify the investment allocation. For the year ended December 31, 2015, the Companies contributed \$177,843 for participating employees. Contributions are subject to certain limitations.

3. Participant accounts

Each participant's account is credited with the participant's contributions and their adopting employer's matching contributions, as well as allocations of their adopting employer's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Zuman, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN (continued)

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the adopting employer's matching and employer contributions is based on years of continuous service. A participant is fully vested after six years of credited service.

5. Payment of benefits

On termination of service due to death, disability, resignation or retirement, a participant will receive a lump-sum distribution.

6. Forfeitures

Forfeitures of employer contributions are to be used to pay administrative expenses or reduce the Employer's future contribution under the Plan. The balance of unallocated forfeitures at December 31, 2015 and 2014 was \$17,343 and \$0, respectively. For the year ended December 31, 2015, the Plan did not use forfeitures to reduce employer contributions.

7. Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of 4.25%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

8. Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of accounting

The Plan's financial statements are prepared under the accrual method of accounting.

2. Investments, 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 fair value measurements disclosure.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management and the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Payments of benefits

Benefits are recorded when paid.

5. Change in accounting policy

In July 2015, the FASB issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting (Topics 960, 962 and 965), which includes updates to certain accounting and disclosure requirement for employee benefit plans. This update is divided into three separate parts, each of which can be implemented independently. The Plan has elected to implement Part II of this update, which eliminates certain disclosure requirements for employee benefit plans. As such, disclosures which were previously included within the financial statements for the plan have been eliminated. The implementation of this guidance has no effect on the statements of net assets available for benefits or the statement of changes in net assets available for benefits.

Zuman, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

6. 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. The Plan distributed the 2015 excess contributions to the applicable participants prior to March 15, 2016.

7. Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan is reduced and benefit payment is recorded.

NOTE C - RELATED PARTY TRANSACTIONS

The Plan receives investment management and third party administration services from a related group of companies, including Slavic Mutual Fund Management Corp. and Slavic Integrated Administration Inc.

Fidelity Management Trust Company ("Fidelity") is the trustee for the Plan's investment assets, which consist of mutual funds. Various mutual funds held in the Plan are issued by Fidelity.

These transactions qualify as party-in-interest transactions. Total direct payments for these services were \$49,122 for the year ended December 31, 2015. In addition, there are fees paid by the Plan relating to investment management fees charged on a daily basis to the mutual funds held with Fidelity. It is impractical to estimate the total investment management fees paid through this arrangement with the trustee.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE D - 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% vested in their accounts.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE E - INCOME TAX STATUS

The IRS had determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code (IRC). Although, the plan has been amended since receiving the determination letter, the Plan administrator and the Plan'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 the Plan is qualified, and the related trust is tax-exempt.

The Plan adheres to the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification ("ASC") 740, *Income Taxes* (ASC 740), which establishes rules for recognizing and measuring tax positions taken in an income tax return, including disclosures of uncertain tax positions ("UTP"s). ASC 740 mandates that companies evaluate all material income tax positions for periods that remain open under applicable statutes of limitation, as well as positions expected to be taken in future returns. The UTP rules then impose a recognition threshold on each tax position. A plan can recognize an income tax benefit only if the position has a "more likely than not" (i.e. more than 50 percent) chance of being sustained on the technical merits. For the periods ended December 31, 2015 and 2014, the Plan has taken no material tax positions that do not meet the more likely than not threshold. As a result, no amount for UTPs has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In general, information returns are subject to audit by governmental agencies for a period of at least 3 years.

NOTE F - RISKS AND UNCERTAINTIES

The plan invests in various investment securities, which are exposed to various risks such as interest rates, 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 statements of net assets available for benefits.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE G - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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

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 measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of the unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE G - FAIR VALUE MEASUREMENTS (continued)

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

	<u>2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Assets				
Mutual funds	\$ 6,901,091	\$ 6,902,942	\$ -	\$ -
Total investment assets at fair value	<u>\$ 6,901,091</u>	<u>\$ 6,902,942</u>	<u>\$ -</u>	<u>\$ -</u>

	<u>2014</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Assets				
Mutual funds	\$ 6,399,193	\$ 6,399,193	\$ -	\$ -
Total investment assets at fair value	<u>\$ 6,399,193</u>	<u>\$ 6,399,193</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE H- RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

1. Reconciliation of net assets available for benefits

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per financial statements	\$ 7,155,580	\$ 6,409,971
Benefits payable	11,444	-
Corrective distributions payable	<u>53,539</u>	<u>10,634</u>
Net assets available for benefits per Schedule H, Form 5500	<u>\$ 7,220,563</u>	<u>\$ 6,420,605</u>

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE H- RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

2. Reconciliation of contributions

The following is a reconciliation of contributions per the financial statements to Schedule H of Form 5500 for the year ending December 31, 2015:

Total participant contributions per financial statements	\$ 1,134,747
Corrective distributions payable	<u>53,539</u>
Total participant contributions per Schedule H, Form 5500	<u><u>\$ 1,188,286</u></u>

3. Reconciliation of change net assets available for benefits

The following is a reconciliation of change net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ending December 31, 2015:

Change in net assets per financial statements	\$ 521,888
Benefits payable	11,444
Current year corrective distributions not recorded per Form 5500	53,539
Prior year corrective distributions not recorded per Form 5500	<u>(10,634)</u>
Change in net assets per Form 5500	<u><u>\$ 576,237</u></u>

4. Reconciliation of benefits paid to participants

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the year ending December 31, 2015:

Benefits paid to participants per financial statements	\$ 803,148
Deemed distributions of notes receivable to participants	28,158
Benefits payable	<u>(11,444)</u>
Benefits paid to participants per Form 5500	<u><u>\$ 819,862</u></u>

Zuman, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE H- RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

5. Notes receivable from participants and corrective distributions

The attached financial statements report notes receivables from participants as a receivable to the Plan, while Form 5500 reports these balances as a general investment on Schedule H. In addition, corrective distributions are deducted from participant contributions on the financial statements while they are listed as a separate expense of the Plan on Form 5500. This represents a classification difference and the reported amounts per financial statements and Form 5500 agree.

NOTE I - SUBSEQUENT EVENTS

Effective January 1, 2016, an additional participating employer adopted a safe harbor provision.

The Plan administrator has evaluated subsequent events through October 14, 2016, the date the financial statements and supplemental schedule were available to be issued, and has determined that no additional material events occurred that would require disclosure.

SUPPLEMENTAL INFORMATION

Zuman, Inc. Retirement Plan

EIN #45-5251240 Plan #001

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) 12/31/2015 Value
	Vanguard Total Stock Market Index Admiral	Mutual Funds - registered investment companies	**	\$ 2,497,872
	Vanguard Short Term Federal Admiral	Mutual Funds - registered investment companies	**	1,701,111
	Vanguard Money Market Prime Portfolio Inv	Mutual Funds - registered investment companies	**	1,227,225
	American Funds Euro Pacific Growth	Mutual Funds - registered investment companies	**	359,397
	Vanguard Industrials Index Fund Admiral	Mutual Funds - registered investment companies	**	227,850
	DFA Emerging Markets Core Equity	Mutual Funds - registered investment companies	**	130,674
	Vanguard Target Retirement 2030	Mutual Funds - registered investment companies	**	106,873
	Vanguard Target Retirement 2045	Mutual Funds - registered investment companies	**	94,769
	JPMorgan Discipline Equity	Mutual Funds - registered investment companies	**	66,898
	Vanguard Target Retirement Income	Mutual Funds - registered investment companies	**	55,276
	Vanguard Growth Index Admiral	Mutual Funds - registered investment companies	**	53,288
*	Fidelity Spartan 500 Index FD Advantage Class	Mutual Funds - registered investment companies	**	47,238
	Vanguard Mid Cap Index Admiral Shares	Mutual Funds - registered investment companies	**	42,630
	Vanguard REIT Index Admiral	Mutual Funds - registered investment companies	**	38,183
	Vanguard Mid-Cap Growth Investor	Mutual Funds - registered investment companies	**	29,906
*	Fidelity Advisor Technology	Mutual Funds - registered investment companies	**	29,728
	Vanguard Small-Cap Growth Index Admiral	Mutual Funds - registered investment companies	**	27,611
	DFA US Large Cap Value	Mutual Funds - registered investment companies	**	23,730
	Vanguard Target Retirement 2035	Mutual Funds - registered investment companies	**	20,131
	Wells Fargo Precious Metals	Mutual Funds - registered investment companies	**	17,304
	Vanguard Total Intl Stock Index Admiral	Mutual Funds - registered investment companies	**	14,815
	Vanguard Small-Cap Value Index Admiral	Mutual Funds - registered investment companies	**	14,729
	Vanguard Total Bond Market Index Admiral	Mutual Funds - registered investment companies	**	12,454
	Vanguard Target Retirement 2040	Mutual Funds - registered investment companies	**	11,797
	Vanguard Energy Fund Admiral Shares	Mutual Funds - registered investment companies	**	10,044
	MFS Utilities Class A	Mutual Funds - registered investment companies	**	10,039
	Vanguard Small-Cap Index Admiral	Mutual Funds - registered investment companies	**	5,932
	PIMCO Total Return Institutional	Mutual Funds - registered investment companies	**	5,371
	Vanguard Short Term Bond Index Admiral	Mutual Funds - registered investment companies	**	4,276
	Prudential High Yield Class	Mutual Funds - registered investment companies	**	4,277
	DFA Inflation Protected Sec Port	Mutual Funds - registered investment companies	**	3,506
	Vanguard Selected Value Investor	Mutual Funds - registered investment companies	**	3,360
	Vanguard Target Retirement 2050	Mutual Funds - registered investment companies	**	2,359
*	Fidelity Advisor Materials	Mutual Funds - registered investment companies	**	1,342
	Vanguard Target Retirement 2020	Mutual Funds - registered investment companies	**	947
*	Notes receivable from participants	Matures 2016 to 2021; Interest Rate 4.25%	\$ -	268,564
	Total investments		\$ -	\$ 7,171,506

*Denotes party-in-interest

**Omitted- participant directed

See independent auditor's report.

Multiple-Employer Plan Participating Employer Information

Zuman, Inc. Retirement Plan		Plan #001	EIN : 45-5251240
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
BIT	47-1800074	2.77%	
GW1	26-4703330	28.36%	
FO1	45-5236119	3.67%	
GW2	76-0156522	22.86%	
MMS	80-0196337	9.26%	
TTL	36-4813611	22.72%	
ZUM	45-5251240	10.36%	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

Zuman, Inc. Retirement Plan

Plan #001

EIN #: 45-5251240

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacific R6		359,397
	DFA	DFCEX - DFA Emerging Markets Core Equity		130,674
	DFA	DFLVX - DFA Us Large Cap Value Prtf Instl		23,730
	DFA	DIPSX - DFA Inflation Protected SEC Port		3,506
	Fidelity	FATIX - Fidelity Advisor Technology		29,728
	Fidelity	FMFEX - Fidelity Advisor Materials I		1,342
	Fidelity	FUSVX - Fidelity Spartan 500 Index Adv		47,238
	JPMorgan	JPIEX - JPMorgan Discipline Equity		66,899
	MFS	MMUFX - MFS Utilities A		10,038
	PIMCO	PTTRX - PIMCO Total Return Inst		5,371
	Prudential	PHYZX - Prudential High Yield Z		4,261
	Vanguard	VASVX - Vanguard Select Value		3,360
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		4,276
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		12,453
	Vanguard	VFIFX - Vanguard Target Retirement 2050		2,359
	Vanguard	VFORX - Vanguard Target Retirement 2040		11,797
	Vanguard	VGELX - Vanguard Energy Admiral		10,044
	Vanguard	VGSLX - Vanguard REIT Index Admiral		38,183
	Vanguard	VIGAX - Vanguard Growth Index Admiral		53,288
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		42,632
	Vanguard	VINAX - Vanguard Industrial Index Admiral		227,850
	Vanguard	VISVX - Vanguard Small Cap Value Index		-
	Vanguard	VMGRX - Vanguard Mid Cap Growth		29,907
	Vanguard	VMMXX - Vanguard Money Market Prime		1,227,225
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		27,612
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,701,125
	Vanguard	VSIAx - Vanguard Small Cap Value Index Adm		14,729
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		5,932
	Vanguard	VTHRX - Vanguard Target Retirement 2030		106,873
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		14,815
	Vanguard	VTINX - Vanguard Target Retirement Income		55,276
	Vanguard	VTIVX - Vanguard Target Retirement 2045		94,769
	Vanguard	VTSAx - Vanguard Total Stock Market Index Admira		2,497,873
	Vanguard	VTTHX - Vanguard Target Retirement 2035		20,131
	Vanguard	VTWNX - Vanguard Target Retirement 2020		947
	Wells Fargo	EKWAX - Wells Fargo Precious Metals		17,302
	Participant Loans	4.25%		268,564