Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	[
For calend	lar plan year 2015 or f	fiscal plan year beginning 01/01/2	2015	and ending 0	7/16/2015			
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a	,			
		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/repor		(h -)			
C Chook	box if filing under:	an amended return/report		urn/report (less than 12 m	_			
Check	box ii iiiiiig urider.	Form 5558 special extension (enter desc	☐ automatic extension ription)	ı	☐ DFVC p	rogram		
Part II	Basic Plan Info	ormation—enter all requested in	. ,					
1a Name		offilation—enter all requested in	IOIIIIaliOII		1b Three-digit			
	•	MENT, LLC CASH BALANCE PLAN			plan numbe	r		
IITOQUUIU	OAI TIAL WAVAGEN	MENT, ELO CACIT BALANCE I LAN			(PN) ▶	002		
					1c Effective da	te of plan 01/01/2011		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Box)			entification Number		
City or		ce, country, and ZIP or foreign post		structions)	2c Sponsor's to	elephone number		
					_	2-974-3070 de (see instructions)		
	2ND STREET					,		
14TH FLOOR NEW YORK, NY 10017 523900								
3a Plan a	administrator's name a	and address XSame as Plan Spon	sor.		3b Administrate	r's EIN		
					3c Administrato	r's telephone number		
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
a Spons	or's name				4c PN			
		s at the beginning of the plan year			 	5		
		s at the end of the plan year			. 5b	0		
		account balances as of the end of		•	. 5c			
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	4		
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	0		
than	100% vested	at terminated employment during the			. 5e	0		
		or incomplete filing of this return						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.						
SIGN		d/valid electronic signature.	02/19/2016	RICHARD ABBE	_			
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator		
SIGN								
HERE		oyer/plan sponsor	Date	Enter name of individ		· · · · · · · · · · · · · · · · · · ·		
Preparer's	name (including firm	name, if applicable) and address (ii	nclude room or suite num	ber)	Preparer's teleph	one number		

Form 5500-SF 2015			Page 2							
b Are you claiming a waiver o under 29 CFR 2520.104-46	s during the plan year invested in eligit f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	f an indeper and condit	ndent qualified public a	account	ant (IQ	PA)			X Yes	
•	it plan, is it covered under the PBGC i					_	_	По П	Not deter	mined
Part III Financial Infor	<u> </u>	ош.ш.гоо р			0=:/:					
7 Plan Assets and Liabilities	nation		(a) Beginning	n of Va	ar .			(b) End	of Vear	
		7a	(a) Degillini		5185			(b) Liid	Ji i Cai	0
<u> </u>										0
· · · · · · · · · · · · · · · · · · ·	e 7b from line 7a)			105	5185					0
8 Income, Expenses, and Train	<u>'</u>		(a) Amou	unt				(b) T	otal	
Contributions received or re (1) Employers	ceivable from:	8a(1)	, ,					. ,		
(2) Participants		8a(2)								
(3) Others (including rollove	ers)	8a(3)								
b Other income (loss)		8b			336					
), 8a(2), 8a(3), and 8b)	8с							3	336
	ct rollovers and insurance premiums	8d		105	5521					
	ective distributions (see instructions)									
f Administrative service provide	ders (salaries, fees, commissions)	8f								
g Other expenses		8g								
h Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h							1055	21
	ine 8h from line 8c)								-1051	85
j Transfers to (from) the plan	(see instructions)	·· 8j								
Part IV Plan Characte	ristics									
B If the plan provides welfare Part V Compliance Que	benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:	
10 During the plan year:				T	Yes	No	N/A		Amount	
described in 29 CFR 2510	smit to the plan any participant contributions.3-102? (See instructions and DOL's '	Voluntary F	iduciary Correction	10a		X				
	t transactions with any party-in-interes			10b		X				
C Was the plan covered by	a fidelity bond?			10c		X				
•	hether or not reimbursed by the plan's	•		10d		X				
carrier, insurance service,	ions paid to any brokers, agents, or ot or other organization that provides sor .)	me or all of	the benefits under	10e	X					60
_	de any benefit when due under the pla			10f		Χ				
q Did the plan have any part	icipant loans? (If "Yes," enter amount a	as of vear e	end.)	10g		Χ				
h If this is an individual acco	unt plan, was there a blackout period?	(See instru	ictions and 29 CFR	10g						
i If 10h was answered "Yes,	" check the box if you either provided to notice applied under 29 CFR 2520.10	the required	d notice or one of the	10i						
j Did the plan trust incur unr	elated business taxable income?			10j			Х			
Part VI Pension Funding	g Compliance				•	-	•			
11 Is this a defined benefit pla	n subject to minimum funding requiren	•			•			•	X Yes	No No
11a Enter the unpaid minimum	required contribution for all years from	n Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a defined contribution	on plan subject to the minimum funding	a requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter th	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- П</u>	(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			>	Yes 🗍	No
		PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi			Ľ	100	140
		ag this plan year, any assets of liabilities were transferred from this plan to another plan(s), identifications.	ry the plan(s) to				
1	1 3c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII	Trust Information					
14a	Name o	f trust		14b ⊺	rust's El	N	
14c	Name	of trustee or custodian		14d	Trustee's	s or custodia	an's
					telephon	e number	
_	. 137	1000 11 0 11					
Par	t IX	IRS Compliance Questions		Пп			
15a	Is the	plan a 401(k) plan?		∐ Ye		No	
15b	If "Yes	" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	d employer		esign- ised safe	ADF	P/ACP
		ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			arbor ethod	test	
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
160					atio	Ave	erage
10a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	ion 410(b):	te	ercentage st	ber	efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comen with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	code	(See ins	tructions
17c		law changes and codes). Ian sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla	an that is subjec	t to a fa	vorable I	RS opinion	or
17d		ry letter, enter the date of that favorable letter/ and the letter's serial r lan is an individually-designed plan and received a favorable determination letter from the IRS, e		the plai	 n's last fa	vorable	
	determ	ination letter/			2		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

		, ,	File as	an attachment to Form	5500 or	5500-SF.			
For	calenda	r plan year 2015 or fiscal pl	an year beginning 0	1/01/2015		and end	ling 07/1	6/2015	
		off amounts to nearest do							
•	Caution	: A penalty of \$1,000 will be	e assessed for late filing of	of this report unless reas	onable ca	use is establish	ned.		
	Name of		LLC CACLLBALANCE F	N. A.N.		B Three-di	igit		
IK	JQUUIS	CAPITAL MANAGEMENT	, LLC CASH BALANCE F	LAN		plan nur	nber (PN))	002
C F	Plan spor	nsor's name as shown on li	ne 2a of Form 5500 or 55	00-SF		D Employer	Identifica	tion Number (E	:IN)
		CAPITAL MANAGEMENT					01-078		,
Ет	ype of pla	an: X Single Multiple	e-A Multiple-B	F Prior year pla	an size: 🛚	100 or fewer	101-5	00 More th	an 500
Pa	art I	Basic Information							
1	Enter th	he valuation date:	Month I	Day <u>16</u> Year _	2015	_			
2	Assets	:							
	a Mark	et value					2a		105185
	b Actua	arial value					2b		105185
3	Fundin	g target/participant count b	reakdown		` '	Number of ticipants	. ,	ted Funding	(3) Total Funding
	3 For #	estived neuticinents and han	oficiarios resolving nove	n.m.t		licipants 0	Т	arget	Target
		etired participants and ben				0		0	0
		erminated vested participal				1		5321	5321
	_	ctive participants				6		87712	87712
		<u> </u>						93033	93033
4		lan is in at-risk status, chec				_			
		ling target disregarding pre	•				<u>4a</u>		
		ding target reflecting at-risk -risk status for fewer than fi					4b		
5		/e interest rate	•				5		6.19%
6	Target	normal cost					6		0
Stat	ement b	y Enrolled Actuary							
á	accordance	of my knowledge, the information su with applicable law and regulations.	In my opinion, each other assum						
(combination	n, offer my best estimate of anticipate	ed experience under the plan.						
	IGN								
Н	ERE							02/19/20)16
			ignature of actuary					Date	
MA	ITHEW	J. PHILLIPS					Mastu	14-0728	
LINII	TED DEI	rype (NEFIT PENSIONS INC.	or print name of actuary				IVIOST F	ecent enrollme	
UIVI	I LU BLI	NEFTI FENSIONS INC.	Firm name			- 	elenhone	number (includ	ding area code)
		VN ROAD, SUITE 103E	i iiii iiaiiic			'	Cicprioric	mamber (molac	ang area code)
WE	_VILLE, I	NY 11747							
			Address of the firm			_			
	actuary actions	has not fully reflected any r	egulation or ruling promu	llgated under the statute	in comple	eting this sched	ule, check	the box and s	ee

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
							(a)	Carryover balance		(b) F	Prefundi	ng balance
		-	•		cable adjustments (line 13 t	•			0			0
8					funding requirement (line 35				0			0
9									0			0
10	Interest	on line 9	using prior year's	s actual ret	turn of1.00%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Prese	nt value	of excess contrib	utions (line	e 38a from prior year)							0
					8a over line 38b from prior yve interest rate of $\underline{6.40}$ %							0
	b(2) Int	terest or	line 38b from pri	or year Scl	hedule SB, using prior year	s actual						
												0
					ear to add to prefunding bala							0
	d Portio	on of (c)	to be added to pre	efunding ba	alance							0
12	Other re	ductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0			0
Pá	art III	Fun	ding Percenta	ages						•		
14	Funding	target a	ttainment percent	age							14	113.06 %
			g target attainmen								15	109.62 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								124.23 %			
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of th	e funding ta	rget, enter	such percentage			17	%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					rear by employer(s) and em			I a				
(M	(a) Date M-DD-Y)		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pai employer(s		(0	Amou (: empl	nt paid by byees
						Totals ▶	18(b)			18(c)		
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the				
					nimum required contributions	·		F	19a			
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20												
	a Did the plan have a "funding shortfall" for the prior year?											
						-	-	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			an vear				
		(1) 1s	st		(2) 2nd	or qualte	(3)	3rd			(4) 4th	1
					•		. ,				·	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:		0 0 0						
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, full yie	eld curv	e used	
	b App	olicable month (enter code)			21b				0
22	Weigh	ited average ret	tirement age			. 22			6	2
23	Mortal	lity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current				ed Yes	s X No	,
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No	,
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t	× Yes	No	,
27		•	•	er applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0
29			contributions allocated toward		29				0	
30	Rema	ining amount of	funpaid minimum required cor	. 30				0		
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Targe	t normal cost a	nd excess assets (see instruc	ions):						
	a Targ	et normal cost	. 31a				0			
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Insta	llment		
	a Net	shortfall amorti	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter grar) and the waived amount		33				0
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	nce	Total b	alance	1	
35			use to offset funding	0		0				0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36				0
37				ontribution for current year adjuste		37				0
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b				0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpai	d minimum requ	uired contributions for all years)		40				
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 years	15	years	
	b Eligi	ible plan year(s) for which the election in line	41a was made			·	10	2011	
42			•			42		<u> </u>		
			celeration amount to be carrie		43				_	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

Short Form Annual Return/Report of Small Employee

Benefit Plan

the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Information	n		TOTAL CONTRACTOR OF THE STATE O	
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	07/16/201	5
A This return/report is for:	a single-employer plan	a list of participating a foreign plan	olan (not multiemployer) employer information in		
B This return/report is:	the first return/report	x the final return/report			
	an amended return/report	x a short plan year retu	rn/report (less than 12 r	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	rogram
Part II Basic Plan In					
1a Name of plan	formation enter all requested	information		1b Three-digit	1
	Management, LLC Cash Ba	lance Plan		plan numbe (PN) ▶	002
		W66		1c Effective da 01/01/2	5, 10 2 3 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5
Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P. ince, country, and ZIP or foreign pos	O. Box)	ructions)	The second of th	dentification Number -0786483
Iroquois Capital	Management LLC			2c Sponsor's t (212) 9'	elephone number 74-3070
205 East 42nd Str 14th Floor US New York NY 10017	eet			2d Business of 523900	ode (see instructions)
	and address X Same as Plan Sp	oonsor Name		3b Administrat	or's EIN
		6		3c Administrat	or's telephone number
	the plan sponsor has changed since umber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN	
a Sponsor's name	157		No. 40 (100 100 100 100 100 100 100 100 100 1	4c PN	
5a Total number of participan	ts at the beginning of the plan year			5a	5
	ts at the end of the plan year			5b	0
	h account balances as of the end of			5c	
d(1) Total number of active p	articipants at the beginning of the pl	an year		5d(1)	4
	articipants at the end of the plan yea			5d(2)	0
	t terminated employment during the		efits that were	5e	0
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established	
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instri and signed by an enrolled actuary, implete.	uctions, I declare that I have as well as the electronic ve	examined this return/re rsion of this return/repor	port, including, if and to the best o	oplicable, a Schedule f my knowledge and
SIGN //		2/19/14	1 1Cho	ind Abbr	
HERE Signature of plan ac	ministrator	Date	Enter name of individu		dministrator
SIGN /		2/19/14	1 LCha	0110	
HERE Signature of employ	er/plan sponsor	Date	Enter name of individu		ver or plan sponsor
CONTRACTOR OF THE PARTY OF THE	n name, if applicable) and address;			Preparer's teleph	
	g # 2 a	Ŧ.	74.30	1 0 0	

	Form 5500-SF 2015		Page 2							
6a \	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						X Yes	□No
	Are you claiming a waiver of the annual examination and report of a	N.,	ov com an effect							
1	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd condition	s.)					•••••	XYes	No
- 1	f you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must inst					_		
c I	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section	1 402	1)?	••••••	x Yes	∐ No	∐ Not	determined
Pai	rt III Financial Information	T								
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	г	_		(b) End	of Year	
	Total plan assets	7a	1()5,1	85	+				0
-	Fotal plan liabilities	7b		aniye						0
	Net plan assets (subtract line 7b from line 7a)	7c)5,1	85	+		//-> 7		0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		-1	1000		(b) 1	otai	
	1) Employers	8a(1)								
	2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
-	Other income (loss)	8b		3	36					
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					a varante			336
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	10	5,5	21					
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	m 200						105	,521
i	Net income (loss) (subtract line 8h from line 8c)	8i							(105,	185)
<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a I	f the plan provides pension benefits, enter the applicable pension fe	eature codes	s from the List of Plan Ch	naract	eristic	Code	es in the	e instructi	ons:	
	1C 1H 1I							SOLUTION A COLUM		
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the	instructio	ns:	
	t V Compliance Questions						1			
10	During the plan year:	iana within t	Una time maried	1	Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)		micially correction	10a		x		17-		
b	Were there any nonexempt transactions with any party-in-interest:		clude transactions							
	reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		gan san paratrial and contains	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth			-						
1	carrier, insurance service, or other organization that provides some									-
	the plan? (See instructions.)			10e	Х			A TORREST (1981)		60
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	10i			1			
j	Did the plan trust incur unrelated business taxable income?	••••••		10j			x			
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								ΧY	es 🗌 No
11a	Enter the unpaid minimum required contribution for current year fro						11a			0
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the C	ode	or sec	tion 30	02 of EF	RISA?	Y	es X No

Form 5500-SF 2015	Page 3-			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.				
a If a waiver of the minimum funding standard for a prior year is being amortized i granting the waiver.	n this plan year, see instructions Month	and enter the Day	e date of the letter ruli Year	ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13.			
b Enter the minimum required contribution for this plan year		12b		
c Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent- negative amount)	•	12d		
e Will the minimum funding amount reported on line 12d be met by the funding dea	dline?		Yes No	N/A_
Part VII Plan Terminations and Transfers of Assets			11.7. 5.2. 5.3. 5.3. 5.3. 5.3. 5.3. 5.3. 5.3	- 1711176-0
13a Has a resolution to terminate the plan been adopted in any plan year?		X Y	es 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear	13a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			X Yes] No
C If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan	(s) to		
13c(1) Name of plan(s):		13c(2) EIN((s) 13c(3) P	N(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b T	rust's EIN	
14c Name of trustee or custodian			rustee or custodian's phone number	
Part IX IRS Compliance Questions				
15a is the plan a 401(k) plan:		Ye	s No	11
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		r bas	sign- sed safe	СР
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year u testing method" for nonhighly compensated employees (Treas. Reg. section 1.40 2(a)(2)(ii))?	(k)-2(a)(2)(ii) and 1.401(m)-	Ye	s No	
16a Check the box to indicate the method used by the plan to satisfy the coverage rec	uirements under section 410(b):	Ra Pei Te:	rcentage Averag	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining	Ye	s No	
17a Has the Plan been timely amended for all required law changes?		Ye	s No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).	23070 NO. 404 N. D. 4 3904 C		able code (See	
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or v advisory letter, enter the date of that favorable letter / / an 17d If the plan is an individually-designed plan and recieved a favorable determination determination letter / / 	d the letter's serial number.			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isla		☐ Ye	s 🔲 No	
19 Were in-service distributions made during the plan year?		Ye	s No	
If Yes, enter amount		19		
Were minimum required distributions made to 5% owners who have attained age not retired) as required under section 401(a)(9)?	70 ½ (regardless of whether or	Ye	s No	□ N/A

Schedule SB, Part V Summary of Plan Provisions

Iroquois Capital Management, LLC Cash Balance Plan 01-0786483 / 002

For the plan year 01/01/2015 through 12/31/2015

Employer: Iroquois Capital Management, LLC

Type of Entity - S-Corporation

EIN: 01-0786483 TIN: Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2011 Year end - 12/31/2015 Valuation - 12/31/2015

Top Heavy Years - 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

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Schedule SB, line 22 - Description of Weighted Average Retirement Age

Iroquois Capital Management, LLC Cash Balance Plan 01-0786483 / 002 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

File as an attachment to	Form 5500 or t	5500-SF.	<u> </u>		
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015	5	and ending	g 07/	16/20	15
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable ca	use is established	d.		
A Name of plan		B Three-digit			
Iroquois Capital Management, LLC Cash Balance Plan		plan numb	er (PN)	<u> </u>	002
					or street or the street of the
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification	on Numb	per (EIN)
Iroquois Capital Management LLC		01	L-0786	483	
E Type of plan: X Single Multiple-A Multiple-B F Prior y	ear plan size:[X	100 or fewer]101-50	0 🔲 1	More than 500
Part Basic Information					
1 Enter the valuation date: Month 07 Day 16 Y	/ear2015	_,			
2 Assets:		_		智度等	
a Market value			2a	·	105,185
b Actuarial value			2b		105,185
: : :	Number of articipants	(2) Vested Targ			(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0			0	0
-, ,	1	,		321	5,321
b For terminated vested participants	6		······································	712	87,712
C For active participants	7			033	93,033
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			337	41140	
a Funding target disregarding prescribed at-risk assumptions		— ,	4a	ENFOLM.	
b Funding target reflecting at-risk assumptions, but disregarding transition rule at-risk status for fewer than five consecutive years and disregarding load	e for plans that I	-	4b		
5 Effective interest rate			5		6.19 %
6 Target normal cost		.,.,,	6		0
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statems accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking in combination, offer my best estimate of anticipated experience under the plan.	ents and attachment nto account the expe	s, if any, is complete ar crience of the plan and	nd accurate reasonable	. Each pre expectatio	sribed assumption was applied in one) and such other assumptions, in
SIGN MAN			0	2/19/	2016
Signature of actuary		<u> </u>		Dat	te
Matthew J. Phillips			1	4-072	85
Type or print name of actuary			Most red	ent enro	ollment number
United Benefit Pensions Inc.			(633	1) 622	?-3170
Firm name 35 Pinelawn Road, Suite 103E		Tele	phone n	umber (including area code)
,					
US Melville NY 11747					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the si nstructions	tatute in comple	eting this schedule	e, check	the box	and see

Page	2

Pa	rt II Beginning of Yea	r Carryover and Prefunding Ba	alances			•		
			"	(a)	Carryover balance		(b) Prefu	nding balance
7	Balance at beginning of prior ye year)	ar after applicable adjustments (line 13	from prior			0		0
8		prior year's funding requirement (line 3				0		0
9		line 8)				0		0
10		ar's actual return of1.00%				0		0
11		s to be added to prefunding balance:		N. Herita	F TA F	134		
	a Present value of excess conf	tributions (line 38a from prior year)						0
	b(1) Interest on the excess, if a	any, of line 38a over line 38b from prior year's effective interest rate of6,	year					0
	b(2) Interest on line 38b from p	orior year Schedule SB, using prior year	's actual					· · · · · · · · · · · · · · · · · · ·
	return							0
	C Total available at beginning of	of current plan year to add to prefunding	balance .		解析 第1 1			0
	d Portion of (c) to be added to	prefunding balance						0
12		e to elections or deemed elections		Contract and production of	THE RELEASE CONTRACTOR OF THE PARTY OF THE P	0		0
13	Balance at beginning of current	year (line 9 + line 10 + line 11d - line 12)		, , , , , , , , , , , , , , , , , , ,	0		0
Pa	rt III Funding Percen	tages						
14		ntage				-	14	113.06 %
15		ent percentage						109.62'%
	Prior year's funding percentage	for purposes of determining whether car ent	ryover/pref	unding bala	ances may be used	to redu	ice 16	
17		of the plan is less than 70 percent of the					17	%
	, mgrudskyggt	nd Liquidity Shortfalls						
	Control Control	or the plan year by employer(s) and em	nlovoon:					
	(a) Date (b) Amount		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ') Date	(b) Amount	paid by	(c) Ar	nount paid by
(MI	Ñ-ĎD-YYYY) ` employer			D-YYYY)	employe			nployees
	The second secon		374					
1.		* (Decision Fores of Copies of Application Applicati	Totals	► 18(b)			18(c)	
19	Discounted employer contribution	ns see instructions for small plan with	a valuation	date after	the beginning of the	e year:		
	a Contributions allocated toward	d unpaid minimum required contributions	s from prior	years	.,,.	19a		0
b Contributions made to avoid restrictions adjusted to valuation date								
	C Contributions allocated toward	d minimum required contribution for curr	ent year ad	justed to va	aluation date	19c		٠ ٥
20 Quarterly contributions and liquidity shortfalls:								
	a Did the plan have a "funding s	shortfall" for the prior year?			*************	<i></i>		Yes X No
	b If line 20a is "Yes," were requ	ired quarterly installments for the curren	t year made	e in a timel	y manner?			☐ Yes ☐ No
	c If line 20a is "Yes," see instru	ctions and complete the following table	as applicab	le:		ŀ		
		Liquidity shortfall as of en			n year		The state of the s	
	(1) 1st	(2) 2nd		(3)	3rd		(4)	4th

P	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6,11 %	3rd segment: 6.81 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	tirement age			22	62
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items				
24	Has a change been r	nade in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
						- ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment	· · · · · · Yes 🗶 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see Instruc	tions regarding required	attachmer	ntX Yes No
27			er applicable code and see instru		27	
Pa	10.0 点型部II		m Required Contribution			
28	Unpaid minimum requ	uired contributions for all prior y	/ears		28	0
29	Discounted employer	contributions allocated toward	unpaid minimum required contrib	utions from prior years	29	0
30			tributions (line 28 minus line 29)		30	0
Pai	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost ar	nd excess assets (see instructi	ons):			
	a Target normal cost	(line 6)			31a	0
	b Excess assets, if a	oplicable, but not greater than I	ine 31a		31b	0
32	Amortization installme	ents:		Outstanding Balar	nce	Installment
	a Net shortfall amortiz	zation installment			0	0
	b Waiver amortization	instaliment			0	0
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter grar ——) and the waived amount..	nting the approval	33	0
34	Total funding requirem	ent before reflecting carryover/p	prefunding balances (lines 31a - 31	b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Balar	ice	Total balance
35	Balances elected for use requirement	use to offset funding	0		o	0
36	Additional cash requir	ement (line 34 minus line 35)			36	0
37	Contributions allocate	d toward minimum required col	ntribution for current year adjusted	d to valuation date	37	0
38		ss contributions for current yea		·		
	a Total (excess, if any	v, of line 37 over line 36)			38a	0
			refunding and funding standard ca		38b	0
39	Unpaid minimum requ	ired contribution for current yea	ar (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum requ	ired contributions for all years	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40	
Par	t IX Pension F	Funding Relief Under Pe	ension Relief Act of 2010	(See Instructions)		
41 1	f an election was made	e to use PRA 2010 funding reli	ef for this plan:			
	Schedule elected .				\Box	2 plus 7 years 15 years
			1a was made			3 2009 2010 2011
					42	
			over to future plan years		43	
	·					

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Iroquois Capital Management, LLC Cash Balance Plan 01-0786483 / 002

For the plan year 01/01/2015 through 12/31/2015

12/31/2015 **Valuation Date:**

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.39
Segment 2	6 - 20	3.98
Segment 3	> 20	5.00

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA							
Segment #	Year	Rate %					
Segment 1	0 - 5	4.72					
Segment 2	6 - 20	6.11					
Segment 3	> 20	6.81					

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -15C - 2015 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% Post-Retirement - Interest -

> Mortality Table -183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Iroquois Capital Management, LLC Cash Balance Plan 01-0786483 / 002

For the plan year 01/01/2015 through 12/31/2015

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 - Schedule of Active Participant Data

Iroquois Capital Management, LLC Cash Balance Plan 01-0786483/002

For the plan year 01/01/2015 through 12/31/2015

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		1								
30 to 34										
35 to 39			1							
40 to 44										
45 to 49			4							
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										