Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information									
For calenda	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016										
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.											
71	а	1 - 7		,							
B This retu	ırn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retui	n/report (less than 12 m	nonths)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program						
		special extension (enter desc									
Part II	Basic Plan Info	ormation—enter all requested in	formation		T						
1a Name THE CHEYE		401(K) RETIREMENT PLAN			1b Three-digit plan number	004					
					(PN) •	001					
					1c Effective date 01/	of plan 01/2000					
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Ider (EIN) 13-	ntification Number 4063271					
	NNE GROUP, L.L.C.	ce, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponsor's tele	ephone number 71-5000					
					2d Business code	e (see instructions)					
551 FIFTH A'NEW YORK,	VE - SUITE 417					1990					
NEW TORK,	10170										
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrator's	s EIN					
		–			0						
					3C Administrator	s telephone number					
		ne plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4b EIN						
name, a Sponso		imber from the last return/report.			4c PN						
		s at the beginning of the plan year.			5a	9					
_		s at the end of the plan year			5b	9					
		account balances as of the end of			5c						
	ete this item) al number of active pa	articipants at the beginning of the pl	lan vear		5d(1)	7					
		articipants at the end of the plan ye			5d(2)						
e Numb	er of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less	5e						
		or incomplete filing of this return			use is established.						
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a									
SIGN		/valid electronic signature.	08/31/2017	PAT MASTANDREA							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	dministrator					
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	yer or plan sponsor					
Preparer's		name, if applicable) and address (in	nclude room or suite numb	er)	Preparer's telephor	ne number					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	ndent qualified public a	account	ant (IC	PA)			X Yes No			
c	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					_	_		Not determined	1		
	rt III Financial Information	isuiance p	ologiam (see LNISA se	- CHOIT 4	021):		168		Not determined	_		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	_		
	Total plan assets	7a		640092				(b) Liid Oi	738904	_		
	Total plan liabilities	7b		0					0	_		
	Net plan assets (subtract line 7b from line 7a)	7c		640092					738904	_		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tota	al	_		
	Contributions received or receivable from:		(4,7 :					(4) 1 5 1				
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		80937	_							
	(3) Others (including rollovers)	8a(3)		0								
<u>b</u>	Other income (loss)	8b		17875								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							98812			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0								
	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
q	Other expenses	8g		0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0				
-	Net income (loss) (subtract line 8h from line 8c)	8i						98812				
Ť	Transfers to (from) the plan (see instructions)	8i		0								
Pai	t IV Plan Characteristics	1 0								_		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	etions:	_		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructi	ions:	_		
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount	_		
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c	X				7500	00		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
е	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.)					X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	X							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i	X							

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Part	VI	Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," 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 brougol 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	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian				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		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		ign-based "Prior year" ADP test				
				"Curre	ent year test	<u>"</u>	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage		verage enefit test	□ N/A	
16b 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?							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 rece	ent determi	nation	
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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

6000,0000		Identification Information	ł						
Fo	r calendar plan year 2016 or fi	scal plan year beginning		01/01/2016	and ending	1	2/31/2016		
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	a list of participating employer information in accordance with the form instructions.) e-participant plan irst return/report the final return/report						
		an amended return/report		a snort plan year retu	rn/report (less than 12 h	nontns;)		
С	Check box if filing under:	x Form 5558 special extension (enter desc	rintic	automatic extension			DFVC progra	ım	
		<u>Li</u>	<u> </u>						
**********		ormation enter all requested	info	rmation		1 4 h	Three-digit	Y	
18	Name of plan The Cheyenne Group	, L.L.C. 401(k) Retirem	ıent	t Plan			plan number (PN) ▶	001	
						10	Effective date of 01/01/2000	•	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. B	iox) ode (if foreign, see inst	ructions)	2b	Employer Ident (EIN) 13-40		
	The Chevenne Group	, L.L.C.					Sponsor's telep (212) 471-	5000	
	551 Fifth Ave - Su	ite 417				2d	Business code 541990	(see instructions)	
32	US New York NY 10176	and address X Same as Plan Sp	one.	or		3h	Administrator's	FIN	
Ja	Fian duministrator s name a	and address Est Same as Flan Sp	UNISU	OI .		30	Administrators	511 ¥	
						3с	Administrator's	telephone number	
4		ne plan sponsor has changed since mber from the last return/report.	the	last return/report filed f	or this plan, enter the	4b	EIN		
a	Sponsor's name					4c	PN		
5a	Total number of participants	s at the beginning of the plan year	****	*********************		5	а	9	
b		s at the end of the plan year				5	b	9	
C		account balances as of the end of				50	c	8	
d		rticipants at the beginning of the pl			***************************************	5d	(1)	7	
d	(2) Total number of active pa	rticipants at the end of the plan yea	ar .	\$40254 00 331103530530536536536536		5d	(2)	7	
е	Number of participants that	terminated employment during the	plar	n year with accrued ber	nefits that were		е	0	
	aution: A penalty for the late	e or incomplete filing of this retu	rn/re	eport will be assessed	l unless reasonable ca	use is	established.		
U	nder penalties of periury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctio	ns, I declare that I have	e examined this return/re	eport, ii	ncluding, if applic	cable, a Schedule / knowledge and	
	SIGN (1)	The second secon		10/21/200	Pat Mastandrea				
	IERE Signature of plan add	ninistrator		May 1/24	Enter name of individu	ıal sign	ing as plan admi	inistrator	
	sign AFF	Journ John Commission of the C		10/2/1/2/	Pat Mastandrea				
	HERE Signature of employe			10ge5//60	Enter-name of individu				
	reparer's name (including firm ikip this question	name, if applicable) and address (inclu	ide røbm or s tiite numb	er) 🀔		parer's telephone ip this quest		

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Yes	∏No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the contraction of the cont	n independ	dent qualified public accou						x Yes	_
	if you answered "No" to either line 6a or line 6b, the plan canno							********	<u>[V]</u> 162	140
C	If the plan is a defined benefit plan, is it covered under the PBGC ins							S No	Not d	letermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year	***************************************
а	Total plan assets	7a	 	40,0		1			738	, 904
b	Total plan liabilities	7b			0			********		0
c	Net plan assets (subtract line 7b from line 7a)	7c	6.	40,0	92	T			738	. 904
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) `	Fotal	
a	Contributions received or receivable from:				_					
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)		30,9					5545	distanting
	(3) Others (including roliovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b		17,8	75	-				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							98,	,812
· ·	to provide benefits)	8d	·		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							98,	812
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics	·				- Umanian				
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	paraci	eristic	: Code	es in the	e instructi	ons:	
	2A 2E 2F 2G 2J 2T 3B 3D				.0110170	, 000	00 111 (111	0 11100 000	0110.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic	Code	s in the	instructio	ns:	
Pa	rt V Compliance Questions			T-1200012						
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not ir	nclude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c	х					75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х				
е	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.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h		See instru	ctions and 29 CFR	10h	x			, ,		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						

	·	_				
	Form 5500-SF 2016 Page 3 -					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500 and line 11a below)				Yes X	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?				Yes X	No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	instructions, ar Month	nd enter Da		 of the letter ruling Year	-
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.		***************************************		
b	Enter the minimum required contribution for this plan year.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12b			
- с	Enter the amount contributed by the employer to the plan for the plan year	***************	12c		and the same of th	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [□ No □ N/A	
Parl	VII Plan Terminations and Transfers of Assets			****		
_13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*****************	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broontrol of the PBGC?	-			Yes 🗓 No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s	s) to			
1:	Bc(1) Name of plan(s):	13c(2) E	IN(s)		13c(3) PN(s)	
Part	VIII Trust Information - Skip These Questions					
TAXABLE SANCES	Name of trust	14b	Trust's E	EIN		
			44.1			

14c Name of trustee or custodian		14d Trustee or custodian's telephone number				
Part IX IRS Compliance Questions - Skip These Questions	,	· · · · · · · · · · · · · · · · · · ·				
15a Is the plan a 401(k) plan? If "No," skip b.		Yes] No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-based safe harbor) ["Prior test	year" ADP	
		"Current year ADP test	" [□ N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage test	1 1	verage enefit test	□ N/A	
16b 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?		Yes] No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter/	nion I	etter or adviso	ry letter,	enter the	date of	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	the c	late of the mos	st recent	determina	ation	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separal service?	ed fro	om 🗆	Yes [☐ No		

Yes

☐ No

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?