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;
- [X] 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
EAST MANAGEMENT SERVICES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/14/2011

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)
EAST MANAGEMENT SERVICES, LP

7777 NW BEACON SQUARE BLVD.
BOCA RATON, FL 33487

2b Employer Identification Number (EIN) 27-4461439

2c Plan Sponsor's telephone number 561-826-3620

2d Business code (see instructions) 551112

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.	01/27/2017	GARY HAGERMAN
	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**	510
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)**	481
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	600
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	671
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	671
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	488
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:
2F 2G 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] 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

(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) [ ] ___ **A** (Insurance Information)

(4) [X] **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)	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
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	24923	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN INTL Z - COLUMBIA MGT IN 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOUBLELINE TOT RET I - U.S. BANCOR P.O. BOX 701 MILWAUKEE, WI 53201	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JH DSCPL VAL MDCP A - JOHN HANCOCK 01-0233346	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RAINIER SM/MID CAP - U.S. BANCORP	P.O. BOX 701 MILWAUKEE, WI 53201	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ROYCE OPPORTUNITY S - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.45%

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 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
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	803331	1086086
(2) Participant contributions	1b(2)	8633	3666
(3) Other	1b(3)	86959	148285
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	187198	484116
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	59861	14346
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10171132	11369786
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11317114	13106285
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11317114	13106285

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)	1083258	
(B) Participants	2a(1)(B)	1961166	
(C) Others (including rollovers)	2a(1)(C)	391704	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3436128
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1147	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1192
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	635584	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		635584
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-640820
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3432084
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	799755	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		799755
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	31450	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		31450
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		831205
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2600879
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		811708

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: SOBOL VELTUM & ASSOCIATES **(2)** EIN: 25-1898696

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			9179
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			1000000
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		X		
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)
FIVE STAR ATHLETE MANAGEMENT, INC. 401(K) PLAN	20-0173256	002

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
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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): 04-6568107

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

EAST MANAGEMENT SERVICES 401(k) PLAN

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015

Form 5500, Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
EIN: 27-4461439
Plan Number 001

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$9,179	$ -	$9,179	$ -	$ -

EAST MANAGEMENT SERVICES 401(k) PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2015 AND 2014 AND FOR THE YEAR ENDED DECEMBER 31, 2015

EAST MANAGEMENT SERVICES 401(k) PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2015 AND 2014
AND FOR THE YEAR ENDED DECEMBER 31, 2015

INDEX

	Page Number
FINANCIAL STATEMENTS:	
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 13
SUPPLEMENTAL SCHEDULES:	14
Form 5500, Schedule H, Part IV, Line 4a	
Schedule of Delinquent Participant Contributions	15
Form 5500, Schedule H, Part IV, Line 4i	
Schedule of Assets (Held at End of Year)	16

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are not presented because they are not applicable.

SOBOL VELTUM & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION
300 CEDAR RIDGE DRIVE, SUITE 302
PITTSBURGH, PENNSYLVANIA 15205
TEL: (412) 922-2711
FAX: (412) 922-4450

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
East Management Services 401(k) Plan
Boca Raton, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the East Management Services 401(k) Plan (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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 D, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended December 31, 2015 and 2014, 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.

Emphasis of Matter

As described in Note G, the Plan Administrator improperly excluded certain eligible employees from the Plan. The Plan Sponsor has made the appropriate qualified non-elective contributions, including missed earnings, for those employees who were improperly excluded from participating in the Plan.

As described in Note H, certain funds from the France Allpro Athlete Management, Inc. 401(k) Plan were transferred to East Management Services, L.P., the Plan Sponsor, and were not transferred to the Plan, resulting in a prohibited transaction. The aforementioned funds and related missed earnings were transferred to the Plan during the 2015 Plan year.

The matters emphasized above do not modify our opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 and Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2015 are required by the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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 schedules, 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.

Sobol Veltum & Associates
Certified Public Accountants

January 26, 2017

EAST MANAGEMENT SERVICES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	December 31, 2014
INVESTMENTS:		
Mutual funds	$11,369,786	$10,171,132
Interest-bearing cash	484,116	187,198
	11,853,902	10,358,330
RECEIVABLES:		
Employer contributions receivable	1,086,086	803,331
Qualified non-elective contributions receivable	148,285	46,613
Notes receivable from participants	14,346	59,861
Employee contributions receivable	3,666	8,633
Plan transfer receivable	-	40,346
	1,252,383	958,784
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$13,106,285	$11,317,114

See notes to financial statements.

EAST MANAGEMENT SERVICES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS:		
Investment earnings (losses):		
Mutual funds:		
Realized and unrealized losses	($ 640,820)	
Dividends	635,584	($ 5,236)
Interest on cash		45
Total investment losses		(5,191)
Interest income on notes receivable from participants		1,147
Contributions:		
Employee		1,961,166
Employer		1,083,258
Rollover		290,031
Qualified non-elective		101,673
Total contributions		3,436,128
TOTAL ADDITIONS		3,432,084
DEDUCTIONS:		
Distributions to participants		799,755
Administrative expenses		31,450
TOTAL DEDUCTIONS		831,205
NET INCREASE BEFORE TRANSFERS		2,600,879
TRANSFER:		
Transfer to Five Star Athlete Management, Inc. 401(k) Plan		811,708
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		1,789,171
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year		11,317,114
End of year		$13,106,285

See notes to financial statements.

EAST MANAGEMENT SERVICES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2015 AND 2014
AND FOR THE YEAR ENDED DECEMBER 31, 2015

A. Description of Plan:

(1) ***General*** - The East Management Services 401(k) Plan (the Plan), as amended and restated April 9, 2015 with amendments through September 21, 2015, is a defined contribution plan covering eligible employees of East Management Services, L.P. (EMS), Black River Entertainment, LLC (BRE), Hockey Western New York, LLC (HWNY), Western New York Arena, LLC (WNYA), HARBORcenter Development, LLC (HCD), HARBORcenter Operating, LLC (HCO), Topshelf Management, LLC (TM), Intermission Management, LLC (IM), Impact Sports Performance, LLC (ISP), Pegula Sports & Entertainment, LLC (PSE) and GRMR Oil & Gas, LLC (GRMR) (the Company).

Effective February 14, 2014, the Plan was amended to include HCD, HCO, TM and IM as participating employers. Effective June 30, 2014, the Plan was amended to include ISP, PSE and GRMR as participating employers, with ISP included as a participating employer as of June 1, 2014. No assets were transferred into the Plan with respect to HCD, HCO, TM, IM, ISP, PSE and GRMR. Effective November 5, 2014, as a result of the 2014 disposition of interest in Five Star Athlete Management, Inc., formerly known as France Allpro Athlete Management, Inc. (Allpro), the Plan was amended to exclude Allpro as a participating employer, and in May 2015, approximately $811,000 was transferred from the Plan to the Five Star Athlete Management, Inc. 401(k) Plan.

The Plan document is the governing instrument and should be referred to for a full description of the Plan and its provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(2) ***Eligibility*** - Employees that have attained the age of 21 are eligible to make before-tax contributions, rollover contributions, and after-tax Roth 401(k) contributions. In addition, employees are eligible to receive matching and discretionary contributions, provided under the terms of the Plan as described below. Residents of Puerto Rico, employees covered by a collective bargaining agreement, leased employees, non-resident aliens with no U.S. source income, and seasonal/part-time employees under age 21 and who have not completed 1,000 hours of service in a 12 consecutive month period, are not eligible to participate in the Plan.

(3) ***Contributions*** - Employees are automatically enrolled in the Plan with a contribution rate of 2% of before-tax earnings. A participant may opt-out of the Plan or may elect to change before-tax or after-tax payroll deductions to amounts up to 90% of his or her compensation. The sum of before-tax and after-tax Roth 401(k) contributions are subject to annual limitations prescribed by the Internal Revenue Code (IRC).

Employees may also elect to make catch-up contributions provided they have reached age 50 by the end of the current calendar year.

A. Description of Plan (Continued):

Eligible compensation is defined as the taxable compensation paid excluding reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and payments in lieu of wages for qualified military service and welfare benefits. Eligible compensation is subject to annual limitations prescribed by the IRC.

The Company has elected to make safe harbor matching contributions to all participants of the Plan equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. These contributions satisfy certain IRC requirements and eliminate the need to perform certain non-discrimination annual tests.

Although none were made in 2015 or 2014, the Company may make a discretionary matching contribution in the amount of 4% of the participant's eligible compensation provided the employee is employed at December 31.

Participants may direct their own contributions, as well as the Company's matching and discretionary contributions, into any of a number of separate mutual funds or an interest-bearing cash account maintained by Fidelity Management Trust Company (the "Trustee").

(4) ***Participant Accounts*** - Each participant's account is credited with the employee's contribution, the Company's safe harbor matching contribution, Plan earnings, administrative fees and a proportionate allocation, as defined in the Plan, of the Company's discretionary profit sharing contribution, if applicable. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(5) ***Vesting*** - Participants are fully vested in the value of their contributions and the Company's safe harbor matching contributions plus actual earnings thereon at all times. Participants vest in the value of the Company's discretionary contributions ratably over six years.

(6) ***Forfeitures*** - The Plan permits the Company to first reduce administrative expenses with forfeitures, which represent the unvested portion of accounts for participants who terminated employment with the Company, and then any remaining amounts can be used to reduce employer contributions. At December 31, 2015 and 2014, forfeited non-vested accounts totaled approximately $52,000 and $22,000, respectively. In 2015 and 2014, forfeitures of approximately $0 and $200, respectively, were used to reduce administrative expenses, while no forfeitures were used to reduce employer contributions.

(7) ***Notes Receivable from Participants*** - Generally, loans are not permitted by the Plan; however, loans associated with the HWNY plan were transferred into the Plan at August 26, 2013 along with the other assets of the HWNY plan. These loans, which bear interest at a rate of prime plus 1%, are collateralized by the vested portion of the participant's account and repayments are made through payroll deductions. Participant loans are considered assets of the Plan and are valued based on the unpaid principal balance plus accrued but unpaid interest.

A. Description of Plan (Continued):

(8) ***Benefit Payments*** - Individual accounts can be distributed upon the death, disability, retirement or termination of employment of the Plan participant. If the participant's account balance is greater than $5,000, the participant has the option to remain in the Plan or to receive a distribution of their account balance in the form of either a lump-sum distribution, individual retirement account or various annuity payments. If the participant's account balance is $5,000 or less, the account will automatically be distributed in the form of one lump sum payment. In the event of an immediate and heavy financial burden, the Plan also permits a hardship withdrawal of a participant's deferral contributions, including any applicable taxes and penalties, up to an amount required to alleviate the hardship.

B. Summary of Significant Accounting Policies:

The financial statements of the Plan have been prepared on the accrual basis and in conformity with accounting principles generally accepted in the United States of America. The following are the significant accounting policies followed by the Plan:

(1) ***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from these estimates.

(2) ***Contribution Revenue*** - Employee contributions and company matching contributions are recognized as additions to Plan assets in the year designated by the employee. Employer discretionary profit sharing contributions are recognized as additions to Plan assets in the year designated by the employer.

(3) ***Investment Valuation and Income Recognition*** - The Plan's investments are reported at fair value (Notes D and E). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis, and dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses on mutual funds includes the Plan's gains and losses on mutual funds bought and sold as well as held during the year.

(4) ***Benefit Payments*** - Benefits are recorded when paid.

(5) ***Expenses*** - A portion of the expenses of maintaining the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in realized and unrealized gains of mutual funds.

B. Summary of Significant Accounting Policies (Continued):

(6) ***Notes Receivable from Participants*** - Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on loans is recorded on the accrual basis. An allowance for notes receivable from participants has not been recorded as delinquent notes receivable from participants are recorded as a distribution and reduction of the participant loan balance based upon the terms of the Plan document.

(7) ***Subsequent Events*** - Management has evaluated subsequent events through January 26, 2017, the date the financial statements were available to be issued.

C. Tax Status:

The Internal Revenue Service has determined by a letter dated March 31, 2014 that the prototype plan used to set the guidelines of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), as amended, and the regulations thereunder, and the Plan is thereby tax-exempt within the meaning of Section 501(a) of the IRC. Although the Plan has been amended, the Plan Administrator believes 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.

D. Investments (Unaudited):

At December 31, 2015 and 2014, the investments were held by the Trustee. Participants may direct their investments into an interest-bearing cash account or into mutual funds. The Trustee of the Plan's assets has certified the unaudited investment assets of the Plan at December 31, 2015 and 2014, as well as to the unaudited investment income or loss, including interest, dividends, expenses, and realized and unrealized gains and losses for the year ended December 31, 2015 and the information contained in the supplemental Schedule of Assets (Held at End of Year), in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Investments in the interest-bearing cash account and mutual funds are recorded at fair value as described in Note E. Changes in the market value of mutual funds are recorded as gains or losses.

The statement of net assets available for benefits presents the fair value of all investment contracts. The statement of changes in net assets available for benefits is prepared on the fair value basis as there are no investments held at December 31, 2015 in fully-benefit responsive investments which are required to be reported at contract value.

D. Investments (Unaudited) (Continued):

The Plan invests in a variety of mutual funds. The investment strategies of these mutual funds vary among growth, income and equity objectives. A prospectus describing each mutual fund is available from the plan administrator.

Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

The assets of the Plan at December 31, 2015 and 2014 are invested as summarized below:

	2015	2014
Mutual Funds:		
Asset Allocation (ready-mixed) Investments	$ 6,024,680	$ 5,426,242
Domestic Equity - Growth	1,486,206	1,146,524
Domestic Equity - Blend	1,291,955	1,450,184
Domestic Equity - Value	822,233	656,020
International/Global Equity - Diversified	658,596	503,051
Specialty	396,144	391,935
Bond - High Yield	254,839	272,365
Bond - Diversified	328,729	246,198
Balanced/Hybrid	106,404	78,613
	11,369,786	10,171,132
Interest-Bearing Cash	484,116	187,198
Total Investments at Fair Value	$11,853,902	$10,358,330

D. Investments (Unaudited) (Continued):

The following information is the reported fair value certified by the Trustee at December 31, 2015 and 2014:

	2015	2014
Fidelity Freedom 2035 Fund (a)(b)	$ 1,093,876	$ 780,007
Fidelity Freedom 2030 Fund (a)(b)	1,066,999	898,526
Fidelity Contrafund (a)(b)	946,635	667,811
Fidelity Freedom 2040 Fund (a)(b)	923,512	728,487
Fidelity Freedom 2045 Fund (a)(b)	723,446	670,986
Fidelity Freedom 2025 Fund (a)(b)	681,328	1,008,660
Fidelity Small Cap Discovery Fund (b)	591,808	619,686
Fidelity Freedom 2020 Fund	520,011	559,277
Fidelity Money Market Trust Retirement Money Market Portfolio	484,116	187,198
Invesco Diversified Dividend Fund R5 Class	415,368	242,017
Fidelity Capital Appreciation Fund	404,997	386,035
Fidelity Freedom 2050 Fund	337,205	245,334
Columbia Acorn International Fund Class Z	307,766	232,672
Fidelity Freedom 2015 Fund	300,212	219,928
Fidelity International Discovery Fund	296,774	218,288
Fidelity Leveraged Company Stock Fund	284,948	357,510
Fidelity Real Estate Investment Portfolio	257,908	244,800
Fidelity Capital & Income Fund	254,839	272,365
DoubleLine Total Return Bond Fund Class I	242,385	183,672
John Hancock Disciplined Value Mid Cap Fund Class A	227,098	195,018
Spartan 500 Index Fund - Fidelity Advantage Class	217,733	187,447
Spartan Extended Market Index Fund - Fidelity Advantage Class	197,466	285,541
Fidelity Freedom 2055 Fund	182,377	105,436
Select Natural Resources Portfolio	138,236	147,135
Fidelity Freedom 2010 Fund	121,819	122,819
Royce Opportunity Fund Service	120,720	129,548
Fidelity Balanced Fund	106,404	78,613
Fidelity Total Bond Fund	78,139	52,290
Rainer Small/Mid Cap Equity Fund Original Shares	76,306	41,928
Fidelity Freedom Income Fund	68,112	74,896
Fidelity Equity Income Fund	59,047	89,437

D. Investments (Unaudited) (Continued):

	2015	2014
Fidelity Fund	58,268	50,750
Spartan International Index Fund - Fidelity Advantage Class	54,056	52,091
Spartan U.S. Bond Index Fund - Fidelity Advantage Class	8,205	10,236
Fidelity Freedom 2060 Fund	5,783	-
Fidelity Freedom 2005 Fund	-	11,886
	$11,853,902	$10,358,330

(a) Represents investment exceeding 5% of the Plan's net assets at December 31, 2015

(b) Represents investment exceeding 5% of the Plan's net assets at December 31, 2014

The following information is the reported investment income or loss, including interest, and net gains (losses) from interest-bearing cash and mutual funds as certified by the Trustee for the year ended December 31, 2015:

Mutual Funds:	
Realized and unrealized losses	($640,820)
Dividends	$635,584
Interest on cash	$45

E. Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "*Fair Value Measurements and Disclosures*," establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs into three broad levels. Level 1 inputs are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access. Level 2 inputs are inputs other than quoted prices for similar assets in active markets or inputs that are observable for the asset, either directly or indirectly through market corroboration, for substantially the full term of the asset. Level 3 inputs are unobservable inputs developed by the plan sponsor based on the best information available about the assumptions market participants would use in pricing the asset. A financial asset's classification within the hierarchy is determined based on the lowest level 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.

E. Fair Value Measurements (Continued):

The following is a description of the valuation methodology used in measuring Plan assets at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual Funds - Determined based upon the net asset value of shares held by the Plan and normally calculated as of the close of business on the New York Stock Exchange. The mutual funds held by the Plan are deemed to be actively traded.

Interest-Bearing Cash - Determined based upon the closing price reported at year-end.

The following tables detail the assets' fair value measured as of December 31, 2015 and 2014:

	Level 1	Level 2	Level 3	Total
December 31, 2015:				
Mutual funds	$11,369,786	$ -	$ -	$11,369,786
Interest-bearing cash	484,116	-	-	484,116
Total assets at fair value	$11,853,902	$ -	$ -	$11,853,902
December 31, 2014:				
Mutual funds	$10,171,132	$ -	$ -	$10,171,132
Interest-bearing cash	187,198	-	-	187,198
Total assets at fair value	$10,358,330	$ -	$ -	$10,358,330

F. Party-in-Interest:

The Plan's assets invested in interest-bearing cash and certain of the mutual funds are issued and maintained by the Trustee who holds all of the Plan's investment assets. Transactions executed in these accounts are party-in-interest transactions.

G. Qualified Non-Elective Contribution Receivable:

For the Plan years ended December 31, 2015 and 2014, the Plan Administrator erroneously excluded employees from participating in the Plan. Following the identification of the improperly excluded employees, the Plan Administrator calculated the qualified non-elective contributions and missed earnings in accordance with Revenue Procedures 2013-12 and 2015-28. The qualified non-elective contributions and missed earnings were remitted to the Plan during the 2014 and 2016 Plan years.

H. Plan Transfer Receivable:

For the Plan year ended December 31, 2013, as a result of the acquisition of Allpro, the assets of the France Allpro Athlete Management, Inc. 401(k) Plan were transferred into the Plan; however, the employer contribution receivable at January 1, 2013 that was to be transferred was erroneously transferred to East Management Services, L.P., the Plan Sponsor and related party. This prohibitive transaction was identified by the Plan Administrator and the associated funds and missed earnings were remitted to the Plan during the 2015 Plan year.

I. Plan Termination:

Although there is not a present intent to do so, the Company has reserved the right to terminate or partially terminate the Plan. In the event of Plan termination, all participants will become fully vested in any funds which have been allocated to them.

SUPPLEMENTAL SCHEDULES

EAST MANAGEMENT SERVICES 401(k) PLAN

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015

Form 5500, Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
EIN: 27-4461439
Plan Number 001

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$9,179	$ -	$9,179	$ -	$ -

EAST MANAGEMENT SERVICES 401(k) PLAN

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
EIN: 27-4461439
Plan Number 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturing Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Fidelity Investments	Fidelity Freedom 2035 Fund – Mutual Fund	**	$ 1,093,876
*	Fidelity Investments	Fidelity Freedom 2030 Fund – Mutual Fund	**	1,066,999
*	Fidelity Investments	Fidelity Contrafund – Mutual Fund	**	946,635
*	Fidelity Investments	Fidelity Freedom 2040 Fund – Mutual Fund	**	923,512
*	Fidelity Investments	Fidelity Freedom 2045 Fund – Mutual Fund	**	723,446
*	Fidelity Investments	Fidelity Freedom 2025 Fund – Mutual Fund	**	681,328
*	Fidelity Investments	Fidelity Small Cap Discovery Fund – Mutual Fund	**	591,808
*	Fidelity Investments	Fidelity Freedom 2020 Fund – Mutual Fund	**	520,011
*	Fidelity Investments	Fidelity Money Market Trust Retirement Money Market Portfolio – Interest Bearing Cash	**	484,116
	Invesco	Invesco Diversified Dividend Fund R5 Class – Mutual Fund	**	415,368
*	Fidelity Investments	Fidelity Capital Appreciation Fund – Mutual Fund	**	404,997
*	Fidelity Investments	Fidelity Freedom 2050 Fund – Mutual Fund	**	337,205
	Columbia Acorn	Columbia Acorn International Fund Class Z – Mutual Fund	**	307,766
*	Fidelity Investments	Fidelity Freedom 2015 Fund – Mutual Fund	**	300,212
*	Fidelity Investments	Fidelity International Discovery Fund – Mutual Fund	**	296,774
*	Fidelity Investments	Fidelity Leveraged Company Stock Fund – Mutual Fund	**	284,948
*	Fidelity Investments	Fidelity Real Estate Investment Portfolio – Mutual Fund	**	257,908
*	Fidelity Investments	Fidelity Capital & Income Fund – Mutual Fund	**	254,839
	DoubleLine	DoubleLine Total Return Bond Fund Class I – Mutual Fund	**	242,385
	John Hancock	John Hancock Disciplined Value Mid Cap Fund Class A – Mutual Fund	**	227,098
*	Fidelity Investments	Spartan 500 Index Fund - Fidelity Advantage Class – Mutual Fund	**	217,733
*	Fidelity Investments	Spartan Extended Market Index Fund - Fidelity Advantage Class – Mutual Fund	**	197,466
*	Fidelity Investments	Fidelity Freedom 2055 Fund – Mutual Fund	**	182,377
*	Fidelity Investments	Select Natural Resources Portfolio – Mutual Fund	**	138,236
*	Fidelity Investments	Fidelity Freedom 2010 Fund – Mutual Fund	**	121,819
	Royce Funds	Royce Opportunity Fund Service – Mutual Fund	**	120,720
*	Fidelity Investments	Fidelity Balanced Fund – Mutual Fund	**	106,404
*	Fidelity Investments	Fidelity Total Bond Fund – Mutual Fund	**	78,139
	Rainer Funds	Rainer Small/Mid Cap Equity Fund Original Shares – Mutual Fund	**	76,306
*	Fidelity Investments	Fidelity Freedom Income Fund – Mutual Fund	**	68,112
*	Fidelity Investments	Fidelity Equity Income Fund – Mutual Fund	**	59,047
*	Fidelity Investments	Fidelity Fund – Mutual Fund	**	58,268
*	Fidelity Investments	Spartan International Index Fund - Fidelity Advantage Class – Mutual Fund	**	54,056
*	Fidelity Investments	Spartan U.S. Bond Index Fund - Fidelity Advantage Class – Mutual Fund	**	8,205
*	Fidelity Investments	Fidelity Freedom 2060 Fund – Mutual Fund	**	5,783
	Participant Loans	Interest rates at 4.25% with terms not exceeding 5 years	-0-	14,346
				$11,868,248

* Represents investments with a party-in-interest
** Cost information is not required for participant-directed investments and, therefore, is not included.

EAST MANAGEMENT SERVICES 401(k) PLAN

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2015

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
EIN: 27-4461439
Plan Number 001

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturing Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost (d)	Current Value (e)
*	Fidelity Investments	Fidelity Freedom 2035 Fund – Mutual Fund	**	$ 1,093,876
*	Fidelity Investments	Fidelity Freedom 2030 Fund – Mutual Fund	**	1,066,999
*	Fidelity Investments	Fidelity Contrafund – Mutual Fund	**	946,635
*	Fidelity Investments	Fidelity Freedom 2040 Fund – Mutual Fund	**	923,512
*	Fidelity Investments	Fidelity Freedom 2045 Fund – Mutual Fund	**	723,446
*	Fidelity Investments	Fidelity Freedom 2025 Fund – Mutual Fund	**	681,328
*	Fidelity Investments	Fidelity Small Cap Discovery Fund – Mutual Fund	**	591,808
*	Fidelity Investments	Fidelity Freedom 2020 Fund – Mutual Fund	**	520,011
*	Fidelity Investments	Fidelity Money Market Trust Retirement Money Market Portfolio – Interest Bearing Cash	**	484,116
	Invesco	Invesco Diversified Dividend Fund R5 Class – Mutual Fund	**	415,368
*	Fidelity Investments	Fidelity Capital Appreciation Fund – Mutual Fund	**	404,997
*	Fidelity Investments	Fidelity Freedom 2050 Fund – Mutual Fund	**	337,205
	Columbia Acorn	Columbia Acorn International Fund Class Z – Mutual Fund	**	307,766
*	Fidelity Investments	Fidelity Freedom 2015 Fund – Mutual Fund	**	300,212
*	Fidelity Investments	Fidelity International Discovery Fund – Mutual Fund	**	296,774
*	Fidelity Investments	Fidelity Leveraged Company Stock Fund – Mutual Fund	**	284,948
*	Fidelity Investments	Fidelity Real Estate Investment Portfolio – Mutual Fund	**	257,908
*	Fidelity Investments	Fidelity Capital & Income Fund – Mutual Fund	**	254,839
	DoubleLine	DoubleLine Total Return Bond Fund Class I – Mutual Fund	**	242,385
	John Hancock	John Hancock Disciplined Value Mid Cap Fund Class A – Mutual Fund	**	227,098
*	Fidelity Investments	Spartan 500 Index Fund - Fidelity Advantage Class – Mutual Fund	**	217,733
*	Fidelity Investments	Spartan Extended Market Index Fund - Fidelity Advantage Class – Mutual Fund	**	197,466
*	Fidelity Investments	Fidelity Freedom 2055 Fund – Mutual Fund	**	182,377
*	Fidelity Investments	Select Natural Resources Portfolio – Mutual Fund	**	138,236
*	Fidelity Investments	Fidelity Freedom 2010 Fund – Mutual Fund	**	121,819
	Royce Funds	Royce Opportunity Fund Service – Mutual Fund	**	120,720
*	Fidelity Investments	Fidelity Balanced Fund – Mutual Fund	**	106,404
*	Fidelity Investments	Fidelity Total Bond Fund – Mutual Fund	**	78,139
	Rainer Funds	Rainer Small/Mid Cap Equity Fund Original Shares – Mutual Fund	**	76,306
*	Fidelity Investments	Fidelity Freedom Income Fund – Mutual Fund	**	68,112
*	Fidelity Investments	Fidelity Equity Income Fund – Mutual Fund	**	59,047
*	Fidelity Investments	Fidelity Fund – Mutual Fund	**	58,268
*	Fidelity Investments	Spartan International Index Fund - Fidelity Advantage Class – Mutual Fund	**	54,056
*	Fidelity Investments	Spartan U.S. Bond Index Fund - Fidelity Advantage Class – Mutual Fund	**	8,205
*	Fidelity Investments	Fidelity Freedom 2060 Fund – Mutual Fund	**	5,783
	Participant Loans	Interest rates at 4.25% with terms not exceeding 5 years	-0-	14,346
				$11,868,248

* Represents investments with a party-in-interest
** Cost information is not required for participant-directed investments and, therefore, is not included.