



7005 Shannon Willow Road • Suite 100 • Charlotte, NC 28226
Phone: 704.529.3115 • Fax: 704.529.3120
www.orcolan.com

2520170330080

January 4, 2017

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption
Employee Benefits Security Administration Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, D. C. 20210

Dear Sir or Madam:

On behalf of O.R. Colan Associates, LLC, we are submitting this statement which is intended to qualify the O.R. Colan Key Executive Deferred Compensation Plan (the "Plan") for the alternative method of compliance with the reporting and disclosure requirements of Part 1 of Title I of ERISA pursuant to 29 CFR Section 2520.104-23. The Plan is an unfunded deferred compensation plan for a select group of management or highly compensated employees.

As required, the following information is provided:

Name and address of sponsor/employer: O.R. Colan Associates, LLC
7005 Shannon Willow Rd. Ste 100
Charlotte, NC 28226

Employer Identification Number: 01-0780018

Declaration: The Plan is maintained primarily for the purpose of providing deferred compensation for highly compensated executive personnel.

Number of Plans: 1

Number of Employees in the Plan: 7

A copy of the plan document will be furnished upon request.

We are submitting this letter and a copy of our 2015 5500 form on behalf of the Delinquent Filer Voluntary Compliance Program. The Plan's effective date was January 1, 2002, the reporting and disclosure provisions of Title I of ERISA are deemed to be satisfied with respect to the Plan pursuant to the provisions of 29 CFR Section 2530.104-23. As a result of this filing, we understand that no additional reporting is required except that the Plan Administrator must provide Plan documents, if requested by the Department of Labor.

Please contact me at (704) 944-1393, should you have any questions regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "Carmen Johnson". The signature is written in a cursive, flowing style.

Carmen Johnson
V.P. Finance and Administration



Jan 4, 2017 05:06 PM

Name	Plan Year	Status	Submit Date	Acknowledgement ID	EIN	Filing Role
O.R. Colan Executive Deferred Compensation Plan	2015	FILING_RECEIVED	Jan 4, 2017 04:53 PM	20170104155316P030020292743001	010780018	Filings Signed & Submitted

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for: a multiemployer plan; a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or a single-employer plan; a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here:

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

Part II Basic Plan Information—enter all requested information

1a Name of plan O.R. COLAN EXECUTIVE DEFERRED COMPENSATION PLAN	1b Three-digit plan number (PN) ▶	888
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) O.R. COLAN ASSOCIATES LLC (F/K/A O.R. COLAN GROUP LLC) CARMEN JOHNSON 7005 SHANNON WILLOW RD STE 100 CHARLOTTE, NC 28226-1302	1c Effective date of plan 01/01/2002	2b Employer Identification Number (EIN) 01-0780018 2c Plan Sponsor's telephone number 704-529-3115 2d Business code (see instructions) 531390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/04/2017	CARMEN JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/04/2017	CARMEN JOHNSON
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	8
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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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h	8 7 0 0 7 0 7 7 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4R

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code _____

Online Payment

Step 3: Confirm Payment

1 | 2 | 3

Thank you.
Your transaction has been successfully completed.

Pay.gov Tracking Information

Application Name: Delinquent Filer Voluntary Compliance Program
Pay.gov Tracking ID: 25VRV1E2
Agency Tracking ID: 17-01-59321
Transaction Date and Time: 01/04/2017 17:16 EST

Payment Summary

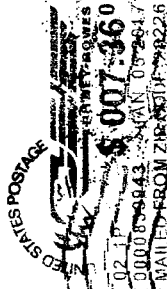
Account Holder Name: O.R. Colan Associates
Payment Amount: \$750.00
Account Type: Business Checking
Routing Number: 051503394
Account Number: *****5511
Check Number: 9999999

Payment Date: 01/05/2017
Administrator Name: Carmen Johnson
EIN : 01-0780018
O.R. Colan Executive Deferred
Plan Name: Compensation Plan
Plan Number: 888
1st Plan Year : 2002
Last Plan Year: 2015
Filing Date: 01/04/2017
Penalty Amount: 750.00

CERTIFIED MAIL



7012 3050 0002 1746 2569



02 JAN 07 2017
000089943 JAN 07 2017
MAIL FROM ZIP 28226

Charlotte P&DC NC 282

FRI 06 JAN 2017 AM

FROM

O.R. Colan
ASSOCIATES
REAL ESTATE SOLUTIONS FOR INFRASTRUCTURE
7005 Shannon Willow Road • Suite 100
Charlotte, NC 28226

TO

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

RETURN POSTAGE GUARANTEED