#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2015		and ending 12	/31/2015	
A This re	turn/report is for:	x a single-employer plan		lan (not multiemployer)	-	
		a one-participant plan	a foreign plan	. ,		,
<b>B</b> This reto	urn/report is	片	the final return/report			
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC ;	orogram
		special extension (enter description	·			
Part II	Basic Plan Info	<b>ormation</b> —enter all requested inform	ation			T-
1a Name	of plan				<b>1b</b> Three-digit	
NEW YORK	K NETWORK MANAG	EMENT LLC CASH BALANCE PLAN			plan numbe	
					(PN) •	001
					1c Effective da	nte of plan 01/01/2014
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. Bo				lentification Number 11-3347168
	r town, state or province NETWORK MANAGE	ee, country, and ZIP or foreign postal comENT LLC	ode (if foreign, see instr	ructions)	2c Sponsor's t	elephone number
				-		ode (see instructions)
9201 4TH A\						, , ,
BROOKLYN	, NY 11209					524290
<b>3</b> 0 Disc	destatatores de la companya	V0			2h Adamin'aran	- d- FINI
<b>3a</b> Plan a	idministrator's name ai	nd address XSame as Plan Sponsor.			<b>3b</b> Administrate	or's EIN
					3c Administrate	or's telephone number
		e plan sponsor has changed since the mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN	
<b>a</b> Spons	or's name				4c PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	3
		at the end of the plan year		i i	5b	5
	, ,	account balances as of the end of the	, ,	•	5c	
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the plan y	ear		5d(1)	3
		rticipants at the end of the plan year			5d(2)	5
		terminated employment during the pla			5e	0
		or incomplete filing of this return/re			se is established	l.
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as w				
SIGN		/valid electronic signature.	09/21/2016	DAVID MACKLIN		
HERE	Signature of plan a	· · · · · · · · · · · · · · · · · · ·	Date	Enter name of individu	ual signing as plan	administrator
SIGN					<u> </u>	

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2						
<ul> <li>Were all of the plan's assets during the plan year invested in e</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligible lf you answered "No" to either line 6a or line 6b, the plan or</li> </ul>	rt of an independe pility and condition	ent qualified public a	account	ant (IQ	PA) 			Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBC	GC insurance prog	gram (see ERISA se	ection 4	021)? .	X	Yes	No N	lot determined
Part III Financial Information							<u> </u>	
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
a Total plan assets	7a	, , , , , , , , , , , , , , , , , , ,		200				390813
<b>b</b> Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7с		197	200				390813
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Tota	al
Contributions received or receivable from:     (1) Employers	8a(1)		216	828				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		-23	215				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- t							193613
<b>d</b> Benefits paid (including direct rollovers and insurance premium to provide benefits)				0				
e Certain deemed and/or corrective distributions (see instruction				0				
<b>f</b> 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							193613
j Transfers to (from) the plan (see instructions)	······ 8j							
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	are feature codes	from the List of Pla	n Chara				instruction	S:
10 During the plan year:				Yes	No	N/A	А	mount
Was there a failure to transmit to the plan any participant con described in 29 CFR 2510.3-102? (See instructions and DO Program)	L's Voluntary Fidu	iciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				40000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the pl by fraud or dishonesty?	•		10d		X			
Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amou	unt as of year end	l.)	10g		Χ			
h If this is an individual account plan, was there a blackout peri 2520.101-3.)	od? (See instructi	ons and 29 CFR	10h					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252	led the required n	otice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)	•			•				X Yes No
11a Enter the unpaid minimum required contribution for all years to						11a	•	C
12 Is this a defined contribution plan subject to the minimum fun						302 of FF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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	e 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?			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)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	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 pland the letter's serial representation of the letter's series of the l		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 fa	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	5	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

## **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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

			File as	an attac	hment to Form	5500 or	5500-SF.			
For	calenda	r plan year 2015 or fiscal p	lan year beginning 0	1/01/201	15		and end	ing 12/	31/2015	
		off amounts to nearest do								
• (	Caution:	: A penalty of \$1,000 will be	e assessed for late filing o	of this re	port unless reaso	nable ca	use is establish	ed.		
	ame of p		INT LLC CACLL DALANCE	- DLAN			B Three-di	git		
NE	W YORK	K NETWORK MANAGEME	INTILLO CASH BALANCE	= PLAN			plan num	nber (PN)	•	001
СР	lan snon	nsor's name as shown on li		00-SE			<b>D</b> Employer	Identifics	ation Number (E	:INI)
	•	K NETWORK MANAGEME		00-01			Linployer	11-334	`	)
								11 334	7 100	
Ет	ype of pla	an: X Single Multiple	e-A Multiple-B		F Prior year pla	n size: 🔀	100 or fewer	101-5	500 More th	an 500
		Basic Information				<u> </u>		<u> </u>		
1		he valuation date:	Month [	Day3	31 Year 2	015				
2	Assets:		World	<u> </u>	- Tour -		_			
_		:et value						2a		173985
	_	arial value						2b		173985
3		g target/participant count b				(1) N	Number of	1	sted Funding	(3) Total Funding
3	rununi	g targer/participant count b	Teakuowii				rticipants		Target	Target
	<b>a</b> For r	etired participants and ben	eficiaries receiving payme	ent			0		0	(
	<b>b</b> For t	erminated vested participa	nts				0		0	(
		active participants					5		190258	190258
	_	l					5		190258	190258
4							_		190230	190230
4		lan is in at-risk status, ched						4-		
		ding target disregarding pre	·					<u>4a</u>		
		ding target reflecting at-risk r-risk status for fewer than f						4b		
5		/e interest rate	· ·					5		4.95%
6		normal cost						6		145016
_		y Enrolled Actuary							1	
Т	o the best	of my knowledge, the information so								
		with applicable law and regulations n, offer my best estimate of anticipat		plion is rea	asonable (taking into at	count the e	Apenence of the plan	i and reason	lable expectations) a	ilia sucii otilei assumptions, ili
S	IGN									
_	ERE								10/17/20	016
		<u>'</u>	Signature of actuary				_		Date	
HER	BERT N	NADLER ASA	,						14-0133	34
			or print name of actuary					Most	recent enrollme	
CRE	ATIVE F	PENSION DESIGN & ADM							203-356	G-1685
			Firm name				т	elephone	number (includ	ding area code)
	MAIN S						·	.,		J
SIA	IVIFUKD	), CT 06901								
			Address of the firm				_			
			Address of the firm							
If the	actuary	has not fully reflected any	regulation or ruling promu	ılgated u	inder the statute	n comple	eting this sched	ule, checl	k the box and se	ee

Page	2	_

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances						
				-			(a) (	Carryover balance		(b) F	refundi	ng balance
7		-	•		cable adjustments (line 13 f	•			0			0
8			•	•	unding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest	t on line 9	using prior year's	actual ret	urn of%							
11	Prior ye	ear's exc	ess contributions to	be added	d to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)							52
					Ba over line 38b from prior ye interest rate of <u>0.00</u> %							0
	<b>b(2)</b> Ir	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual						0
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						52
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance							0
12	Other r	eductions	s in balances due t	o elections	s or deemed elections							0
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	)			0			0
Pi	art III	Fun	ding Percenta	iaes								
											14	100.63 %
	14 Funding target attainment percentage14100.63 %15 Adjusted funding target attainment percentage15100.63 %											
	Prior ye	ear's func	ling percentage fo	r purposes	of determining whether car						16	
4=		•								+		%
17	If the co				s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18			•		ear by employer(s) and emp					1 .		
(M	(a) Dat IM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	(a) D: (MM-DD-		(b) Amount pa employer(		(0	•	int paid by oyees
01	/26/201	6		216828	0							
						Totals ▶	18(b)		040000	18(c)		-
10	Diagram		la	:	turnations for exactly place with		` ,		216828	10(0)		0
19			-		tructions for small plan with imum required contributions				19a			0
	_			•	imum required contributions djusted to valuation date			ľ	19b			0
								ŀ	19c			
20			outions and liquidit		uired contribution for current y	real aujusteu	io vaiuali01	ı ual <del>e</del>	130			216063
		,	•	•					L		Γ	Yes X No
			_		y installments for the curren						 	Yes No
					omplete the following table a	-	-					<u> </u>
					Liquidity shortfall as of e			n year				
		(1) 1:	st		(2) 2nd		(3)	3rd			(4) 4tl	1
						1			1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, fu	ıll yield	curv	e used
	<b>b</b> App	licable month (	enter code)			. 21b				0
22	Weigh	ted average ret	irement age			. 22				62
23	Mortal	ity table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current					l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib	29				0	
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).	. 30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct			T				
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				145016
				line 31a		. 31b				71047
32		ization installme			Outstanding Bala		l	nstallm	ent	
						0	0			
					L	0	0			
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	31b + 32a + 32b - 33)	. 34				73969
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding							0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				73969
37				ontribution for current year adjuste		37				216063
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	l (excess, if any	, of line 37 over line 36)			. 38a				142094
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40				S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					_	
	<b>a</b> Sche	edule elected					2 plus 7 yea	ars	15	years
	<b>b</b> Eligi	ble plan year(s)	for which the election in line	41a was made		200	8 2009	2010	)	2011
42	Amour	nt of acceleratio	n adjustment			42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

### Attachment to 2015 Form 5500 Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: New York Network Management Cash Balance Plan Plan Sponsor's Name: New York Network Management

EIN: 11-3347168 PN: 002

#### YEARS OF CREDITED SERVICE

	Und	der 1	1 t	o 4	5 to 9		10	to 14	15 1	to 19
Attained	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./
Age		Comp		Comp		Comp		Comp		Comp
Under										
25										
25 to 29			1		1					
30 to 34										
35 to 39										
40 to 44			1							
45 to 49					1					
50 to 54			1							
55 to 59										
60 to 64										
65 to 69										
70&UP										

#### YEARS OF CREDITED SERVICE

	20	to 24	25	to 29	30 1	to 34	35 t	o 39	408	&UP
Attained	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./
Age		Comp		Comp		Comp		Comp		Comp
Under										
25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70&UP										

# 09-22-16 15:21 FROM-

## T-842 Short Form Annual Keturn/Keport 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

P0003/0012 F-627 1210-0089

2015

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Revenue Code (the Code).

This Form is Open to **Public Inspection** 

rension bene	ill Guaranty Corporation	► Complete all entries in	accordance with the instr	ructions to the Form 55	00-\$F.		
		dentification Information					
For calendar	plan year 2015 or fis	cal plan year beginning	01/01/2015	and ending	12/	31/201	L5
A This return	n/report is for:	a single-employer plan	list of participating en	lan (not multiemployer) nployer information in acc			
		a one-participant plan	a foreign plan				
B This return	/report is	the first return/report an amended return/report	the final return/report a short plan year retur	n/report (less than 12 mo	onths)		
C Check box	x if filing under:	∑ Form 5558	automatic extension		[] (	DFVC prog	yram .
		special extension (enter descri	ription)				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name of	plan	agement LLC Cash Bal			1b Three plan (PN)	number	001
					1c Effec	tive date o	
		er, if for a single-employer plan) n, apt., suite no, and street, or P.C	), Box)			loyer Identi	ification Number
City or to	wn, state or province	e, country, and ZIP or foreign post nagement LLC		ructions)	2c Spor	nsor's telep	ohone number
9201 4t	h Avenue						(see instructions)
Brookly	n	NY 11209			244	230	
		d address XSame as Plan Spons	sor		3h Admi	inistrator's	FIN
					3C Admi	nistrator's	telephons number
name, E	IN, and the plan nun	plan sponsor has changed since ober from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN		
a Sponsor's					4c PN		
		at the beginning of the plan year		1	5a		3
		at the end of the plan year			5b		5
		ccount balances as of the end of			5c		
<b>d(1)</b> Total i	number of active par	ticipants at the beginning of the pl	an year		5d(1)		3
d(2) Total	number of active par	ticipants at the end of the plan yes	ar		5d(2)		5
e Number than 10	of participants that t 0% vested	erminated employment during the	plan year with accrued be	nefits that were less	5⊛		0
		r incomplete filing of this return					
SB or Schedu	es or perjury and oth ile MB completed an e, correct, and comp	er penalties set forth in the instruct d signed by an enrotted actuary, a tate	ctions, i declare that i have as well as the electronic ver	examined this return/report,	and to the	ng, ir appili best of m	çable, a Schedule y knowledge and
SIGN HERE	Vame	[[facklin	1/21/16	David Macklin			
	Signature of plan a	dministrator	Date	Enter name of individu	ial signing a	as plan ad	ministrator
SIGN	/						
HERE T	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ial signing a	as employ	er or plan sponsor
		ame, if applicable) and address (in		er) 	Preparer's		

Form 5500-SF 2015		Page 2			_					
<ul> <li>6a Were all of the plan's assets during the plan y</li> <li>b Are you claiming a waiver of the annual exami under 29 CFR 2520.104-46? (See instructions If you answered "No" to either line 6a or line</li> <li>c If the plan is a defined benefit plan, is it covered.</li> </ul>	nation and report of an inde; on waiver eligibility and con e 6b, the plan cannot use	pendent qualified public a ditions.) Form 5500-SF and mus	t instea	ant (IC	PA)	5500.		<u>§</u>	Yes	No No
Part III Financial Information	d under the PBGC insurance	s program (see EKISA se	ection 4	021)?	<u>K</u>	Yes	Пио	□ No	detern	inea
7 Plan Assets and Liabilities	·······	(a) Beginning	n of Va	20	$\top$		(b) E.	nd of Y	^~~	
a Total plan assets		(a) beginning		7,20	0		(M) EI	iu oi i		5,819
b Total plan liabilities					0					0
C Net plan assets (subtract line 7b from line 7a).			19	7,20	0				37	5,819
8 Income, Expenses, and Transfers for this Plan	Year	(a) Amou	ınt				(b	) Total		
Contributions received or receivable from:     (1) Employers			20	1,83	4					
(2) Participants					0 .		· ·			
(3) Others (including rollovers)					0				- · .	
b Other income (loss)			-2	3,21	5		٠		•	
C Total income (add lines 8a(1), 8a(2), 8a(3), and	- "								17	8,619
d Benefits paid (including direct rollovers and ins to provide benefits)	urance premiums				0	· .				
e Certain deemed and/or corrective distributions		***************************************			0				:	
f Administrative service providers (salaries, fees	.,				0				· ··.	
g Other expenses					0			-		
h Total expenses (add lines 8d, 8e, 8f, and 8g)										0
Net income (loss) (subtract line 8h from line 8c									178	8,619
j Transfers to (from) the plan (see instructions)							٠			
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the										
9a If the plan provides pension benefits, enter the 1C	applicable pension feature	codes from the List of Pl	an Cha	racteri	Stic Co	paes in	the inst	ruction	57	
B If the plan provides welfare benefits, enter the	applicable welfare feature of	odes from the List of Plan	n Chara	cterist	ic Coc	les in th	ne instru	rctions:		
[B (M   A )   B (M )									-	
Part V Compliance Questions  10 During the plan year:		the state of the s		Yes	No	N/A	_			
Was there a failure to transmit to the plan any	oarticioant contributions wi	thin the time period		res	NO	IWA	-	Am	ount	
described in 29 CFR 2510.3-102? (See instr Program)	uctions and DOL's Voluntary	Fiduciary Correction	10a		х					
b Were there any nonexempt transactions with reported on line 10a.)			10b		Х					
C Was the plan covered by a fidelity bond?			10¢	х						40,00
d Did the plan have a foss, whether or not reim by fraud or dishonesty?			10d		×	-				
<ul> <li>Were any fees or commissions paid to any brearrier, insurance service, or other organizations the plan? (See instructions.)</li></ul>	on that provides some or all	of the benefits under	10e		х					
f Has the plan failed to provide any benefit who			10f		Х					
g Did the plan have any participant loans? (If ")	es," enter amount as of yea	r end.)	10g		X		l			
h If this is an individual account plan, was there 2520,101-3.)			10h			-				
<ul> <li>If 10h was answered "Yes," check the box if y exceptions to providing the notice applied und</li> </ul>	ou either provided the requi	red notice or one of the	10i							
j Did the plan trust incur unrelated business ta	xable income?		10j				1			
Part VI Pension Funding Compliance			,				J.—			
11 Is this a defined benefit plan subject to minim 5500) and line 11a below)	um funding requirements? (I	f "Yes," see instructions	and con	nplete	Sched	lule SB	(Form	X	Yes	∏No
11a Enter the unpaid minimum required contributi									0	
12 Is this a defined contribution plan subject to t							ERISA?		Yes	X No

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

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

Pension Benefit Guaranty Corporation	File as an attachment to Form 5500 or 5500-SF.						
For calendar plan year 2015 or fiscal p		01/01/2015		and ending	g	12/31/20	)15
▶ Round off amounts to nearest do	ollar.						
▶ Caution: A penalty of \$1,000 will b	e assessed for late filing o	f this report unless reas	onable cau	se is established	d		
A Name of plan New York Network Mana	gement LLC Cash	Balance Plan		B Three-digit plan numb		<u> </u>	001
C Plan sponsor's name as shown on i	ine 2a of Form 5500 or 55	00-SF		, -		ion Number (E	N)
New York Network Mana	gement LLC			11-334716	8		1-111
E Type of plan: X Single   Multipl	te-A Multiple-B	F Prior year pl	an size: 🛚 🗓	100 or fewer	101-5	00 More tina	an 500
Part I Basic Information		<del>"-</del> '					
1 Enter the valuation date:	Month 12	Day 31. Year	2015				
2 Assets:		"					
a Market value		,,,,			. 2a		173,985
<b>b</b> Actuarial value,					2b		173,985
3 Funding target/participant count l			(1) N	tumber of ticipants	·	ted Funding arget	(3) Total Funding Target
a For retired participants and bei	neficiaries receiving paym	ent		0		0	0
<b>b</b> For terminated vested participa	ants			٥		_ 0	0
C For active participants				5		190,258	190,258
d Total				5		190,258	190,258
4 If the plan is in at-risk status, che				П			·
a Funding target disregarding pr					4a		
b Funding target reflecting at-risk status for fewer than	k assumptions, but disreg	arding transition rule for	plans that	have been in	4b		
5 Effective interest rate					5		4.95%
6 Target normal cost					6		145,016
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticip	NB. IN IN Уфитоп, высполятивы	empanying schedules, statement mption is reasonable (taking into	s and attachm account the e	nents, if any, is comple experience of the plan	ste and acco	urate. Each prescrib able expectations) :	ed essumption was applied in and auch other assumptions, in
SIGN HERE 14mbax	t nadle			001	5da ,-	17, z-c	>1 <u>6</u>
	Signature of actuary						
Herbert Nadler ASA						140133	
Тур	e or print name of actuary				Most	recent enrollme	
Creative Pension Design	& Admin					203-356-	
	Firm name			7	elephone	number (Inclu	ding area code)
259 Main St							
Stamford CT	Address of the firm	<u> </u>					
If the actuary has not fully reflected an instructions							
For Paperwork Reduction Act Notic	e and OMB Control Num	bers, see the instructi	ons for Fo	rm 5500 or 550	0-SF.	Schedu	le SB (Form 5500) 2015 v. 150123

	chedule	SB (Form 5500) 2015		Page 2	2					
art II	Begir	nning of Year Carryov	er and Prefunding B	alances						
					(a) C	arryover balance		(b)	Prefundi	ing balance
	U	nning of prior year after appl	, ,				0			C
		for use to offset prior year's	•				0			C
Amount	remaini	ng (line 7 minus line 8)					0			(
Interest	on line	9 using prior year's actual re	turn of%							
Prior year	ar's exc	ess contributions to be adde	d to prefunding balance:							
<b>a</b> Prese	ent value	of excess contributions (line	e 38a from prior year)							52
		n the excess, if any, of line 3 SB, using prior year's effecti								C
		n line 38b from prior year Sc								
C Total a	available	at beginning of current plan y	rear to add to prefunding balar	nce						5:
<b>d</b> Portic	on of (c)	to be added to prefunding b	alance							(
Other re	eduction	s in balances due to election	s or deemed elections							
		nning of current year (line 9					0			
			· inic to · inic tra – inic 12	.)			<u> </u>			
art III		ding Percentages							14	100.63%
		attainment percentage							15	100.63%
		g target attainment percenta ding percentage for purposes	•							= = = = = %
		inding requirement							16	%
If the cu	ırrent va	lue of the assets of the plan	is less than 70 percent of the	e funding targ	et, enter su	uch percentage			17	%
art IV	Cor	ntributions and Liquid	lity Shortfalls					·		
Contribu		ade to the plan for the plan y		ployees:						
(a) Date	YYY)	(b) Amount paid by employer(s)	( <b>a)</b> Da (MM-DD-)	1 1 1			(c) Amount paid by employees			
1/26/2	2016	216,828	0							
				Totals ▶	18(b)		16,828	18(c)		(
Discoun	ited emr	oloyer contributions – see ins	structions for small plan with		` ,			,	I	
DISCOUL		-					19a			
	ibutions	allocated toward unbaid mir	<ul><li>a Contributions allocated toward unpaid minimum required contributions from prior ye.</li><li>b Contributions made to avoid restrictions adjusted to valuation date</li></ul>							,
<b>a</b> Contr						ŀ				
<b>a</b> Contri <b>b</b> Contri	ibutions		djusted to valuation date				19b 19c			216,06

15	5 Adjusted funding target attainment percentage										15	100.63%		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	%		
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17	%		
Р	art IV	Con	tributions and	Liquidi	itv Shortfalls									
					ear by employer(s) and en	nployees:								
(N											(c) Amount paid by employees			
0.	1/26/2	016	21	6,828	• •	0	<u> </u>							
						T-4-1- 5	40(1-)			40(-)				
						Totals ►	18(b)		16,828	18(c)		0		
19			•		ructions for small plan with			ı ı						
	a Contributions allocated toward unpaid minimum required contributions from prior years											0		
	b Contributions made to avoid restrictions adjusted to valuation date											0		
	<b>C</b> Contril	butions a	allocated toward min	imum requ	ired contribution for current	year adjusted to	valuation	n date	19c			216,063		
20	Quarterly	/ contrib	utions and liquidity	shortfalls	:									
	a Did the plan have a "funding shortfall" for the prior year?											Yes 🛛 No		
	<b>b</b> If line	20a is "`	Yes," were required	d quarterly	installments for the curre	nt year made in	a timely	manner?			F	Yes No		
	<b>C</b> If line	20a is "`	Yes," see instructio	ns and co	mplete the following table	as applicable:								
					Liquidity shortfall as of		f this pla	an year						
		(1) 1s	t		(2) 2nd					(4) 4th				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost							
21	Discou	ınt rate:											
	<b>a</b> Seg	Segment rates:         1st segment:         2nd segment:         3rd segment           4.72%         6.11%         6.81							N/A, fu	N/A, full yield curve used			
	<b>b</b> App	<b>b</b> Applicable month (enter code)											0
22	Weigh	ted average ret	tirement age				22	T					62
23		ity table(s) (se		escribed - combined	_	scribed - separate	Subs	stitut	е				
Pa	rt VI	Miscellane	ous Items	_									
24													
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment.				Yes	X	No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstruc	tions regarding required	attachm	nent.		X	Yes	; <u> </u>	No
27													
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribu	ution	s For Prior Years							
28	Unpaid		uired contributions for all prior				28						0
29			contributions allocated toward				29						0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line	29)		30						0
Pa	rt VIII	Minimum	Required Contribution	For Current Year									
31	Targe	t normal cost a	nd excess assets (see instruct	tions):									
	<b>a</b> Targ	et normal cost	31a		145,0								
	<b>b</b> Excess assets, if applicable, but not greater than line 31a								71,04				
32	2 Amortization installments: Outstanding Balance									Installment			
	a Net	shortfall amortiz	zation installment					0					0
	<b>b</b> Wai	ver amortization	n installment					0					0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount												0
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	T				73	,969
				Carryover balance		Prefunding balar	nce	1	To	tal bal	ance	;	
35			use to offset funding										0
36	6 Additional cash requirement (line 34 minus line 35)											73	,969
37									216,063				
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)									
			y, of line 37 over line 36)				38a	П			1	42	,094
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							,					0
39								一					0
40								$\neg$					0
Pai	rt IX		Funding Relief Under F				 )						
41	If an el		de to use PRA 2010 funding re			`							
	a Sche	edule elected						🗍	2 plus 7 yea	rs	15	year	s
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made				2008	3 2009	2010		201	1
42	Amoun	it of acceleratio	n adjustment				42			-			
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years			43	$\dashv$					