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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension	benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF		•				
Part I	Annual Report	Identification Information								
For calen	dar plan year 2015 or fis	cal plan year beginning 01/01/2	2015 and ending 12	2/31/20)15					
A This r	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan							
B This re	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
C Check	c box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC prog	ram				
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Nam	•		ionnation .		Three-digit plan number (PN)	001				
				10	Effective date o	r pian 0/2009				
Maili	ng address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			Employer Identi					
MEYER &	ASSOCIATES MARKETI	e, country, and ZIP or foreign post NG COMMUN ICATIONS LLC	tal code (if foreign, see instructions)	2c	Sponsor's telep 212-9	hone number 65-1447				
88 BROAI UITE 100 IEW YORI				2d	Business code (5419	see instructions)				
3a Plan	administrator's name an	d address XSame as Plan Spon	sor.	3b	Administrator's	EIN				
				3c	Administrator's t	elephone number				
nam		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b 4c						
_		at the decrease of the other con-		5a						
				5k		12				
			the plan year (defined benefit plans do not			12				
com	plete this item)			50		12				
			lan year	5d(8				
			ar	5d((4)	7				
thai	n 100% vested		e plan year with accrued benefits that were less	5e		0				
			n/report will be assessed unless reasonable cau ctions, I declare that I have examined this return/re			ahla a Schodulo				
CD at Cal	names of perjury and off		onons, ructiare mai mave examined mis return/report	PUIL, III	ioidullig, il applic	dole, a ouleduie				

belief, it is true, correct, and complete Filed with authorized/valid electronic signature 06/14/2016 **EDWARD HOEY SIGN HERE** 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 Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.		×	Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determined
Part III Financial Information	1				_				
7 Plan Assets and Liabilities		(a) Beginning			-		(b) En	d of Ye	
a Total plan assets	7a		1251	0				1	416103
b Total plan liabilities	7b 7c		1251					1	416103
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		313			/b)	Total	410103
a Contributions received or receivable from:		(a) Amot	ant				(15)	Total	
(1) Employers	8a(1)			3234					
(2) Participants	8a(2)		35	5150					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		1	200					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								164584
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i Net income (loss) (subtract line 8h from line 8c)	8i								164584
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	ctions:	
10 During the plan year:				Yes	No	N/A		Amo	unt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?				Χ					4000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^					4000
by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			-,	I	ı				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes X N
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	00			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?.	[Yes X N

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(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 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	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//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
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	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" 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

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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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

		dentification Information								
For calendar plan		al plan year beginning	01/01/2015	and ending	12/31/20					
A This return/rep		a single-employer plan a one-participant plan	list of participating employer information in accordance with the form instructions)							
	a one-participant plan a foreign plan									
B This return/repo	ort is	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check box if fill	ing under: [Form 5558 special extension (enter desc	automatic extension		DFVC pro	gram				
Part II Bas	ic Plan Infor	nation—enter all requested in	MINERAL SOCIETY							
1a Name of plan	ic Flair Illion	mation—enter all requested in	normation		1b Three-digit					
Same as a companie of the second section of	OCIATES LL	C 401(K) PLAN			plan number (PN)	001				
	8)				1c Effective date 04/20/200	of plan				
Mailing addres	ss (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Employer Iden (EIN) 13-41					
MEYER & ASSO	OCIATES MA	country, and ZIP or foreign post RKETING COMMUN	tal code (if foreign, see ins	tructions)	2c Sponsor's tele (212) 965					
ICATIONS LLO	C				2d Business code 541910					
588 BROADWA' SUITE 1006 NEW YORK	Y		N'	Y 10012	341310					
	rator's name and	address XSame as Plan Spons		1 10012	3b Administrator's EIN					
		_								
					3C Administrator's	s telephone number				
					3C Administrator's	s telephone number				
			2		3C Administrator's	s telephone number				
		olan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	s telephone number				
	nd the plan numb	olan sponsor has changed since per from the last return/report.	the last return/report filed	for this plan, enter the		s telephone number				
name, EIN, an	nd the plan numb ne		•		4b EIN 4c PN	s telephone number				
name, EIN, ar a Sponsor's nam 5a Total number	nd the plan numb ne of participants at	per from the last return/report.			4b EIN 4c PN 5a					
name, EIN, ai a Sponsor's nam 5a Total number b Total number c Number of pa	nd the plan numb ne of participants at of participants at irticipants with ac	per from the last return/report.	the plan year (defined ber	nefit plans do not	4b EIN 4c PN 5a	11				
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	Form 5500-SF 2015	.=	Page 2								
b A u	Vere all of the plan's assets during the plan year invested in eligible for you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a focus answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	counta instea	nt (IQF d use l	PA) Form	5500.		<u></u>	Yes [Yes [No No ned
Part	III Financial Information				-						
	Plan Assets and Liabilities		(a) Beginning	of Yea	r	1		(b) End	of Yea	ır	
	otal plan assets	7a		.,251		7			1	,416	5,103
	otal plan liabilities	7b				<u> </u>	<u> </u>				0
	let plan assets (subtract line 7b from line 7a)	7c	1	,251	,519				1	,416	5,103
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt			-	(b) T	otal		
a	Contributions received or receivable from: 1) Employers	8a(1)			3,234	1					:
	2) Participants	8a(2)		35	,150						
	3) Others (including rollovers)	8a(3)			() .					
	Other income (loss)	8b		· 1	,200			talin in			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								164	1,584
	Benefits paid (including direct rollovers and insurance premiums										1
	o provide benefits)	8d	<u> </u>)					
	Certain deemed and/or corrective distributions (see instructions)	8e						1			
	Administrative service providers (salaries, fees, commissions)	8f						<u></u>			
	Other expenses	8g				4			····		
	Total expenses (add lines 8d, 8e, 8f, and 8g)			· · ·		+-				164	4,584
_	Net income (loss) (subtract line 8h from line 8c)	1									:
Part	Fransfers to (from) the plan (see instructions)	8j	<u> </u>		<u> </u>	<u>ار</u>		•			
B	2E 2A 2G 2J 3B 2T If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan prov	eature co	des from the List of Plan	n Chara	acterist	ic Coc	les in th	e instruc	tions:		
10	During the plan year:		·····	_	Yes	No	N/A		Amo	unt	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	/oluntary	Fiduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					4	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity be	ond, that was caused	10d	_	Х					
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X]			
g	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х					
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		Х	:				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i							
i	Did the plan trust incur unrelated business taxable income?			10j							
Part					1						
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	l (Form		Yes	X No
112	Enter the unpaid minimum required contribution for all years from										
12	Is this a defined contribution plan subject to the minimum fundin							ERISA?.		Yes	X No

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(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.	<u></u>			•			
If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.			enter the Day		letter ruli ear	ing	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to li	ne 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 (enter negative amount)		12d					
e Will the minimum funding amount reported on line 12d be met by the funding dea				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	∛ No		
if "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?					∕es 🏻 ſ	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), ide						
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) P	N(s)	
Part VIII Trust Information	···-		F****				
14a Name of trust			14b Tr	ust's EIN			
14c Name of trustee or custodian				rustee's or elephone n		ın's	
Part 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 matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based safe harbor method		ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the testing method" for nonhighly compensated employees (Treas. Reg sections 1.40 2(a)(2)(ii))?	1(k)-2(a)(2)(ii) and	1.401(m)-	☐ Yes		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage rec			Ratio percentage test		Average benefit test		
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?			Yes 1		No	No	
17a Has the plan been timely amended for all required tax law changes?	•••••		Yes	•	No	∏ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).	adopted	Enter the ap	plicable (code	(See inst	ructions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) of	r volume submitter nd the letter's serial		t to a fav	orable IRS	opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination determination letter	letter from the IRS	s, enter the date of	the plan'	's last favoi	rable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under EF made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			Yes		No		
19 Were in-service distributions made during the plan year?			Yes	 _	No		
If "Yes," enter amount		•••••	19				
Were required minimum distributions made to 5% owners who have attained age retired), as required under section 401(a)(9)?			Yes	;	No	□ N/A	