Form 5500-SF	Short Form Annu	•	ort of Small Emple	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		etirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	e Internal This Form is Open Public Inspectior				
Pension Benefit Guaranty Corporation Part I Annual Report	Complete all entries in Identification Information		nstructions to the Form 5	500-SF.				
For calendar plan year 2015 or fit			and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac		-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	on	DFV	C program			
Part II Basic Plan Info	rmation—enter all requested in	1 ,						
1a Name of plan LAGODA INVESTMENT MANAGI				1b Three-dig plan num (PN) ▶ 1c Effective	001			
					01/01/2014			
	yer, if for a single-employer plan) n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		nstructions)	(EIN)	r Identification Number 46-4740139			
AGODA INVESTMENT MANAGE					's telephone number 212-309-7664			
COLUMBUS CIRCLE SUITE 2215				2d Business	s code (see instructions)			
3a Plan administrator's name ar				3b Administr				
					rator's telephone number			
	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
name, EIN, and the plan nui a Sponsor's name	nber from the last return/report.			4c PN				
5a Total number of participants	at the beginning of the plan year.			5a	9			
b Total number of participants	at the end of the plan year			5b	9			
	account balances as of the end o			5c	8			
d(1) Total number of active pa	rticipants at the beginning of the p	lan year		5d(1)	9			
	rticipants at the end of the plan ye			5d(2)	9			
	terminated employment during th			5e	0			
Under penalties of perjury and ot SB or Schedule MB completed at belief, it is true, correct, and com	ner penalties set forth in the instru nd signed by an enrolled actuary,	ictions, I declare that I have a second second	ave examined this return/re	port, including, i	f applicable, a Schedule			
SIGN Filed with authorized	valid electronic signature.	05/02/2016	PATRICK A. KEENAN	J				
HERE Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN HERE Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor			
Preparer's name (including firm n					ephone number			
For Panerwork Reduction Act Notic	e and OMB Control Numbers, see t	ne instructions for Form 5	500-SF		Form 5500-SF (2015)			

Form 5500-SF 2015		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 									
Part III Financial Information	_	-			-				
7 Plan Assets and Liabilities		(a) Beginning	j of Yea	ar			(b) End of	Year	
a Total plan assets	7a		140	000				305750	
b Total plan liabilities	7b			0			0		
C Net plan assets (subtract line 7b from line 7a)	7c		140	000				305750	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Tot	al	
a Contributions received or receivable from: (1) Employers	8a(1)		105	000					
(2) Participants	8a(2)		58	858					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	b Other income (loss)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							165750	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0							
e Certain deemed and/or corrective distributions (see instructions)	Certain deemed and/or corrective distributions (see instructions) 8e								
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i Net income (loss) (subtract line 8h from line 8c)	8i						165750		
j Transfers to (from) the plan (see instructions)				0					
Part IV Plan Characteristics		•							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2H 3D 3B	n feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instruction	ons:	
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plar	n Chara	cterist	ic Cod	les in th	e instructior	าร:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	4	Amount	
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х				
 b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	st? (Do not	include transactions	10a		х				
C Was the plan covered by a fidelity bond?				Х					
d Did the plan have a loss, whether or not reimbursed by the plan'	s fidelity bo	nd, that was caused	10c	^	х			10	0000
 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.). 	ther person me or all of	s by an insurance the benefits under	10d 10e		x				
 f Has the plan failed to provide any benefit when due under the plan 			10c		Х				
g Did the plan have any participant loans? (If "Yes," enter amount			10g		X				

j	Did	the plan trust incur unrelated business taxable income?					
Part	Part VI Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	ERISA?	Yes X No		

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10i

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Did the plan trust incur unrelated business taxable income?

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

	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089				
Inte	artment of the Treasury ernal Revenue Service		ed under sections 104 and	4065 of the Employee Retireme					
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500-SF	Public Inspection				
Part I	Annual Report	Identification Information							
For calend	lar plan year 2015 or fis		01/01/2015	and ending	12/31/2015				
A This re	turn/report is for:	x a single-employer plan	list of participating er	olan (not multiemployer) (Filers nployer information in accordar	checking this box must attach a ice with the form instructions)				
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
•		an amended return/report	a short plan year retu	rn/report (less than 12 months)	_				
C Check	DFVC program								
		special extension (enter desci	1 1						
Part II	Basic Plan Info	rmation—enter all requested in	formation	-					
1a Name Lagoda		nagement, LP 401(k)	Plan		Three-digit plan number 001				
Lagoda Investmente Hanagemente, II 401(K) ITan					(PN) •				
					Effective date of plan 01/01/2014				
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C) Box)		Employer Identification Number				
City or	town, state or province	, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	EIN) 46-4740139 Sponsor's telephone number				
Lagoua	a Investment M	anagement, LP		2	212-309-7664				
	umbus Circle				2d Business code (see instructions) 523900				
Suite New Yo		NY 10019							
-		address XSame as Plan Spons	sor.	3b /	3b Administrator's EIN				
				3c /	Administrator's telephone number				
		plan sponsor has changed since	the last return/report filed f	or this plan, enter the 4b E	EIN				
	, EIN, and the plan num or's name	ber from the last return/report.		4c F	PN				
5a Total r	number of participants a	at the beginning of the plan year			9				
	And A Low A Low A	it the end of the plan year			9				
		ccount balances as of the end of t			8				
	A 24 14 CO	icipants at the beginning of the pla							
		icipants at the end of the plan yea			?) 9				
		erminated employment during the			0				
Caution: A	penalty for the late of	r incomplete filing of this return	/report will be assessed	unless reasonable cause is e	stablished.				
SB or Sche		er penalties set forth in the instruc I signed by an enrolled actuary, a ete.							
SIGN	Partial le p	leaven	UAY 2,2016	Patrick A. Keenan					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signi	ing as plan administrator				
SIGN HERE									
	Signature of employ		Date		ng as employer or plan sponsor				
Preparer's i	name (including firm na	me, if applicable) and address (ind	clude room or suite numbe	r) Prepar	er's telephone number				
	Deduction Activity	and OMB Control Numbers, see the		0.5	Form 5500-SE (2015)				

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6a Were all of the plan's assets during the plan year invested in eligit	nle assets	? (See instructions.)						X Yes	No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_	L L	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	itions.)						X Yes] No	
If you answered "No" to either line 6a or line 6b, the plan canr					_	_				
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	orogram (see ERISA s	section 4	021)?	L	Yes		Not determin	ed	
Part III Financial Information	I tratication	1								
7 Plan Assets and Liabilities	- Sector	(a) Beginnir	ng of Ye	ar			(b) End	of Year		
a Total plan assets	. 7a		1	4000	0			305	5750	
b Total plan liabilities	. 7b				0				C	
C Net plan assets (subtract line 7b from line 7a)	. 7c		1	4000	0			305	750	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) T	otal		
a Contributions received or receivable from: (1) Employers	. 8a(1)		1	0500	0					
(2) Participants	. 8a(2)	·		5885	8					
(3) Others (including rollovers)	. 8a(3)				0					
b Other income (loss)	8b		189	2	<u>ana a</u>					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							165	750	
d Benefits paid (including direct rollovers and insurance premiums										
to provide benefits)	. 8d				0				<u></u>	
e Certain deemed and/or corrective distributions (see instructions)	8e	······································			0					
f Administrative service providers (salaries, fees, commissions)	. 8f	0						. <u>19</u> 1199 		
g Other expenses	8g				0			the second of the	0.033	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i Net income (loss) (subtract line 8h from line 8c)	8 i	Havissana ang kasara	8333333	9,9939.			16575			
J Transfers to (from) the plan (see instructions)	8j				0					
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2H 3D 3B	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes in	the instruct	lions:		
B If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	an Chara	acterist	ic Coo	des in th	ne instructio	ons:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount		
a Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period						Amount		
described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			х					
Program)			10a				<u> </u>			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х					
C Was the plan covered by a fidelity bond?				х				1	000	
d Did the plan have a loss, whether or not reimbursed by the plan's					х					
by fraud or dishonesty?			10d							
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ie or all of	the benefits under	10e		x					
f Has the plan failed to provide any benefit when due under the plan					х					
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		х					
 i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	ne required	t notice or one of the								

Yes No Yes X No

10j

_ 11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?

5500) and line 11a below).....

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

j Did the plan trust incur unrelated business taxable income?

Part VI Pension Funding Compliance

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	Form 5500-SF 2015 Page 3 -					
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver		enter the Day_	e date of t	lhe letter n Year	Jling
[1	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	1			
<u> </u>	Enter the minimum required contribution for this plan year		12b			
	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 (enter a minus sign to the lengative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ontrol	Ľ	Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	/ the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Parl	VIII Trust Information					
14a	Name of trust		14b T	rust's EIN	1	
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba: ba:	sign- sed safe rbor ethod	e ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cui testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?	1(m)-	Yes		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	Ra per tes	rcentage		erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		Yes	5	No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	5	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the a	pplicab	e code _	(See i	nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nu	mber		•	-	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter		he plan	's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands and the U.S. Virgin Islands or the U.S. Virgin Islands and the U.S.		Yes		No No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?		Yes		No	[] N/A
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