# 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 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

**2016**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

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

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2013

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

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

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

**2b** Employer Identification Number (EIN)
68-0043658

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

**2d** Business code (see instructions)
561720

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/06/2017 | JOHN GILL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 868 |
| **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)** | 651 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 702 |
| **b** Retired or separated participants receiving benefits | **6b** | 9 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 38 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 749 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 749 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 205 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
68-0043658

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

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 111702 | 749 | 01/01/2016 | 12/31/2016 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 2505 | 26518 |

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 2353 | 181 | | 3 |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 152 | 26337 | TPA COMPENSATION | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 519929 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

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

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 | RECORDKEEPER | 10 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
68-0043658

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RC AT 2060

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 254 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 7584 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 82831 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 20631 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 47495 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 56371 |

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30608 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32998 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33156 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7410 |
|---|---|---|

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6348 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18890 |
|---|---|---|

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

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1450 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4469 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14609 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8182 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10894 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET INCOME MANAGED PORT

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105542 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6075 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5140 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18971 |
|---|---|---|

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

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

**2016**

**This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
68-0043658

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 6 | 6 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 1738 | 2175 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 377 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 390840 | 519923 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 392961 | 522104 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 3366 | 0 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 3366 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 389595 | 522104 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 267271 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 13842 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 281113 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 36049 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 317167 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 141679 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 141679 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 42979 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 42979 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 184658 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 132509 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | 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 | | 255171 |
| **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 | 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 | | | |
| o | Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? | 4o | | | |

**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:** 0

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

## 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 sections 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

**2016**

**This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
68-0043658

## Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

| | |
|---|---|
| **20a** Is the plan a 401(k) plan? If "No," skip b | ☐ Yes ☐ No |
| **20b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A |
| **21a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | ☐ Ratio percentage test ☐ Average benefit test ☐ N/A |
| **21b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? | ☐ Yes ☐ No |

**22a** If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

**22b** If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

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

## FINANCIAL STATEMENTS

## DECEMBER 31, 2016 AND 2015

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

# I N D E X


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# INDEPENDENT AUDITORS' REPORT

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 (In Liquidation) and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Bases for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan records and procedures were not sufficient to assure the accuracy of allocations of contributions to participant accounts maintained under the Plan, and we were unable to perform audit procedures to satisfy ourselves as to the propriety of participant contributions for the year ended December 31, 2016.

**Disclaimer of Opinion**

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

**Other Matters**

As discussed in Note 1-B to the financial statements, the Township Building Services, Inc. Board of Directors authorized the termination of the Plan effective December 31, 2016, and management determined that liquidation is imminent. As a result the Plan has changed its basis of accounting from the going concern basis used in presenting the 2015 financial statements to the liquidation basis used in presenting the 2016 financial statements. Our opinion is not modified with respect to this matter.

The supplemental schedules of assets (held at end of year) as of December 31, 2016 and delinquent participant contributions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Bases for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedules.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 13, 2017

EXHIBIT "A"

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

| | December 31, 2016 (Liquidation Basis) | December 31, 2015 |
|---|---|---|
| ASSETS | | |
| CASH | $ 6 | $ 6 |
| INVESTMENTS, AT FAIR VALUE | 519,923 | 390,840 |
| RECEIVABLES | | |
| Employee Contributions | 2,175 | 2,058 |
| Note Receivable from Participant | - | 377 |
| TOTAL RECEIVABLES | 2,175 | 2,435 |
| TOTAL ASSETS | 522,104 | 393,281 |
| LIABILITIES | | |
| Excess Contributions Payable | 51,477 | 13,679 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 470,627 | $ 379,602 |

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
JANUARY 1, 2016 TO DECEMBER 31, 2016

| | |
|---|---|
| ADDITIONS | |
| INVESTMENT INCOME | |
| Net Increase in Fair Value of Investments | $ 36,049 |
| CONTRIBUTIONS AND OTHER ADDITIONS | |
| Participant Contributions | 266,951 |
| Rollover | 13,842 |
| Interest on Note Receivable from Participant | 5 |
| TOTAL CONTRIBUTIONS AND OTHER ADDITIONS | 280,798 |
| TOTAL ADDITIONS | 316,847 |
| DEDUCTIONS | |
| Withdrawals and Distributions | 182,843 |
| Administrative Expenses | 42,979 |
| TOTAL DEDUCTIONS | 225,822 |
| NET INCREASE | 91,025 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| BEGINNING OF YEAR | 379,602 |
| END OF YEAR | $ 470,627 |

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

## NOTE 1 - DESCRIPTION OF THE PLAN

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

### A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The Plan was amended effective March 1, 2016 to revise provisions concerning eligibility, entry dates, enrollment and participant loans (Notes 1-C, 1-D and 1-H). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### B. Plan Termination

In November 2016, the Board of Directors of the Company authorized the termination of the Plan effective December 31, 2016. The Plan was frozen and no further contributions were permitted with respect to compensation earned after the termination date. Liquidation is imminent and Plan assets will be distributed to participants subject to provisions of ERISA.

### C. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, and commissions to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct administrative costs in 2016 totaling approximately $43,000.

### D. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Effective March 1, 2016, non-excludable employees may enter the Plan on attainment of age 21 and completion of one year of service. Prior to this date eligible employees could make elective deferrals on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions, if any, on completion of one year of service. Plan entry dates were revised effective March 31, 2016 to January 1 and July 1 from the first day of the quarter after attaining eligibility.

### E. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make up to $6,000 of additional catch-up contributions for 2016. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Contributions (Continued)

Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. The Company ceased auto-enrollment of newly eligible employees on March 1, 2016. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors.

F. Vesting

Participants are 100% vested in their accounts.

Provisions of the Plan provide for full vesting of participant accounts attributable to employer matching and profit sharing contributions after six years of service. No employer contributions have been made from inception of the Plan.

G. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement.

H. Payment of Benefits

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

I. Notes Receivable from Participants

Effective March 1, 2016, participant loans are no longer permitted under terms of the Plan. Prior to this time, the Plan allowed participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Financial Accounting Standards Board (FASB) issued authoritative guidance that requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The guidance requires measurement and presentation of assets at the amount of the expected cash proceeds from liquidation. An entity includes in its presentation of assets any items it had not previously recognized under

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

A. Basis of Accounting (Continued)

U.S. GAAP but that it expects to use in settling liabilities. The Plan changed its basis of accounting from the going concern basis used in presenting the 2015 financial statement to liquidation basis used in presenting the 2016 financial statements.

B. Accounting Pronouncements

The Financial Accounting Standards Board (FASB) AS*U 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

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

D. Investment Valuation and Income Recognition

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

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

## NOTE 3 - TAX STATUS

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

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

## NOTE 4 - RELATED PARTY TRANSACTIONS

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

## NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2016 and 2015, and net appreciation in fair value of investments for the year ended December 31, 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

## NOTE 6 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016 and 2015, contributions totaling approximately $255,000 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator engaged in prohibited transactions by failing to remit contributions and loan payments withheld from participants pay in compliance with Department of Labor regulations.

## NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2017 the date on which the financial statements were available to be issued. There are no subsequent events that require recognition or additional disclosure in the Plan's financial statements.

## NOTE 8 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31:

| | Fair Value | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| | 2016 | 2015 | Commitments | Frequency | Notice Period |
| John Hancock Pooled Separate Accounts: | | | | | |
| Retirement Portfolio 2010[1] | $ - | $ 57,357 | None | Daily | None |
| Retirement Portfolio 2015[1] | - | 29,520 | None | Daily | None |
| Retirement Portfolio 2020[1] | 7,584 | 3,688 | None | Daily | None |
| Retirement Portfolio 2025[1] | 82,831 | 54,854 | None | Daily | None |
| Retirement Portfolio 2030[1] | 20,631 | 17,847 | None | Daily | None |
| Retirement Portfolio 2035[1] | 47,495 | 34,988 | None | Daily | None |
| Retirement Portfolio 2040[1] | 56,371 | 35,378 | None | Daily | None |
| Retirement Portfolio 2045[1] | 30,607 | 25,476 | None | Daily | None |
| Retirement Portfolio 2050[1] | 32,997 | 51,528 | None | Daily | None |
| Retirement Portfolio 2055[1] | 33,156 | 15,985 | None | Daily | None |
| Retirement Portfolio 2060[1] | 254 | - | None | Daily | None |
| Retirement Income Portfolio | 105,542 | - | None | Daily | None |
| Core Bond Fund[2] | 7,410 | 9,457 | None | Daily | None |
| JH Stable Value Fund[3] | 23 | 2,270 | None | Daily | None |
| JH Index 500 Fund[4] | 18,890 | 12,567 | None | Daily | None |
| Fidelity Contrafund[4] | 6,348 | 2,175 | None | Daily | None |
| American Funds Cap World Growth and Income Fund[4] | 1,450 | 1,057 | None | Daily | None |
| JH Value Fund[4] | 4,468 | 4,351 | None | Daily | None |
| Fidelity Advisor Leveraged Company Stock Fund[4] | 10,894 | 4,323 | None | Daily | None |
| JH Mid Cap Index Fund[5] | 8,181 | 1,936 | None | Daily | None |
| JH Mid Cap Stock Fund[5] | - | 1,530 | None | Daily | None |
| Massachusetts Investors Fund[5] | - | 1,330 | None | Daily | None |
| Vanguard Small Cap Growth Index Fund[5] | 5,140 | 2,039 | None | Daily | None |
| Vanguard Small Cap Value Index Fund[5] | 6,073 | 1,529 | None | Daily | None |
| DFA US Small Cap Fund[5] | - | 1,294 | None | Daily | None |
| Templeton World Fund[6] | 14,608 | 8,561 | None | Daily | None |
| JH International Equity Index Fund[6] | 18,970 | 9,800 | None | Daily | None |

1 The objective is to invest in a portfolio of equity and fixed income instruments appropriate for an individual who will retire at a specific date in the future.

2 The objective is to invest in a corporate bond portfolio to earn current income with less emphasis on capital appreciation.

3 The primary investment objective is to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term by investing primarily in benefit responsive contracts.

4 The primary investment objective is long term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies.

5 The primary investment objective is capital appreciation by investing in stocks of small and medium sized companies.

6 The primary investment objective is capital appreciation through investing in companies outside of the U.S. to provide greater diversification benefits than investing in U.S. companies alone.

## NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December 31:

| | 2016 | 2015 |
|---|---|---|
| Net Assets Available for Benefits Per the Financial Statements | $ 470,627 | $ 379,602 |
| Add: Excess Contributions Payable | 51,477 | 13,679 |
| Net Assets Per the Form 5500 | $ 522,104 | $ 393,281 |

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

| | | January 1, 2016 to December 31, 2016 |
|---|---|---|
| Net Increase Per the Financial Statements | | $ 91,025 |
| Add: | 2016 Excess Contributions Payable | 51,477 |
| | Operating Payables Adjustment | 3,686 |
| Deduct: | 2015 Excess Contributions Payable | (13,679) |
| Net Income Per the Form 5500 | | $ 132,509 |

# SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2016 TO DECEMBER 31, 2016

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $255,171 | $255,171 | $ - | $ - | $ - |

Check Here ( X ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2016

| Identity of Issuer | Description of Investment | Fair Value |
|---|---|---|
| * John Hancock: | | |
| Retirement Portfolio 2020 | Pooled Separate Account | $ 7,584 |
| Retirement Portfolio 2025 | Pooled Separate Account | 82,831 |
| Retirement Portfolio 2030 | Pooled Separate Account | 20,631 |
| Retirement Portfolio 2035 | Pooled Separate Account | 47,495 |
| Retirement Portfolio 2040 | Pooled Separate Account | 56,371 |
| Retirement Portfolio 2045 | Pooled Separate Account | 30,607 |
| Retirement Portfolio 2050 | Pooled Separate Account | 32,997 |
| Retirement Portfolio 2055 | Pooled Separate Account | 33,156 |
| Retirement Portfolio 2060 | Pooled Separate Account | 254 |
| Retirement Income Portfolio | Pooled Separate Account | 105,542 |
| Core Bond Fund | Pooled Separate Account | 7,410 |
| JH Stable Value Fund | Pooled Separate Account | 23 |
| JH Index 500 Fund | Pooled Separate Account | 18,890 |
| Fidelity Contrafund | Pooled Separate Account | 6,348 |
| American Funds Cap World Growth and Income Fund | Pooled Separate Account | 1,450 |
| JH Value Fund | Pooled Separate Account | 4,468 |
| Fidelity Advisor Leveraged Company Stock Fund | Pooled Separate Account | 10,894 |
| JH Mid Cap Index Fund | Pooled Separate Account | 8,181 |
| Vanguard Small Cap Growth Index Fund | Pooled Separate Account | 5,140 |
| Vanguard Small Cap Value Index Fund | Pooled Separate Account | 6,073 |
| Templeton World | Pooled Separate Account | 14,608 |
| JH International Equity Index Fund | Pooled Separate Account | 18,970 |
| | | $ 519,923 |

* Party-in-Interest

# 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 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

**2016**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**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.)
- [x] a single-employer plan;
- [ ] a DFE (specify) ___

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

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

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

## Part II Basic Plan Information — enter all requested information

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

**1b** Three-digit plan number (PN) ► 001

**1c** Effective date of plan 01/01/2013

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

Township Building Services, Inc.

26 Pamaron Way, Suite A
US Novato CA 94949-6263

26 Pamaron Way, Suite A
US Novato CA 94949-6263

**2b** Employer Identification Number (EIN)
68-0043658

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

**2d** Business code (see instructions)
561720

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | John M. Gill | 10/16/17 | John M. Gill |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | John M. Gill | 10/16/17 | John M. Gill |
| | 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)
Skip this question

Preparer's telephone number
Skip this question

| | | |
|---|---|---|
| **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** | 868 |
| **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)** | 651 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 702 |
| **b** Retired or separated participants receiving benefits | **6b** | 9 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 38 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 749 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 749 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 205 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

## FINANCIAL STATEMENTS

## DECEMBER 31, 2016 AND 2015

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

# I N D E X


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# INDEPENDENT AUDITORS' REPORT

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 (In Liquidation) and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Bases for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan records and procedures were not sufficient to assure the accuracy of allocations of contributions to participant accounts maintained under the Plan, and we were unable to perform audit procedures to satisfy ourselves as to the propriety of participant contributions for the year ended December 31, 2016.

**Disclaimer of Opinion**

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

**Other Matters**

As discussed in Note 1-B to the financial statements, the Township Building Services, Inc. Board of Directors authorized the termination of the Plan effective December 31, 2016, and management determined that liquidation is imminent. As a result the Plan has changed its basis of accounting from the going concern basis used in presenting the 2015 financial statements to the liquidation basis used in presenting the 2016 financial statements. Our opinion is not modified with respect to this matter.

The supplemental schedules of assets (held at end of year) as of December 31, 2016 and delinquent participant contributions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Bases for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedules.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 13, 2017

EXHIBIT "A"

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

| | December 31, 2016 (Liquidation Basis) | December 31, 2015 |
|---|---|---|
| ASSETS | | |
| CASH | $ 6 | $ 6 |
| INVESTMENTS, AT FAIR VALUE | 519,923 | 390,840 |
| RECEIVABLES | | |
| Employee Contributions | 2,175 | 2,058 |
| Note Receivable from Participant | - | 377 |
| TOTAL RECEIVABLES | 2,175 | 2,435 |
| TOTAL ASSETS | 522,104 | 393,281 |
| LIABILITIES | | |
| Excess Contributions Payable | 51,477 | 13,679 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 470,627 | $ 379,602 |

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
JANUARY 1, 2016 TO DECEMBER 31, 2016

| | |
|---|---|
| ADDITIONS | |
| INVESTMENT INCOME | |
| Net Increase in Fair Value of Investments | $ 36,049 |
| CONTRIBUTIONS AND OTHER ADDITIONS | |
| Participant Contributions | 266,951 |
| Rollover | 13,842 |
| Interest on Note Receivable from Participant | 5 |
| TOTAL CONTRIBUTIONS AND OTHER ADDITIONS | 280,798 |
| TOTAL ADDITIONS | 316,847 |
| DEDUCTIONS | |
| Withdrawals and Distributions | 182,843 |
| Administrative Expenses | 42,979 |
| TOTAL DEDUCTIONS | 225,822 |
| NET INCREASE | 91,025 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| BEGINNING OF YEAR | 379,602 |
| END OF YEAR | $ 470,627 |

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

## NOTE 1 - DESCRIPTION OF THE PLAN

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

### A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The Plan was amended effective March 1, 2016 to revise provisions concerning eligibility, entry dates, enrollment and participant loans (Notes 1-C, 1-D and 1-H). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### B. Plan Termination

In November 2016, the Board of Directors of the Company authorized the termination of the Plan effective December 31, 2016. The Plan was frozen and no further contributions were permitted with respect to compensation earned after the termination date. Liquidation is imminent and Plan assets will be distributed to participants subject to provisions of ERISA.

### C. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, and commissions to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct administrative costs in 2016 totaling approximately $43,000.

### D. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Effective March 1, 2016, non-excludable employees may enter the Plan on attainment of age 21 and completion of one year of service. Prior to this date eligible employees could make elective deferrals on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions, if any, on completion of one year of service. Plan entry dates were revised effective March 31, 2016 to January 1 and July 1 from the first day of the quarter after attaining eligibility.

### E. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make up to $6,000 of additional catch-up contributions for 2016. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Contributions (Continued)

Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. The Company ceased auto-enrollment of newly eligible employees on March 1, 2016. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors.

F. Vesting

Participants are 100% vested in their accounts.

Provisions of the Plan provide for full vesting of participant accounts attributable to employer matching and profit sharing contributions after six years of service. No employer contributions have been made from inception of the Plan.

G. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement.

H. Payment of Benefits

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

I. Notes Receivable from Participants

Effective March 1, 2016, participant loans are no longer permitted under terms of the Plan. Prior to this time, the Plan allowed participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Financial Accounting Standards Board (FASB) issued authoritative guidance that requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The guidance requires measurement and presentation of assets at the amount of the expected cash proceeds from liquidation. An entity includes in its presentation of assets any items it had not previously recognized under

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

A. Basis of Accounting (Continued)

U.S. GAAP but that it expects to use in settling liabilities. The Plan changed its basis of accounting from the going concern basis used in presenting the 2015 financial statement to liquidation basis used in presenting the 2016 financial statements.

B. Accounting Pronouncements

The Financial Accounting Standards Board (FASB) AS*U 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

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

D. Investment Valuation and Income Recognition

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

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

## NOTE 3 - TAX STATUS

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

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

## NOTE 4 - RELATED PARTY TRANSACTIONS

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

## NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2016 and 2015, and net appreciation in fair value of investments for the year ended December 31, 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

## NOTE 6 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016 and 2015, contributions totaling approximately $255,000 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator engaged in prohibited transactions by failing to remit contributions and loan payments withheld from participants pay in compliance with Department of Labor regulations.

## NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2017 the date on which the financial statements were available to be issued. There are no subsequent events that require recognition or additional disclosure in the Plan's financial statements.

## NOTE 8 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31:

| | Fair Value | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| | 2016 | 2015 | Commitments | Frequency | Notice Period |
| John Hancock Pooled Separate Accounts: | | | | | |
| Retirement Portfolio 2010[1] | $ - | $ 57,357 | None | Daily | None |
| Retirement Portfolio 2015[1] | - | 29,520 | None | Daily | None |
| Retirement Portfolio 2020[1] | 7,584 | 3,688 | None | Daily | None |
| Retirement Portfolio 2025[1] | 82,831 | 54,854 | None | Daily | None |
| Retirement Portfolio 2030[1] | 20,631 | 17,847 | None | Daily | None |
| Retirement Portfolio 2035[1] | 47,495 | 34,988 | None | Daily | None |
| Retirement Portfolio 2040[1] | 56,371 | 35,378 | None | Daily | None |
| Retirement Portfolio 2045[1] | 30,607 | 25,476 | None | Daily | None |
| Retirement Portfolio 2050[1] | 32,997 | 51,528 | None | Daily | None |
| Retirement Portfolio 2055[1] | 33,156 | 15,985 | None | Daily | None |
| Retirement Portfolio 2060[1] | 254 | - | None | Daily | None |
| Retirement Income Portfolio | 105,542 | - | None | Daily | None |
| Core Bond Fund[2] | 7,410 | 9,457 | None | Daily | None |
| JH Stable Value Fund[3] | 23 | 2,270 | None | Daily | None |
| JH Index 500 Fund[4] | 18,890 | 12,567 | None | Daily | None |
| Fidelity Contrafund[4] | 6,348 | 2,175 | None | Daily | None |
| American Funds Cap World Growth and Income Fund[4] | 1,450 | 1,057 | None | Daily | None |
| JH Value Fund[4] | 4,468 | 4,351 | None | Daily | None |
| Fidelity Advisor Leveraged Company Stock Fund[4] | 10,894 | 4,323 | None | Daily | None |
| JH Mid Cap Index Fund[5] | 8,181 | 1,936 | None | Daily | None |
| JH Mid Cap Stock Fund[5] | - | 1,530 | None | Daily | None |
| Massachusetts Investors Fund[5] | - | 1,330 | None | Daily | None |
| Vanguard Small Cap Growth Index Fund[5] | 5,140 | 2,039 | None | Daily | None |
| Vanguard Small Cap Value Index Fund[5] | 6,073 | 1,529 | None | Daily | None |
| DFA US Small Cap Fund[5] | - | 1,294 | None | Daily | None |
| Templeton World Fund[6] | 14,608 | 8,561 | None | Daily | None |
| JH International Equity Index Fund[6] | 18,970 | 9,800 | None | Daily | None |

1 The objective is to invest in a portfolio of equity and fixed income instruments appropriate for an individual who will retire at a specific date in the future.

2 The objective is to invest in a corporate bond portfolio to earn current income with less emphasis on capital appreciation.

3 The primary investment objective is to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term by investing primarily in benefit responsive contracts.

4 The primary investment objective is long term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies.

5 The primary investment objective is capital appreciation by investing in stocks of small and medium sized companies.

6 The primary investment objective is capital appreciation through investing in companies outside of the U.S. to provide greater diversification benefits than investing in U.S. companies alone.

## NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December 31:

| | 2016 | 2015 |
|---|---|---|
| Net Assets Available for Benefits Per the Financial Statements | $ 470,627 | $ 379,602 |
| Add: Excess Contributions Payable | 51,477 | 13,679 |
| Net Assets Per the Form 5500 | $ 522,104 | $ 393,281 |

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

| | | January 1, 2016 to December 31, 2016 |
|---|---|---|
| Net Increase Per the Financial Statements | | $ 91,025 |
| Add: | 2016 Excess Contributions Payable | 51,477 |
| | Operating Payables Adjustment | 3,686 |
| Deduct: | 2015 Excess Contributions Payable | (13,679) |
| Net Income Per the Form 5500 | | $ 132,509 |

# SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2016 TO DECEMBER 31, 2016

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $255,171 | $255,171 | $ - | $ - | $ - |

Check Here ( X ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2016

| Identity of Issuer | Description of Investment | Fair Value |
|---|---|---|
| * John Hancock: | | |
| Retirement Portfolio 2020 | Pooled Separate Account | $ 7,584 |
| Retirement Portfolio 2025 | Pooled Separate Account | 82,831 |
| Retirement Portfolio 2030 | Pooled Separate Account | 20,631 |
| Retirement Portfolio 2035 | Pooled Separate Account | 47,495 |
| Retirement Portfolio 2040 | Pooled Separate Account | 56,371 |
| Retirement Portfolio 2045 | Pooled Separate Account | 30,607 |
| Retirement Portfolio 2050 | Pooled Separate Account | 32,997 |
| Retirement Portfolio 2055 | Pooled Separate Account | 33,156 |
| Retirement Portfolio 2060 | Pooled Separate Account | 254 |
| Retirement Income Portfolio | Pooled Separate Account | 105,542 |
| Core Bond Fund | Pooled Separate Account | 7,410 |
| JH Stable Value Fund | Pooled Separate Account | 23 |
| JH Index 500 Fund | Pooled Separate Account | 18,890 |
| Fidelity Contrafund | Pooled Separate Account | 6,348 |
| American Funds Cap World Growth and Income Fund | Pooled Separate Account | 1,450 |
| JH Value Fund | Pooled Separate Account | 4,468 |
| Fidelity Advisor Leveraged Company Stock Fund | Pooled Separate Account | 10,894 |
| JH Mid Cap Index Fund | Pooled Separate Account | 8,181 |
| Vanguard Small Cap Growth Index Fund | Pooled Separate Account | 5,140 |
| Vanguard Small Cap Value Index Fund | Pooled Separate Account | 6,073 |
| Templeton World | Pooled Separate Account | 14,608 |
| JH International Equity Index Fund | Pooled Separate Account | 18,970 |
| | | $ 519,923 |

* Party-in-Interest

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

## FINANCIAL STATEMENTS

## DECEMBER 31, 2016 AND 2015

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

# I N D E X


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# INDEPENDENT AUDITORS' REPORT

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Township Building Services, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 (In Liquidation) and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Bases for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Plan records and procedures were not sufficient to assure the accuracy of allocations of contributions to participant accounts maintained under the Plan, and we were unable to perform audit procedures to satisfy ourselves as to the propriety of participant contributions for the year ended December 31, 2016.

**Disclaimer of Opinion**

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

**Other Matters**

As discussed in Note 1-B to the financial statements, the Township Building Services, Inc. Board of Directors authorized the termination of the Plan effective December 31, 2016, and management determined that liquidation is imminent. As a result the Plan has changed its basis of accounting from the going concern basis used in presenting the 2015 financial statements to the liquidation basis used in presenting the 2016 financial statements. Our opinion is not modified with respect to this matter.

The supplemental schedules of assets (held at end of year) as of December 31, 2016 and delinquent participant contributions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Bases for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedules.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
October 13, 2017

EXHIBIT "A"

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

| | December 31, 2016 (Liquidation Basis) | December 31, 2015 |
|---|---|---|
| ASSETS | | |
| CASH | $ 6 | $ 6 |
| INVESTMENTS, AT FAIR VALUE | 519,923 | 390,840 |
| RECEIVABLES | | |
| Employee Contributions | 2,175 | 2,058 |
| Note Receivable from Participant | - | 377 |
| TOTAL RECEIVABLES | 2,175 | 2,435 |
| TOTAL ASSETS | 522,104 | 393,281 |
| LIABILITIES | | |
| Excess Contributions Payable | 51,477 | 13,679 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 470,627 | $ 379,602 |

(Attached notes are an integral part of this statement)

EXHIBIT "B"

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
JANUARY 1, 2016 TO DECEMBER 31, 2016

| | |
|---|---|
| ADDITIONS | |
| INVESTMENT INCOME | |
| Net Increase in Fair Value of Investments | $ 36,049 |
| CONTRIBUTIONS AND OTHER ADDITIONS | |
| Participant Contributions | 266,951 |
| Rollover | 13,842 |
| Interest on Note Receivable from Participant | 5 |
| TOTAL CONTRIBUTIONS AND OTHER ADDITIONS | 280,798 |
| TOTAL ADDITIONS | 316,847 |
| DEDUCTIONS | |
| Withdrawals and Distributions | 182,843 |
| Administrative Expenses | 42,979 |
| TOTAL DEDUCTIONS | 225,822 |
| NET INCREASE | 91,025 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| BEGINNING OF YEAR | 379,602 |
| END OF YEAR | $ 470,627 |

(Attached notes are an integral part of this statement)

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

## NOTE 1 - DESCRIPTION OF THE PLAN

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

### A. General

The Plan was established January 1, 2013 to provide retirement benefits to eligible employees of Township Building Services, Inc. and its affiliates who have adopted the Plan (the "Company"). The Plan was amended effective March 1, 2016 to revise provisions concerning eligibility, entry dates, enrollment and participant loans (Notes 1-C, 1-D and 1-H). The plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### B. Plan Termination

In November 2016, the Board of Directors of the Company authorized the termination of the Plan effective December 31, 2016. The Plan was frozen and no further contributions were permitted with respect to compensation earned after the termination date. Liquidation is imminent and Plan assets will be distributed to participants subject to provisions of ERISA.

### C. Administration and Expenses

An officer of the Company serves as trustee. Plan investments are provided under a group annuity contract issued by John Hancock Life Insurance Company ("John Hancock"). The contract provides for investment management expenses, operating expenses, record keeping charges, contract management charges, and commissions to be charged to Plan assets maintained under the contract. These fees are factored into each fund as a reduction in investment return. In addition to these charges, the Plan paid direct administrative costs in 2016 totaling approximately $43,000.

### D. Eligibility

The Plan specifically excludes employees covered by a collective bargaining agreement and nonresident aliens who receive no income from sources within the United States. Effective March 1, 2016, non-excludable employees may enter the Plan on attainment of age 21 and completion of one year of service. Prior to this date eligible employees could make elective deferrals on attainment of age 21 and completion of two months of service. Non-excludable employees are eligible for employer contributions, if any, on completion of one year of service. Plan entry dates were revised effective March 31, 2016 to January 1 and July 1 from the first day of the quarter after attaining eligibility.

### E. Contributions

Participants may elect to contribute their pre-tax compensation to the Plan and/or elect to make Roth after-tax contributions. Each participant's pre-tax deferrals and Roth contributions are subject to applicable Code limits. Participants of age 50 or older may elect to make up to $6,000 of additional catch-up contributions for 2016. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Contributions (Continued)

Participants who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, are auto-enrolled in the Plan at a pre-tax deferral rate of 4% of eligible compensation. The Company ceased auto-enrollment of newly eligible employees on March 1, 2016. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans.

The Company may make discretionary matching, non-elective and profit sharing contributions as defined in the Plan and approved by the Board of Directors.

F. Vesting

Participants are 100% vested in their accounts.

Provisions of the Plan provide for full vesting of participant accounts attributable to employer matching and profit sharing contributions after six years of service. No employer contributions have been made from inception of the Plan.

G. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions, if any, and an allocation of Plan earnings or losses and expenses. Plan assets are invested based on instructions received from participants. Contributions of participants who decline to make an investment election are invested in the John Hancock target date retirement account appropriate for the individual's age and projected date of retirement.

H. Payment of Benefits

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

I. Notes Receivable from Participants

Effective March 1, 2016, participant loans are no longer permitted under terms of the Plan. Prior to this time, the Plan allowed participants to borrow not less than $1,000 and up to the lesser of $50,000 or 50% of their pre-tax vested account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Financial Accounting Standards Board (FASB) issued authoritative guidance that requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The guidance requires measurement and presentation of assets at the amount of the expected cash proceeds from liquidation. An entity includes in its presentation of assets any items it had not previously recognized under

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

A. Basis of Accounting (Continued)

U.S. GAAP but that it expects to use in settling liabilities. The Plan changed its basis of accounting from the going concern basis used in presenting the 2015 financial statement to liquidation basis used in presenting the 2016 financial statements.

B. Accounting Pronouncements

The Financial Accounting Standards Board (FASB) AS*U 2015-07 Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 provides that entities measuring investments at net asset value per share (NAV) as a practical expedient are no longer required to categorize such investments within the fair value hierarchy. Certain disclosures continue to be required for each class of investment measured using the practical expedient to enable users to understand the nature and risks of investments measured at NAV. The Plan adopted ASU 2015-07 effective December 31, 2015.

The Financial Accounting Standards Board (FASB) issued *ASU 2015-12 Plan Accounting: Topic 960, Defined Benefit Pension Plans; Topic 962, Defined Contribution Pension Plans; Topic 965, Health and Welfare Benefit Plans.* ASU 2015-12 includes three parts. Parts I and III are not applicable to the Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the requirement to disclose net appreciation (depreciation) in fair value of investments by general type of investment. In addition, Part II provides for employee benefit plan investments to be grouped and presented by general type and eliminates the requirement to disaggregate investments in multiple ways. The Plan adopted ASU 2015-12 effective December 31, 2015.

C. Estimates

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

D. Investment Valuation and Income Recognition

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

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in value of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

## NOTE 3 - TAX STATUS

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

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

## NOTE 4 - RELATED PARTY TRANSACTIONS

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

## NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2016 and 2015, and net appreciation in fair value of investments for the year ended December 31, 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian.

## NOTE 6 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016 and 2015, contributions totaling approximately $255,000 withheld from participants' pay were not deposited with the Plan trustee within established guidelines. The plan administrator engaged in prohibited transactions by failing to remit contributions and loan payments withheld from participants pay in compliance with Department of Labor regulations.

## NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2017 the date on which the financial statements were available to be issued. There are no subsequent events that require recognition or additional disclosure in the Plan's financial statements.

## NOTE 8 - INVESTMENTS VALUED AT NET ASSET VALUE PER SHARE

The following table summarizes Plan investments in pooled separate accounts as of December 31:

| | Fair Value | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| | 2016 | 2015 | Commitments | Frequency | Notice Period |
| John Hancock Pooled Separate Accounts: | | | | | |
| Retirement Portfolio 2010[1] | $ - | $ 57,357 | None | Daily | None |
| Retirement Portfolio 2015[1] | - | 29,520 | None | Daily | None |
| Retirement Portfolio 2020[1] | 7,584 | 3,688 | None | Daily | None |
| Retirement Portfolio 2025[1] | 82,831 | 54,854 | None | Daily | None |
| Retirement Portfolio 2030[1] | 20,631 | 17,847 | None | Daily | None |
| Retirement Portfolio 2035[1] | 47,495 | 34,988 | None | Daily | None |
| Retirement Portfolio 2040[1] | 56,371 | 35,378 | None | Daily | None |
| Retirement Portfolio 2045[1] | 30,607 | 25,476 | None | Daily | None |
| Retirement Portfolio 2050[1] | 32,997 | 51,528 | None | Daily | None |
| Retirement Portfolio 2055[1] | 33,156 | 15,985 | None | Daily | None |
| Retirement Portfolio 2060[1] | 254 | - | None | Daily | None |
| Retirement Income Portfolio | 105,542 | - | None | Daily | None |
| Core Bond Fund[2] | 7,410 | 9,457 | None | Daily | None |
| JH Stable Value Fund[3] | 23 | 2,270 | None | Daily | None |
| JH Index 500 Fund[4] | 18,890 | 12,567 | None | Daily | None |
| Fidelity Contrafund[4] | 6,348 | 2,175 | None | Daily | None |
| American Funds Cap World Growth and Income Fund[4] | 1,450 | 1,057 | None | Daily | None |
| JH Value Fund[4] | 4,468 | 4,351 | None | Daily | None |
| Fidelity Advisor Leveraged Company Stock Fund[4] | 10,894 | 4,323 | None | Daily | None |
| JH Mid Cap Index Fund[5] | 8,181 | 1,936 | None | Daily | None |
| JH Mid Cap Stock Fund[5] | - | 1,530 | None | Daily | None |
| Massachusetts Investors Fund[5] | - | 1,330 | None | Daily | None |
| Vanguard Small Cap Growth Index Fund[5] | 5,140 | 2,039 | None | Daily | None |
| Vanguard Small Cap Value Index Fund[5] | 6,073 | 1,529 | None | Daily | None |
| DFA US Small Cap Fund[5] | - | 1,294 | None | Daily | None |
| Templeton World Fund[6] | 14,608 | 8,561 | None | Daily | None |
| JH International Equity Index Fund[6] | 18,970 | 9,800 | None | Daily | None |

1 The objective is to invest in a portfolio of equity and fixed income instruments appropriate for an individual who will retire at a specific date in the future.

2 The objective is to invest in a corporate bond portfolio to earn current income with less emphasis on capital appreciation.

3 The primary investment objective is to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term by investing primarily in benefit responsive contracts.

4 The primary investment objective is long term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies.

5 The primary investment objective is capital appreciation by investing in stocks of small and medium sized companies.

6 The primary investment objective is capital appreciation through investing in companies outside of the U.S. to provide greater diversification benefits than investing in U.S. companies alone.

## NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 at December 31:

| | 2016 | 2015 |
|---|---|---|
| Net Assets Available for Benefits Per the Financial Statements | $ 470,627 | $ 379,602 |
| Add: Excess Contributions Payable | 51,477 | 13,679 |
| Net Assets Per the Form 5500 | $ 522,104 | $ 393,281 |

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

| | | January 1, 2016 to December 31, 2016 |
|---|---|---|
| Net Increase Per the Financial Statements | | $ 91,025 |
| Add: | 2016 Excess Contributions Payable | 51,477 |
| | Operating Payables Adjustment | 3,686 |
| Deduct: | 2015 Excess Contributions Payable | (13,679) |
| Net Income Per the Form 5500 | | $ 132,509 |

# SUPPLEMENTAL SCHEDULES

SCHEDULE 1

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 68-0043658; PLAN NO. 001
JANUARY 1, 2016 TO DECEMBER 31, 2016

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $255,171 | $255,171 | $ - | $ - | $ - |

Check Here ( X ) if Late
Participant Loan Payments
Are Included

SCHEDULE 2

TOWNSHIP BUILDING SERVICES, INC.
401(k) PROFIT SHARING PLAN AND TRUST
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 68-0043658; PLAN NO. 001
DECEMBER 31, 2016

| Identity of Issuer | Description of Investment | Fair Value |
|---|---|---|
| * John Hancock: | | |
| Retirement Portfolio 2020 | Pooled Separate Account | $ 7,584 |
| Retirement Portfolio 2025 | Pooled Separate Account | 82,831 |
| Retirement Portfolio 2030 | Pooled Separate Account | 20,631 |
| Retirement Portfolio 2035 | Pooled Separate Account | 47,495 |
| Retirement Portfolio 2040 | Pooled Separate Account | 56,371 |
| Retirement Portfolio 2045 | Pooled Separate Account | 30,607 |
| Retirement Portfolio 2050 | Pooled Separate Account | 32,997 |
| Retirement Portfolio 2055 | Pooled Separate Account | 33,156 |
| Retirement Portfolio 2060 | Pooled Separate Account | 254 |
| Retirement Income Portfolio | Pooled Separate Account | 105,542 |
| Core Bond Fund | Pooled Separate Account | 7,410 |
| JH Stable Value Fund | Pooled Separate Account | 23 |
| JH Index 500 Fund | Pooled Separate Account | 18,890 |
| Fidelity Contrafund | Pooled Separate Account | 6,348 |
| American Funds Cap World Growth and Income Fund | Pooled Separate Account | 1,450 |
| JH Value Fund | Pooled Separate Account | 4,468 |
| Fidelity Advisor Leveraged Company Stock Fund | Pooled Separate Account | 10,894 |
| JH Mid Cap Index Fund | Pooled Separate Account | 8,181 |
| Vanguard Small Cap Growth Index Fund | Pooled Separate Account | 5,140 |
| Vanguard Small Cap Value Index Fund | Pooled Separate Account | 6,073 |
| Templeton World | Pooled Separate Account | 14,608 |
| JH International Equity Index Fund | Pooled Separate Account | 18,970 |
| | | $ 519,923 |

* Party-in-Interest

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2016** and ending **12/31/2016**

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

Employer Identification Number
**68-0043658**

Three-digit plan number ► **001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JOHN HANCOCK | RC AT 2020 | | 7,584 |
| | | RC AT 2025 | | 82,831 |
| | | RC AT 2030 | | 20,631 |
| | | RC AT 2035 | | 47,495 |
| | | RC AT 2040 | | 56,371 |
| | | 30608 2045 | | 30,608 |
| | | RC AT 2050 | | 32,998 |
| | | RC AT 2055 | | 33,156 |
| | | RC AT 2060 | | 234 |
| | | RC AT 2010 | | 0 |
| | | STBL VALUE | | 23 |
| | | TOT BMKT | | 0 |
| | | VS COR BND | | 7,410 |
| | | AF WASHMUT | | 0 |
| | | VS VALUE | | 4,469 |
| | | WORLD | | 14,609 |
| | | AF NEW PER | | 0 |
| | | IDX MID | | 8,182 |
| | | MASSINVEST | | 0 |
| | | CONTRA | | 6,348 |
| | | FIDLEVCO | | 10,894 |
| | | AF CAP WFI | | 1,450 |
| | | IDX 500 | | 18,890 |
| | | SMCP VA IN | | 6,075 |
| | | SMCP GR IN | | 5,140 |
| | | VS MC ST | | 0 |
| | | IDX INTL | | 18,971 |
| | | US SML CAP | | 0 |
| | | RC INC | | 105,542 |
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