Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		•	
Part		Identification Information					
For cale	ndar plan year 2015 or fis	cal plan year beginning 09/01/2	015 and ending 08	3/31/2016			
A This	return/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	return/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 Che	ck box if filing under:	Form 5558	automatic extension		DFVC progr	am	
		special extension (enter descr					
Part I	I Basic Plan Info	rmation—enter all requested inf	ormation				
	me of plan T CONSULTING USA INC	C. DEFINED BENEFIT PLAN			ee-digit n number I) •	002	
				1c Effe	ective date of 05/28	plan 3/2007	
Mai	n sponsor's name (employ ling address (include room		2b Emp (EIN		ication Number 507119		
	CONSULTING USA INC	al code (if foreign, see instructions)	2c Sponsor's telephone number 516-721-5493				
	NTRY VILLAGE LANE DE PARK, NY 11040			2d Bus	iness code (s	see instructions)	
3a Pla	n administrator's name an	d address XSame as Plan Spons	oor.	3b Adn	ninistrator's E	EIN	
				3c Adn	ninistrator's t	elephone number	
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	<u> </u>		
	onsor's name	·		4c PN			
5a To	tal number of participants	at the beginning of the plan year		5a		2	
b To	tal number of participants	at the end of the plan year		5b		2	
		the plan year (defined benefit plans do not	5c				
d(1)	Total number of active par	ticipants at the beginning of the plant	an year	5d(1)		2	
d(2)	Total number of active par	ticipants at the end of the plan yea	ar	5d(2)		2	
e Nu	ımber of participants that t	terminated employment during the	plan year with accrued benefits that were less	5e		0	
Caution	n: A penalty for the late o	or incomplete filing of this return	report will be assessed unless reasonable cau				
SB or S		id signed by an enrolled actuary, a	ctions, I declare that I have examined this return/report is well as the electronic version of this return/report				

SIGN HERE

Signature of employer/plan sponsor

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

JOSEPH MAO, CPA
JOSEPH MAO INC.

126 COUNTRY VILLAGE LANE
NEW HYDE PARK, NY 11040

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number
516-721-5493

516-721-5493

Date

11/30/2016

REN JIE LUO

Enter name of individual signing as plan administrator

Filed with authorized/valid electronic signature.

Signature of plan administrator

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eliginary between the plan's assets during the plan year invested in eliginary between the plan and report of the under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	_		509	742			516592
b Total plan liabilities			F00	740			E40E00
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7с	(a) A		742			516592
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		1	500			
(2) Participants	8a(2)						
(3) Others (including rollovers)	- ` ` ' 						
b Other income (loss)			5	350			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c						6850
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e 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						
i Net income (loss) (subtract line 8h from line 8c)	1 1						6850
j Transfers to (from) the plan (see instructions)	··· 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pensio	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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 Fig	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?			10c		X		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pl			10f		Χ		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		X		
h If this is an individual account plan, was there a blackout period?	? (See instruc	ctions and 29 CFR			X		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10h 10i				
j Did the plan trust incur unrelated business taxable income?			10i 10i		X		
Part VI Pension Funding Compliance			ivj	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	······ <u>L</u>
12 Is this a defined contribution plan subject to the minimum funding							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 inc ng the waiver		enter the Day	date of t	he letter ru Year	ling			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		1 oui				
b	Enter tl	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)		X	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		۸	103	140	14/74			
		resolution to terminate the plan been adopted in any plan year?			X Yes	. П 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	X	Yes	No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
•		lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	VIII	Trust Information								
	Name o			14b ⊺	rust's EIN	1				
1/10	Nama	of trustee or custodian		1/1	Tructoo'c	or custodia	an'e			
170	Name	of trustee of customari			telephone		aii 5			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15h	ıf "Voo	" how does the 404/kh plan action, the panding important page irrements for ampleyon deferrals and	d ampleyer	Design- based safe ADP/ACP						
130		" 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)?		ha	ırbor	∐ ADF test				
15c	: If the A	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c	urrent vear	Ye	ethod s	Пма				
	testing	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iiii) and 1.401(k)-2(a)(2)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	101(m)-		5	No				
	2(a)(2)	(ii))?		☐ Ra	atio	ΠΑνσ	erage			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	U pe te:	ercentage st		efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun 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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable IF	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 plar	ı's last fav	orable.				
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	<u> </u>	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

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).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

				F File as	an attachment to Form	2200 01 22	UU-3F.			
For	calenda	ar plan year 2015	or fiscal plan	year beginning	09/01/2015		and endi	ing 08/3	31/2016	
		off amounts to n								
			000 will be as	ssessed for late filing	of this report unless reason	onable caus	e is establish	ed.		
	lame of		04 INO DEEL	INED DENEELT DI AA		E	3 Three-dig	git		
IVIII	LIARI	CONSULTING U	SA INC. DEFI	INED BENEFIT PLAN	V		plan num	nber (PN)	•	002
CF	Plan sno	nsor's name as s	hown on line 3	2a of Form 5500 or 5	500-SF) Employer	Identificat	tion Number (E	:IN)
		CONSULTING U		24 01 1 01111 0000 01 0	300 01		Limployer	11-3507	•	
								11 0001		
Ет	ype of p	lan: X Single	Multiple-A	Multiple-B	F Prior year pla	an size: X	100 or fewer	101-5	00 More th	an 500
Pa	ırt I	Basic Inform	_ nation					_	_	
1	Enter t	the valuation date	:	Month08	Day31 Year _2	2016				
2	Assets	S:								
	a Mark	ket value						2a		515092
	b Actu	ıarial value						2b		515092
3	Fundir	ng target/participa	nt count breal	kdown		(1) Nu	mber of	(2) Ves	ted Funding	(3) Total Funding
		3 3				partic	cipants	•	arget	Target
	a For	retired participant	s and benefic	iaries receiving paym	nent					
	b For	terminated vested	d participants.							
	C For a	active participants	3				2		522974	552974
	d Tota	al					2		522974	552974
4					lines (a) and (b)					
•			•	·	ons	<u>L</u>		4a		
					arding transition rule for p					
					nd disregarding loading fa			4b		
5	Effecti	ve interest rate						5		5.48%
6	Target	normal cost						6		_
Stat	ement b	oy Enrolled Actu	ary							
					ompanying schedules, statements mption is reasonable (taking into a					
				xperience under the plan.		<u> </u>				, ,
S	IGN									
Н	ERE								10/27/20	016
			Sign	ature of actuary		_			Date	
MIC	HAEL F	RANK							14-024	40
			Type or p	orint name of actuary				Most re	ecent enrollme	ent number
MIC	HAEL F	RANK							212-567	7-1464
				Firm name			T	elephone	number (includ	ding area code)
		NST. APT# 5B K, NY 10040								
	5141	.,								
			Ada	dress of the firm						
If the	actuary	nas not fully refle	ected any regu	ulation or ruling prom	ulgated under the statute	ın completir	ng this schedu	ule, check	tne box and s	ee 📗

Page 2	-	
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Schedule SB (Form 5500) 2015

Pa	rt II	Begini	ning of Year	Carryov	er and Prefunding B	alances						
							(a) (Carryover balance		(b) F	refundi	ng balance
7		•			cable adjustments (line 13 t	•						
8				•	unding requirement (line 35							
9	Amount re	emainin	g (line 7 minus lir	ne 8)								
10	Interest o	n line 9	using prior year's	actual retu	urn of%							
Prior year's excess contributions to be added to prefunding balance:												
	a Presen	t value o	of excess contribu	utions (line	38a from prior year)							
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of%												
	b(2) Inte	erest on	line 38b from prid	or year Sch	edule SB, using prior year'	s actual						
					ear to add to prefunding bala							
	d Portion	of (c) to	be added to pre	funding ba	lance							
12	Other red	ductions	in balances due	to elections	or deemed elections							
13	Balance a	at beginı	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)						
P	art III	Fund	ling Percenta	ages								
14	Funding t	target at	tainment percent	age							14	98.50 %
15	Adjusted	funding	target attainmen	t percentag	e						15	98.50 %
16	-		• •		of determining whether ca		-	•			16	100.00 %
17	If the curr	rent valu	e of the assets o	f the plan is	s less than 70 percent of th	e funding ta	rget, enter s	such percentage			17	0.00 %
Pa	art IV	Cont	ributions and	d Liquidi	ity Shortfalls							
18	Contributi	ions ma	de to the plan for	the plan ye	ear by employer(s) and em	ployees:						
(M	(a) Date IM-DD-YY	YY)	(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(
•	0/12/2016	,		1500	этригусса	(, , , ,		-/			-,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1000								
				į		Totals ▶	18(b)		1500	18(c)		
19	Discounte	ed emplo	oyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	a Contrib	outions a	allocated toward u	unpaid mini	mum required contributions	s from prior	years		19a			
	b Contrib	utions n	nade to avoid res	trictions ad	justed to valuation date				19b			
	C Contrib	utions al	located toward mi	nimum requ	uired contribution for current	year adjuste	d to valuation	n date	19c			1493
20	Quarterly	contribu	utions and liquidit	y shortfalls	:						_	
	a Did the	e plan ha	ave a "funding sh	ortfall" for t	he prior year?						[Yes X No
	b If line 2	20a is "Y	es," were require	ed quarterly	installments for the curren	it year made	in a timely	manner?				Yes No
	C If line 2	20a is "Y	es," see instructi	ons and co	mplete the following table a							
		(1) 1st	,		Liquidity shortfall as of e	end of quarte	er of this pla (3)	n year 3rd			(4) 4tl	า
		(1) 130	•		(2) 2.13		(0)	J. u			(1) 7 11	

Da	rt V	Assumption	ne Head to Datarmina	Funding Target and Targe	at Normal Cost						
21	Discou		iis Osed to Determine	runung rarget and rarge	it Normai Cost						
		ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	ld curve	e used		
	b Appl	licable month (enter code)			21b			0		
22	Weight	ted average ret	irement age			22			62		
23		ty table(s) (see			scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items	_							
24	Has a	change been m	ade in the non-prescribed act	uarial assumptions for the current				ed Yes	X No		
25	Has a	method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No		
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No		
27		•	•	er applicable code and see instruc	tions regarding	27	<u>.</u>				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpaid	d minimum requ	ired contributions for all prior	years		28					
29			contributions allocated toward		29						
30	Remaii	ning amount of	30								
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost ar	nd excess assets (see instruct	ions):							
	a Targe	et normal cost (line 6)			31a					
	b Exce	ess assets, if ap	plicable, but not greater than	line 31a		31b					
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Install	ment			
	a Net s	shortfall amortiz	zation installment			7882	129				
	b Waiv	er amortization	n installment			1					
33				ter the date of the ruling letter grar) and the waived amount		33					
34	Total fu	unding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			1297		
				Carryover balance	Prefunding bala	nce	Total b	alance			
35			use to offset funding								
36	Additio	nal cash requir	ement (line 34 minus line 35).			36			1297		
37				ontribution for current year adjuste		37			1493		
38	Presen	nt value of exce	ss contributions for current ye	ar (see instructions)							
	a Total	l (excess, if any	v, of line 37 over line 36)			. 38a			196		
	b Porti	on included in I	ine 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b					
39	Unpaid	d minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39					
40			•			40					
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))					
41	If an ele	ection was mad	le to use PRA 2010 funding re	elief for this plan:							
	a Sche	edule elected				[2 plus 7 years	15	years		
	b Eligib	ble plan year(s)	for which the election in line	41a was made		200	8 2009 20	10	2011		
42	Amoun	t of acceleration	n adjustment			42	- -				
43	Fycess	installment acc	celeration amount to be carrie	d over to future plan years		43					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in	n accordance with the ins	tructions to the Form 5500-SF.	Public Inspection
Part I Annual Report Identification Informa			
For calendar plan year 2015 or fiscal plan year beginning	9/1/2015	and ending	8/31/2016
X a single-employer plan X a single-employer plan a one-participant plan B This return/report is: the first return/report an amended return/report Form 5558 special extension (enter or	list of participatin a foreign plan the final return/re a short plan year automatic extens	return/report (less than 12 months)	
Part II Basic Plan Information—enter all requeste	ed information		
1a Name of plan MILLIART CONSULTING USA INC. DEFINED BENEFIT PL	LAN	pla (Pl	ree-digit in number N)
2a Plan sponsor's name (employer, if for a single-employer pl Mailing address (include room, apt., suite no. and street, o	r P.O. Box)	(EI	
City or town, state or province, country, and ZIP or foreign MILLIART CONSULTING USA INC	postal code (if foreign, see i	516-721	onsor's telephone number 5493 siness code (see instructions)
126 COUNTRY VILLAGE LANE		424300	
3a Plan administrator's name and address X Same as Pl	lan Sponsor	, , , , , , , , , , , , , , , , , , , ,	ministrator's EIN
Same	.0	3C Adr	ministrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed si		d for this plan, enter 4b EIN	THE LAND BOOK ON THE PARTY
the name, EIN, and the plan number from the last return to	port.	4c PN	
Sponsor's name Total number of participants at the beginning of the plan year.	ear		2
b Total number of participants at the end of the plan year			2
c Number of participants with account balances as of the encomplete this item)	d of the plan year (defined be	enefit plans do not	
d(1) Total number of active participants at the beginning of the	he plan year	5d(1)	2
d(2) Total number of active participants at the end of the plan	n year	5d(2)	2
e Number of participants that terminated employment during less than 100% vested	the plan year with accrued b	penefits that were 5e	0
Caution: A penalty for the late or incomplete filing of this Under penalties of perjury and other penalties set forth in the instr SB or Schedule MB completed and signed by an enrolled actuary, belief, it is true, correct, and complete	uctions, I declare that I have	e examined this return/report, including	established. ng, if applicable, a Schedule
SIGN / /	11/30/2016	REN JIE LUO	
HERE Signature of plan administrator	Date	Enter name of individual signing a	as plan administrator
SIGN 1	11/30/2016	REN JIE LUO	
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing a	
Preparer's name (including film name, if applicable) and address (IOSEPH MAO INC.	include room or suite numb	er) Preparer's	s telephone number
		516-7215	5493
IOSEPH MAO, CPA 126 COUNTRY VILLAGE LANE		310-7210	The second secon

	Form 5500-SF 2015		Pa	ge 2	· ·					
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC insurance.	an independ and condition not use Fo	dent qualified pu ons.)rm 5500-SF and	blic acco	untant nstead	(IQPA)) 		X Yes X Yes Not det	
Pa	rt III Financial Information			0				1, 3		
7	Plan Assets and Liabilities		(a) Begi	inning of				(b) Er	nd of Yea	
а	Total plan assets	7a			50	9,742	-			516,592
_	Total plan liabilities	7b					-			E40 F00
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c				9,742			N T . C. I	516,592
8	Income, Expenses, and Transfers for this Plan Year	A MANAGEMENT A	(a)	Amoun		100) (D) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		- 1	4	500	90			100000
	(2) Participants	8a(2)		- 17		W.				
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1		5,350		(1) (1) (1) (1) (1)		e i samo de la como
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4						6,850
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		\mathcal{A})					
20	Certain deemed and/or corrective distributions (see instructions).	8e		450						
f	Administrative service providers (salaries, fees, commissions)	8f	<u> </u>						a septim s Lastonia	
	Other expenses	8g		1987 - 1782 - 1789	14,302,00		forther or ye	e de distribuição de	professioner de la me	
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		an prancts in April 1865	100					6,850
	Net income (loss) (subtract line 8h from line 8c)	₩ 81 #		and the second	and the second second	July 4-3-20				0,030
	Transfers to (from) the plan (see instructions)	81					annia de moderno de mo		THE THEODIES SELECT	
j Pa	Transfers to (from) the plan (see instructions)	8)								
AND THE RESERVE OF THE PARTY OF	rt IV Plan Characteristics		s from the List	of Plan C	haracte	eristic (Codes in	the instri	uctions:	
St.	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1A	feature code								
ALCOHOLD STATE	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature code								
9a b	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 1A	feature code								
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension 1A If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 1A.	feature codes	s from the List o							a control of the cont
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9a b Pa 10 a b	If the plan provides pension benefits, enter the applicable pension 1A If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributions welfare a failure to transmit to the plan any participant contributions welfare for the plan and poll's Voluntary program) Were there any nonexempt transactions with any party-in-interest? (Do not reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions said to any prokers, agents, or other personner, insurance service, or other organization that provides some or all	ithin the time y Fiduciary Comot include transports bond, that w	period orrection as caused by surance its under	10a 10b	aracter	No X	odes in t		ctions:	
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9a b Pa 10 a b c d e	If the plan provides pension benefits, enter the applicable pension 1A If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributions welfare a failure to transmit to the plan any participant contributions welfare described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Program) Were there any nonexempt transactions with any party-in-interest? (Do not reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any prokers, agents, or other personarier, insurance service, or other organization that provides some or all the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year 10 the plan have any participant loans? (If "Yes," enter amount as of year 10 the plan have any participant loans? (If "Yes," enter amount as of year 11 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the plan have any participant loans? (If "Yes," enter amount as of year 12 the	ithin the time reducing Control include transport includes transport includes transport includes the control includes transport includes the control includes transport includes the control includes	period orrection ansactions as caused by surance its under d 29 CFR	10a 10b 10c 10d 10e 10f 10g	aracter	No X X X X X	odes in t		ctions:	at t
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9a b Per 10 a b c d e f g h i J Pa	If the plan provides pension benefits, enter the applicable pension 1A If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributions welfare a failure to transmit to the plan any participant contributions welfare for the plan and pool is voluntary program) Were there any nonexempt transactions with any party-in-interest? (Do not provided on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other personarier, insurance services or other organization that provides some or all the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant loans? (If "Yes," enter amount as of year 150 have any participant lo	ithin the time reduciary Continclude tra bond, that we sons by an in of the benefular end.) structions an irred notice of the continuation of the	period orrection ansactions as caused by surance its under d 29 CFR r one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X X X X	N/A N/A	he instruc	ctions:	

	Form 5500-SF 2015 Page 3 -				
(If	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a	and ent	er the date	of the letter r	uling
	granting the waiver Month		Day	Year	
If	you completed 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			
	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 left of a				
	negative amount)	12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	1	X Yes	No _	N/A
Par	t VII Plan Terminations and Transfers of Assets	(Illiano)	1		
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes 🗌	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	4		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	ne T	X Yes	П.,	
	control of the PBGC?		X Ye	s No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to			
1:		c(2) E	IN(s)	13c(3)	PN(s)
	a pan(o).	(L) L	11(3)	100(0)	14(0)
Formation and the					
	t VIII Trust Information				
14a	Name of trust	14	b Trust's E	EIN	
14c	Name of trustee or custodian	14	d Trustee's	s or custodia	ın's
			telephon	e number	
Par	IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	. L	Yes	☐ No	
4.61			Design-		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	- L	based safe harbor	L ADP/AC	CP
	employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		method	1001	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year	T	Yes	Пио	
	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	-]		
	2(a)(2)(ii))?				
160	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	1	Ratio	П.	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	· L	percentage test	Average benefit	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining			4	
	this plan with any other plans under the permissive aggregation rules?	. L	Yes	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 adopted / /	. Enter	the applicab	le code	
	(See instructions for tax law changes and codes).				
17c	Property of the property of th	(3.50)			
47.1	advisory letter, enter the date of that favorable letter / and the letter's serial number				
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dat determination letter /	e of the	plan's last	favorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been	T			
	made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .		Yes	☐ No	
19	Were in-service distributions made during the plan year?	T	Yes	По	
ssep 5 8	If "Yes," enter amount	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether				7
	or not retired), as required under section 401(a)(9)?	I	Yes	□ No □	N/A

5500 EF Info - Filer Signature Agreement

I understand and agree that the electronic signature is not transferable and that the inclusion of such electronic signature in a Form 5500 or Form 5500-SF return/report filed in electronic form shall have the same legal force and effect as my hand written signature.

If I am not the Transmitter, I also agree that my electronic signature on a Form 5500 or Form 5500-SF constitutes consent for EFAST personnel to send my Transmitter an acknowledgment of receipt of transmission and to communicate with my Transmitter about the success or failure of the transmission and specific reason(s) for any failure(s).

If I am an EFAST Software Developer or EFAST Transmitter, I declare that I am authorized to make and sign this statement on behalf of the applicant. The applicant agrees that it and its employees will comply with all provisions of the EFAST2 procedures for the electronic filing of Forms 5500 or 5500-SF for each year in which the applicant participates.

Noncompliance will result in the applicant no longer being allowed to participate as an EFAST2 Software Developer or Transmitter. The applicant understands that acceptance as an EFAST2 Software Developer or Transmitter is not transferable. If applying to be an EFAST2 Transmitter, the applicant further agrees that a copy of all returns/reports that the applicant transmits electronically to the Department of Labor will be provided to the plan administrator, employer or direct filing entity on whose behalf the return/report was transmitted.

Under penalties of perjury, I declare that I have examined this agreement, and to the best of my knowledge and belief the information provided in my request for access to the EFAST2 system is true, correct, and complete.

I declare that I am authorized to make and sign this statement. [](Check "X" here)
5500 EF Info - Practitioner Signature Agreement
Plan Administrator/Employer:
In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan: MILLIART CONSULTING USA INC. DEFINED BENEFIT PLAN
give this written authorization to: JOSEPH MAO, CPA to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure. REN JIE LUO Plan Administrator/Employer Name
Plan Administrator/Employer signature ### Plan Administrator/Employer signature #### Date ####################################

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. X (Check "X" here)

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-SF

2015

OMB No. 1210-0110

This Form is Open to Public. Inspection

Fo	r calendar plan year 2015 or fiscal plan year beginning	9/1/2015		and er	nding	8	/31/2016
•	Round off amounts to nearest dollar.						
•	Caution: A penalty of \$1,000 will be assessed for late filing of this	report unless rea	asonable cau	use is establis	hed.		
Α	Name of plan			3 Three-dig	it		
MIL	LIART CONSULTING USA INC. DEFINED BENEFIT PLAN			plan numl	ber (PN) 🧠		002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-S	F		D Employer	I de ntificati	n Number (EIN)
MIL	LIART CONSULTING USA INC		1	1-35 0 7119			
E	Type of plan: X Single Multiple-A Multiple-B	F Prior year	plan size:	X 100 or few	/er 🔲	101-500	More than 500
P	art I Basic Information	8944 1					
1		11 Year	2016				_
2	Assets:						
	a Market value				2a		515,092
	b Actuarial value				2b		515092
3	Funding target/participant count breakdown		(1) Nu	mber of	(2) Veste	d Funding	(3) Total Funding
			partic	ipants	Та	rget	Target
	a For retired participants and beneficiaries receiving payment			0		0	0
	b For terminated vested participants		,	D		0	0
	c For active participants			2.		974	522974
	d Total			2 -0	522	-974 🕶	522974 -0
4	If the plan is in at-risk status, check the box and complete lines (a)	and (b)					
	a Funding target disregarding prescribed at-risk assumptions				4a		
	b Funding target reflecting at-risk assumptions, but disregarding t in at-risk status for fewer than five consecutive years and disre				4b		
5	Effective interest rate				5		5,48 %
6	Target normal cost				6		0
Sta	The tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is recombination, offer my best estimate of anticipated experience under the plan.	schedules, statemen	nts and attachme to account the exp	nts, if any, is comp perience of the pla	olete and accur on and reasona	ate. Each prescr ble expectations	ibed assumption was applied in) and such other assumptions, in
	BIGN MILLS	Inch			-	0 27 11	6
	Signature of actuary				-	Date	
MIC	HAEL FRANK			14024	40		
	Type or print name of actuary				Most	ecent enroll	ment number
МІС	HAEL FRANK			212-56	67-1464		
	Firm name				Telephone	number (inc	cluding area code)
100	ARDEN ST. APT# 5B						ŧ
	V YORK	NY 10	040	_			
<u> </u>	Address of the firm						
If the	e actuary has not fully reflected any regulation or ruling promulgated	under the statut	te in complet	ing this sched	lule, check	the box and	see .

Page	2-	

Schedule SB (Form 5500) 2015

Par	rt II I	Beginning of Year	Carryov	er and Prefunding Ba	lances			· · · · · · · · · · · · · · · · · · ·			
-	<u></u>		_			(a	ı) Carryover balanc	e	(b) Pre	efunding bal	lance
7		· · · ·		olicable adjustments (line 13 t			•	o			. 0
8				funding requirement (line 35			1				····
				<u> </u>							
9				-t				0			0
10		on line 9 using prior yea						0			0
11	-		,	ed to prefunding balance:				F			
			,	line 38a from prior year)							
				38a over line 38b from prior y tive interest rate of					***		. 0
	b(2) Int	erest on line 38b from p	rior year So	chedule SB, using prior year's	-						
	c Tota	al available at beginning	of current p	olan year to add to prefunding	g balance						0
	d Port	ion of (c) to be added to	prefunding	balance							
12 C	Other redu	ctions in balances due to	o elections	or deemed elections							
13 B	Balance at	beginning of current yea	ar (line 9 +	line 10 + line 11d – line 12)				0			0
Par	t III 📗 I	Funding Percentag	ges							····	
14 F	unding ta	rget attainment percenta	ige					98,		100	<u> </u>
15 A	djusted fu	unding target attainment	percentage					98.	· S 15	-100	- %
16 P	rior years	funding percentage for	purposes of	of determining whether carry	ver/prefundi	ng balanci	es may-be used to	reduce	16	100,	ن ,
17 If	the curre	nt value of the assets of	the plan is	less than 70 percent of the fi	unding target	, enter suc	ch percentage		17		%
Par	t IV	Contributions and	Liquidit	y Shortfalls							
				ar by employer(s) and emplo							
	(a) Date //-DD-YYY	(b) Amount pa (Y) employer((c) Amount paid by employees	(a) Dai (MM-DD-Y		(b) Amount paid employer(s)	- 1		mount paid employees	by
)-12-201		1,500							•	
	•										
										······································	
40 -					Totals >	18(b)		1,500	18(c)		<u> </u>
			e ay a	uctions for small plan with a				ear: 19a		ъ	···
a Contributions allocated toward unpeid minimum required contributions from prior years b Contributions made to evoid restrictions adjusted to valuation date					-						
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date					19c		1443				
20 Quarterly contributions and liquidity shortfalls:						100		, , , , ,	٠		
a Did the plan have a "funding shortfall" for the prior year?											
		- ,		installments for the current y					=	Yes	No
		•	-	mplete the following table as		•			<u>. </u>		
			•	Liquidity shortfall as of en		of this plan	year				
		(1) 1st		(2) 2nd		(3) 3	Brd		(4)	4th	

Da	rt V Assumption	s Used to Determine	Funding Target and Targe	t Normal Cost				
21	Part V Assumptions Used to Determine Funding Target and Target Normal Cost 21 Discount rate:							
	a Segment rates:	1st segment:				N/A, full yield curve used -		
	b Applicable month (e	enter code)			21b	0		
22	Weighted average retire	ement age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	62		
23	Mortality table(s) (see i	instructions) X Pr	escribed - combined Pr	escribed - separate	Substit	ute		
Pai	rt VI Miscellaneo	us Items						
24								
25	Has a method change t	been made for the current pla	an year? If "Yes," see instructions r	egarding required attach	ment	, Yes 🔀 No		
26	Is the plan required to p	provide a Schedule of Active	Participants? If "Yes," see instructi	ons regarding required	ittachment .	Yes 🛚 No		
27		alternative funding rules, ent	er applicable code and see instruct	tions regarding	27	·		
Par	t VII Reconciliation	on of Unpaid Minimur	m Required Contributions	For Prior Years				
28	Unpaid minimum requir	ed contributions for all prior	years		28	0		
29						- 0		
30	Remaining amount of u	inpaid minimum required cor	tributions (line 28 minus line 29)		30	0		
Par	Part VIII Minimum Required Contribution For Current Year							
31	1 Target normal cost and excess assets (see instructions):							
	a Target normal cost	(line 6)	***		31a	0		
			n line 31a		31b			
32	Amortization installmen	ts:		Outstanding Bala		Installment		
	a Net shortfall amortiz	zation installment		74	88.5	1297		
	b Waiver amortization	installment				÷ :		
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							
34	Total funding requireme	ent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	1297 -0		
			Carryover balance	Prefunding bala	nce	Total balance		
35	Balances elected for us requirement	se to offset funding				0		
36	Additional cash require	ment (line 34 minus line 35)			36	1297 -0		
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37	1493 0		
38	Present value of excess	s contributions for current ye	ar (see instructions)		T			
					38a	196		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							
39						0		
40	Unpaid minimum requir	ed contributions for all years			40	. 0		
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41 If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected					2 plus 7 years 15 years		
	b Eligible plan year(s)	for which the election in line	41a was made		200	08 2009 2010 2011		
42	Amount of acceleration	adjustment			42			
42	Evene installment acco	eleration amount to be carrie	d over to future plan years		43			

MILLIART CONSULTING USA INC. DEFINED BENEFIT PLAN EIN# 11-3507119, PLAN 002, 8/31/16

ATTACHMENT TO LINE 32a OF SCHEDULE SB OF FORM 5500

Year	Base	Years to go	Amort cost	Un-amortized
		_		
2016	8300	7 years	1300	8300