For	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Ret	irement		2015	
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Ir e).	nternal		orm is Open to lic Inspection	
Part I		Complete all entries in a dentification Information	ccordance with the inst	ructions to the Form 550	0-SF.		-	
	ar plan year 2015 or fisc		015	and ending 12/3	31/2015			
	urn/report is for:	x a single-employer plan	a multiple-employer	blan (not multiemployer) (I mployer information in acc		-		
		a one-participant plan	a foreign plan				,	
B This retu	ırn/report is	the first return/report	the final return/report					
		X an amended return/report	a short plan year retu	rn/report (less than 12 mor	nths)			
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC prog	ram	
	1	special extension (enter descri						
Part II		mation—enter all requested info	ormation		41			
1a Name CLARION T	•	LC 401(K) PROFIT SHARING PL	AN		1b Thre plan (PN)	number	001	
				-	()	tive date of		
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O.			2b Emp	loyer Identif	0/2001 fication Number	
City or	tructions)	(EIN 2c Spor	/	997928 hone number				
CLARION TRADING SERVICES, LLC					212-590-1410			
1 N END AVE #1249					Za Busi	· · · · · ·	see instructions)	
NEW YORK,	NY 10282					5231	30	
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	or.		3b Adm	inistrator's I	EIN	
					3c Adm	inistrator's t	elephone number	
4 If the r	ame and/or FIN of the	plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b EIN			
	, EIN, and the plan num	ber from the last return/report.			40 EIN 40 PN			
		at the beginning of the plan year			5a		5	
		at the end of the plan year			5b		5	
		ccount balances as of the end of th			5c		5	
•	,	icipants at the beginning of the pla			5d(1)		4	
		ticipants at the end of the plan yea			5d(2)		4	
		erminated employment during the			5e		0	
Caution: A	penalty for the late of	r incomplete filing of this return	/report will be assessed	l unless reasonable caus				
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.						
SIGN		alid electronic signature.	08/15/2017	JOHN T. PHILLIPS				
HERE	Signature of plan ad	Iministrator	Date	Enter name of individua	al signing	as plan adr	ninistrator	
SIGN HERE								
	Signature of employ name (including firm na	ver/plan sponsor ame, if applicable) and address (ind	Date clude room or suite numb	er)		as employe s telephone		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500)-SF.			Form 5500-SF (2015)	

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	F0111 5500-5F 2015		r aye Z						
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) r m 5500-SF and mus t	ccount t instea	ant (IQ ad use	PA) Form	5500.		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)? .		Yes	No	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year
	Total plan assets	. 7a	(u) Boginnig	1513				(6) End	1256537
	Total plan liabilities	. 7a . 7b		1010	020				1200001
-	Net plan assets (subtract line 7b from line 7a)			1513	020				1256537
-		. 7c	() •		020	-		<i>4</i> \ -	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		_		(b) T	otal
a	(1) Employers	. 8a(1)		8	400				
	(2) Participants	. 8a(2)			0				
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	8b		-116	231				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				-107831
	Benefits paid (including direct rollovers and insurance premiums					_			101001
ŭ	to provide benefits)	. 8d		148	661				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f			0				
q	Other expenses	. 8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								148661
i	Net income (loss) (subtract line 8h from line 8c)	1							-256492
÷	Transfers to (from) the plan (see instructions)				0				
_		8]			0				
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	factura or	dog from the List of Di	on Cho	rootoria		dee in i	the inetrue	tiona
9 a	2E 2G 3D	leature co		an Cha	laciens				
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructi	ons:
_									
Par	t V Compliance Questions				-		r		
10	During the plan year:				Yes	No	N/A		Amount
а									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х			
b	Were there any nonexempt transactions with any party-in-interest								
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the						
—i	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i					
,,				10j					

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule 5500) and line 11a below)	e SB (Fo	orm	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	l1a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302	2 of ERI	SA?	Yes	X No

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Page **3** - 1

					1			
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.			
b	Enter	the minimum required contribution for this plan year		12b				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year								
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a				
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos, 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and			2015			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	de).		This Form is Open to Public Inspection			
	Complete all entries in a		tructions to the Form 5	500-SF.				
Part I Annual Report I For calendar plan year 2015 or fise	dentification Information	01/01/2015	and anding	10/	21/2015			
	X a single-employer plan		and ending		31/2015			
A This return/report is for:			mployer information in a		king this box must attach a			
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/repor	:					
	X an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check box if filing under:	X Form 5558	automatic extension		Пр	FVC program			
	Special extension (enter descr				· · - F· - 3· -···			
Part II Basic Plan Infor	mation—enter all requested inf	1 /						
1a Name of plan	mation—enter all requested in	ornation		1b Three	digit			
CLARION TRADING SERVI	ICES, LLC 401(K) PRO	FIT SHARING PLA	N		umber 001			
					ive date of plan			
				03/2	20/2001			
2a Plan sponsor's name (employe Mailing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C	. Box)			yer Identification Number 13-3997928			
	, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	<u> </u>	sor's telephone number			
CLARION TRADING SERVICES, LLC					212-590-1410			
1 N END AVE #1249					ess code (see instructions)			
I N END AVE #1249				5231	.30			
NEW YORK	NY 10282							
				3c Admin	istrator's telephone number			
4 If the name and/or EIN of the p name, EIN, and the plan num	olan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants a	t the beginning of the plan year			5a	5			
b Total number of participants a	t the end of the plan year			5b	5			
	count balances as of the end of t			5c	5			
d(1) Total number of active parti	cipants at the beginning of the pla	an year		5d(1)	4			
d(2) Total number of active parti	cipants at the end of the plan yea	ır		5d(2)	4			
e Number of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e				
than 100% vested Caution: A penalty for the late or	incomplete filing of this return				0			
Under penalties of perjury and othe								
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, a							
sign chult	llon	08/15/17	JOHN T. PHILL	IPS				
HERE Signature of plan ad	ministrator	Date	Enter name of individ	lual signing as	s plan administrator			
SIGN								
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing as	s employer or plan sponsor			
Preparer's name (including firm name					elephone number			
For Paperwork Reduction Act Notice					Form 5500-SE (2015)			

Form 5500-SF 2015

Page 2

			Fage Z					
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	tant (IC	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann							X Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗌 Not determined
	rt III Financial Information				1021):			
7	Plan Assets and Liabilities		()			T	0	
<u>'</u> a	Total plan assets	7a	(a) Beginning	дотте 1,51		9		(b) End of Year 1,256,537
	Total plan liabilities	7a 7b		1,01	5,02	1		1,200,007
	Net plan assets (subtract line 7b from line 7a)	7c		1,51	3.02	9		1,256,537
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amou		.,	-		(b) Total
	Contributions received or receivable from:							
	(1) Employers	8a(1)			8,40	0		
	(2) Participants	8a(2)			_	0		
	(3) Others (including rollovers)	8a(3)				-	_	
	Other income (loss)	8b		-11	6,23	1	_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		-107,831
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14	8,66	1		
	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f				0		
g	Other expenses	8g				0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						148,661
	Net income (loss) (subtract line 8h from line 8c)	8i						-256,492
j	Transfers to (from) the plan (see instructions)	8j				0		
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in th	e instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10Ь		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	_	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10g		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							

Yes X No

		Form 5500-SF 2015 Page 3 -					
	(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	lf a grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver	and e	nter the Day	e date of t	he letter Year	ruling
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year		12b			
		the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	s 🛛 No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Wei of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t pe PBGC?	he co	ntrol		Yes [No
с		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ch assets or liabilities were transferred. (See instructions.)	(s) to				
1	3c(1	Name of plan(s): 13	c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a t	Name	e of trust		14b ⊺	rust's EIN	I	
14c	Nan	ne of trustee or custodian		14d Trustee's or custodian's telephone number			
Part	: IX	IRS Compliance Questions					
15a	ls th	e plan a 401(k) plan?		Ye:	S	N	þ
15b	If "Ye mate	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employed hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	, 	ba ha	esign- sed safe rbor ethod	fe ADP/ACP test	
	testi	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ag method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2)(ii))?		Ye:	S)
16a	Cheo	k the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):			atio rcentage st		verage enefit test
		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?		Ye	5)
17a	Has	he plan been timely amended for all required tax law changes?		Ye:	5		D N/A
		the last plan amendment/restatement for the required tax law changes was adopted	the a	pplicab	le code _	(Se	e instructions
	advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sory letter, enter the date of that favorable letter and the letter's serial number					on or
	dete	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da mination letter	te of t	he plar	i's last fav	orable	
		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes			
19	Were	in-service distributions made during the plan year?		Yes	6	No	
	lf "Y€	s," enter amount		19			
		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or n d), as required under section 401(a)(9)?		Ye:	6	No	N/A

Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos, 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and			2015			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	de).		This Form is Open to Public Inspection			
	Complete all entries in a		tructions to the Form 5	500-SF.				
Part I Annual Report I For calendar plan year 2015 or fise	dentification Information	01/01/2015	and anding	10/	21/2015			
	X a single-employer plan		and ending		31/2015			
A This return/report is for:			mployer information in a		king this box must attach a			
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/repor	:					
	X an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check box if filing under:	X Form 5558	automatic extension		Пр	FVC program			
	Special extension (enter descr				· · - F· - 3· -···			
Part II Basic Plan Infor	mation—enter all requested inf	1 /						
1a Name of plan	mation—enter all requested in	ornation		1b Three	digit			
CLARION TRADING SERVI	ICES, LLC 401(K) PRO	FIT SHARING PLA	N		umber 001			
					ive date of plan			
				03/2	20/2001			
2a Plan sponsor's name (employe Mailing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C	. Box)			yer Identification Number 13-3997928			
	, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	<u> </u>	sor's telephone number			
CLARION TRADING SERVICES, LLC					212-590-1410			
1 N END AVE #1249					ess code (see instructions)			
I N END AVE #1249				5231	.30			
NEW YORK	NY 10282							
				3c Admin	istrator's telephone number			
4 If the name and/or EIN of the p name, EIN, and the plan num	olan sponsor has changed since to ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants a	t the beginning of the plan year			5a	5			
b Total number of participants a	t the end of the plan year			5b	5			
	count balances as of the end of t			5c	5			
d(1) Total number of active parti	cipants at the beginning of the pla	an year		5d(1)	4			
d(2) Total number of active parti	cipants at the end of the plan yea	ır		5d(2)	4			
e Number of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e				
than 100% vested Caution: A penalty for the late or	incomplete filing of this return				0			
Under penalties of perjury and othe								
SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, a							
sign chult	llon	08/15/17	JOHN T. PHILL	IPS				
HERE Signature of plan ad	ministrator	Date	Enter name of individ	lual signing as	s plan administrator			
SIGN								
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing as	s employer or plan sponsor			
Preparer's name (including firm name					elephone number			
For Paperwork Reduction Act Notice					Form 5500-SE (2015)			

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			Fage Z					
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	tant (IC	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann							X Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗌 Not determined
	rt III Financial Information				1021):			
7	Plan Assets and Liabilities		()			T	0	
<u>'</u> a	Total plan assets	7a	(a) Beginning	дотте 1,51		9		(b) End of Year 1,256,537
	Total plan liabilities	7a 7b		1,01	5,02	1		1,200,007
	Net plan assets (subtract line 7b from line 7a)	7c		1,51	3.02	9		1,256,537
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amou		.,	-		(b) Total
	Contributions received or receivable from:							
	(1) Employers	8a(1)			8,40	0		
	(2) Participants	8a(2)			_	0		
	(3) Others (including rollovers)	8a(3)				-	_	
	Other income (loss)	8b		-11	6,23	1	_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		-107,831
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14	8,66	1		
	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f				0		
g	Other expenses	8g				0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						148,661
	Net income (loss) (subtract line 8h from line 8c)	8i						-256,492
j	Transfers to (from) the plan (see instructions)	8j				0		
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in th	e instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10Ь		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	_	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10g		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							

Yes X No

		Form 5500-SF 2015 Page 3 -					
	(lf "	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	lf a grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver	and e	nter the Day	e date of t	he letter Year	ruling
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year		12b			
		the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	s 🛛 No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Wei of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t pe PBGC?	he co	ntrol		Yes [No
с		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ch assets or liabilities were transferred. (See instructions.)	(s) to				
1	3c(1	Name of plan(s): 13	c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a t	Name	e of trust		14b ⊺	rust's EIN	1	
14c	Nan	ne of trustee or custodian		14d Trustee's or custodian's telephone number			
Part	: IX	IRS Compliance Questions					
15a	ls th	e plan a 401(k) plan?		Ye:	S	N	þ
15b	If "Ye mate	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employed hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	, 	ba ha	esign- sed safe rbor ethod	fe ADP/ACP test	
	testi	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ag method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2)(ii))?		Ye:	S)
16a	Cheo	k the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):			atio rcentage st		verage enefit test
		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?		Ye	5)
17a	Has	he plan been timely amended for all required tax law changes?		Ye:	5		D N/A
		the last plan amendment/restatement for the required tax law changes was adopted	the a	pplicab	le code _	(Se	e instructions
	advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sory letter, enter the date of that favorable letter and the letter's serial number					on or
	dete	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the da mination letter	te of t	he plar	i's last fav	orable	
		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes			
19	Were	in-service distributions made during the plan year?		Yes	6	No	
	lf "Y€	s," enter amount		19			
		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or n d), as required under section 401(a)(9)?		Ye:	6	No	N/A