## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I   Annual Repor	t Identification Information									
For c	alendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016							
<b>A</b> T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan								
<b>B</b> Th	nis return/report is	return/report is									
<b>C</b> 0	check box if filing under:	Form 5558 special extension (enter descr	automatic extension ription)	DFVC program							
Pai	rt II Basic Plan Inf	ormation—enter all requested inf	formation								
1a 1	Name of plan IARCON GROUP LTD. PR			1b Three-digit plan numbe (PN) ▶	r 002						
				1c Effective da	te of plan 7/01/1993						
1	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b Employer Id	entification Number 3-3175150						
	IARCON GROUP, LTD.	tal code (if foreign, see instructions)	2c Sponsor's telephone number 914-784-0088								
	AIN ST FORD, NY 10523-2416				de (see instructions)						
3a 1	Plan administrator's name a	and address 🛚 Same as Plan Spor	nsor.	3b Administrate 3c Administrate	or's EIN or's telephone number						
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN							
as	Sponsor's name			4c PN							
5a	Total number of participant	ts at the beginning of the plan year		5a							
b	Total number of participant	is at the end of the plan year		5b							
			the plan year (only defined contribution plans	5c							
d(1	1) Total number of active p	articipants at the beginning of the pl	lan year	5d(1)	:						
•	•		ar	5d(2)							
	than 100% vested		e plan year with accrued benefits that were less	5e							
	<u> </u>	<u> </u>	n/report will be assessed unless reasonable ca								
SB o		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repo								

Form 5500-SF 2016 Page **2** 

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,			(b) End	of Year	
а	Total plan assets	7a	1	619211					17442	48
b	Total plan liabilities	7b		0	)					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1	619211					17442	48
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		150037						
	Other income (loss)	8b		100001					1500	27
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1500.	31
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25000						
е	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							250	00
i	Net income (loss) (subtract line 8h from line 8c)	8i						1250	37	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
c	Was the plan covered by a fidelity bond?			10c	Χ					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g	X					50000
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Yes X No			
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
<u>b</u>	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets			1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)		
Part	VIII	Trust Information			•					
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN			
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP		
			ΙП '	"Curre	ent year test	<u>"</u>	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A		
	<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						s No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

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a unuper	s telephone	Preparer	( )	oom ot suite numbe	ıcınge ı	me, if applicable) and address (ir	name (including firm nai	s'reparer's
			Enter name of individ	Date			Signature of employe	
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in neu aroi	ina hian aai	6uulfie ipp	Enter name of individ	Date		IOIPIRGIOI	Signature of plan adi	
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cable, a Schedule y knowledge and	ing, if applic	port, includ	examined this return/re	declare that I have	I , anoita	incomplete filing of this returi r penalties set forth in the instruc signed by an enrolled actuary, a	lties of perjury and othe dule MB completed and	Under pens SB or Sche
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)		95	efits that were less	ear with accrued ber	blan ye	rminated employment during the	er of participants that te	<b>e</b> Nump
		2d(2)				cipants at the end of the plan year		
,		2q(1)				oipants at the beginning of the pl		
3		2c				conut palances as of the end of		
7		qg				the end of the plan year		
3		29				the beginning of the plan year	umber of participants at	<b>5a</b> Total n
·		Nd <b>3</b> †					ı, e usme	S Sponso
		NIE QT	aur iarua 'ugid siur i	nemineporimen	isei eui	wan sponsor has changed since oer from the last return/report.		
elephone number	l strator's E				nsor.	address 🏿 Same as Plan Spor	ministrator's name and	38 Plan ac
hone number -0088 see instructions)	13-31 914-784	(EIN)	. (suoits)	(if foreign, see instru		apt., suite no. and street, or P.O country, and ZIP or foreign posts	address (include room, iown, state or province, N GROUP, LTD.	Mailing City or THE MARCO
fication Number	oyer Identif	Zb Empl				r, if for a single-employer plan)	ouzor,z uswe (embloye	Za Plan sp
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200	unmber •	(N9)				NAJ9 ƏNIЯAH2 T	vî plan N GROUP LTD, PROFI	<b>1a</b> Name o
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		(sqtuc	report (less than 12 mo	uort plan year return	la si	an amended return/report		
				final return/report	əqt	the first return/report	rn/report is	<b>B</b> This refu
			n (not multiemployer) (I oloyer information in ac		sil	a single-employer plan a one-participant plan	irn/report is for:	utər eidT 🗚
		131/2016	St gnibna bns	2			r plan year 2016 or fisca	
		1.10-00	ce mio i am or enono.	nelli ain inim aciii		entification Information	bl Troas ReunnA	Part I
ot ma Open to noitoaqenl oi	o4 sidT ildu9			ue Code (the Code)	Reven	Complete all entries in a	nefite Security Administration	Employee Bei
2016				sections 104 and 40	apun p	This form is required to be filed Income Security Act of 1974	al Revenue Service	Intern
1210-089		206-	uduus unuus is	enefit Plan		muuv uus taisus	ment of the Treasury	
OMB Nos. 1210-0110	O	9970	Jama Ilsm2 to	furn/Report	aA la	Short Form Annu	<b>48-0055</b> m	TOT (

750037		28	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	0	
	150037	d8	Other income (loss)	q	
		(8)88	(3) Others (including rollovers)		
		(1)88	Contributions received or receivable from: (1) Employers	В	
lstoT (b)	tnuomA (s)		Income, Expenses, and Transfers for this Plan Year	8	
1744248	1129131	οŢ	Met plan assets (subtract line 7b from line 7a)	0	
0	0	٩Ł	Total plan lisbilities	q	
1744248	1156191	7.8	Total plan assets	В	
(b) End of Year	(a) Beginning of Year		Plan Assets and Liabilities	L	
			rt III   Financial Information	Ра	
Form 5500.	əsu baəteni teum bna 72-0033 r	ot use Form	If you answered "No" to either line 6a or line 6b, the plan cann if the plan is a defined benefit plan, is it covered under the PBGC in	၁	
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  Yes Uo					
ere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					
_			0.107.10.0000.1110.1		
	Page 2		Form 5500-SF 2016		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

[8

18

48

68

98 18

pg

25000

125037

25000

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Compliance Questions

Transfers to (from) the plan (see instructions).....

Met income (loss) (subtract line 8h from line 8c).....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

d Officer expenses

• Certain deemed and/or corrective distributions (see instructions).

d Benefits paid (including direct rollovers and insurance premiums

to provide benefits).....

Administrative service providers (salaries, fees, commissions)....

V haq

	A\N	οN	səY		During the plan year:	10
		×		801	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	В
		X		10b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	q
10000			Х	301	Was the plan covered by a fidelity bond?	Э .
		Χ		P01	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	р
		X		10e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	ə
		Χ		101	Has the plan failed to provide any benefit when due under the plan?	Ì
20000			X	g01	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	6
		Χ		401	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	ч
				101	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	ļ

Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan year? ...... oN SƏY Selvice? Were any distributions made during the plan year to an employee who attained age 62 and had not separated from oN Xes Defined Benefit Plan or Money Purchase Pension Plan Only: 18 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination and the serial number 178 If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of for the plan year by combining this plan with any other plan under the permissive aggregation rules?...ON **16b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) 1891 benefit test year? Check all that apply: bercentage A\N Average **16a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio ADP test A\N "Current year" 401(k)(3) for the plan year? Check all that apply: test safe harbor 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design-based "Prior year" ADP **፲ 2명** Is the plan a 401(k) plan? If "No," skip b...... ON Xes IRS Compliance Questions Part IX telephone number 14d Trustee's or custodian's 14c Name of trustee or custodian 14a Name of trust 14b Trust's EIN Trust Information Part VIII 13c(1) Name of plan(s): 13c(S) EIN(a) 13c(3) PN(s) which assets or liabilities were transferred. (See instructions.) c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to control of the PBGC? ..... Yes X No Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the If "Yes," enter the amount of any plan assets that reverted to the employer this year 338 Has a resolution to terminate the plan been adopted in any plan year? Part VII | Plan Terminations and Transfers of Assets 15q 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 **c** Enter the amount contributed by the employer to the plan for this plan year 15c **D** Enter the minimum required contribution for this plan year 159 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. disurfing the waiver. Month Year Day a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) ON X saY Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of 15 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... Form 5500) and line 11a below) Yes X No Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB 11 IV haq Pension Funding Compliance

Page 3-

Form 5500-SF 2016