For	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Employ	/ee	OMB Nos. 1210-0 1210-00	
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retir	rement	2016	
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the Int		This Form is Open to Public Inspection	>
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	tructions to the Form 5500)-SF.	•	
For calenda	ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	016	and ending 12/3	1/2016		
A This ref	turn/report is for:	X a single-employer plan a one-participant plan		lan (not multiemployer) (File mployer information in acco		-	l
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 mont	ths)		
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pi	rogram	
Part II	Basic Plan Infor	mation—enter all requested info	,				
1a Name					(PN)	tive date of plan	
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta		tructions)	(EIN)		ſ
JAPNA INC.	town, state of province,	, country, and Zir of foreign poste		2	c Spon	sor's telephone number 212-395-9766	
499 SEVENT NEW YORK,	TH AVENUE, RM #14N NY 10018			2	2 d Busin	ess code (see instructions 424300	3)
3a Plan a	dministrator's name and	I address X Same as Plan Spon	sor.			nistrator's EIN nistrator's telephone numb	ber
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	b ein		
	or's name			4	C PN		
5a Total	number of participants a	t the beginning of the plan year			5a		8
		t the end of the plan year			5b		8
		ccount balances as of the end of t		·····	5c		8
d(1) Tot	al number of active parti	cipants at the beginning of the pla	an year		5d(1)		7
e Numb	per of participants that te	icipants at the end of the plan yea erminated employment during the	plan year with accrued be	enefits that were less	5d(2) 5e		7
		r incomplete filing of this return			e is estat	olished.	
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.					
SIGN	Filed with authorized/va	alid electronic signature.	09/25/2017	TANU SINGH			
HERE	Signature of plan ad	ministrator	Date	Enter name of individual	signing a	as plan administrator	
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individual	signing a	as employer or plan spons	sor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numb	per) P	Preparer's	telephone number	
	ante Dantanationa Ante Martina	see the Instructions for Form 5500	05			Form 5500-SE (20	

6a b c	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (IQP) ions.) rm 5500-SF and must instead use F	A) Yes ☐ No orm 5500
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	75494	182880
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	75494	182880
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	30617	
	(2) Participants	8a(2)	68586	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	10097	
C	Total income (add lines $8a(1)$, $8a(2)$, $8a(3)$, and $8b$)	80		109300

<u> </u>	l otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		109300
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1914	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1914
i	Net income (loss) (subtract line 8h from line 8c)	8i		107386
j	Transfers to (from) the plan (see instructions)	8j		

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: 2E 2G 2J 3D

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a		X		
b	····· ··· ····· (= - ···················	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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	the she she following the second s	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	······································	10h		Х		
i	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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the 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 XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne 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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	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 separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

Form 5500-SF	Short Form Annual Ret Be	urn/Report of nefit Plan	f Small Employe	ee 📃		OMB Nos. 1210-0110 1210-0089	
 Department of the Treasury Internal Revenue Service 	This form is required to be filed u	under sections 104 a	nd 4065 of the Employee		2	2016	
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1	1974 (ERISA), and se Revenue Code (the (ection 6057(b) and 6058(a) of		s Open to Public spection	
Pension Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	-SF.			
	lentification Information			10/2	1/2016		
For calendar plan year 2016 or fisca		01/01/2016	and ending			w must attach	
A This return/report is for:	a one-participant plan a the first return/report tr	list of participating en foreign plan ne final return/report	an (not multiemployer) (F mployer information in ac n/report (less than 12 mo	ccordance	e with the for	m instructions.)	
				_	OFVC progra	m	
C Check box if filing under:		utomatic extension			JEVC plogia		
	special extension (enter description)						
	mation enter all requested inform	ation		1b Thr	ioo digit		
1a Name of plan				pla	n number		
JAPNA INC. 401(K) PI	AN		-		J) ►	001	
			ective date o /01/2014	f plan			
2a Plan sponsor's name (employ Mailing Address (include room		2b Em		fication Number 32575			
City or town, state or province JAPNA INC.	, country, and ZIP or foreign postal cod	le (if foreign, see inst	ructions)	2c Sp	onsor's telep	hone number	
JAPNA INC.				(212) 395-9766			
499 SEVENTH AVENUE,	RM #14N			2d Business code (see instructions) 424300			
US NEW YORK NY 10018	Para I			26.44			
3a Plan administrator's name and	d address X Same as Plan Sponsor			3b Administrator's EIN			
			·	3c Ad	ministrator's	telephone number	
4 If the name and/or EIN of the	plan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b EI	۰		
name, EIN, and the plan num	ber from the last return/report.						
a Sponsor's name				4c PN	1		
5a Total number of participants a	t the beginning of the plan year		••••••	5a		8	
b Total number of participants a	t the end of the plan year	·····		5b		8	
C Number of participants with a complete this item)	ccount balances as of the end of the pla	an year (only defined	contribution plans	5c		8	
	cipants at the beginning of the plan yea			5d(1)		7	
	cipants at the end of the plan year			5d(2)		7	
Number of participants that te	rminated employment during the plan	year with accrued ber	nefits that were	5e			
	or incomplete filing of this return/rep			use is es	tablished.		
Under penalties of periupy and oth	ner penalties set forth in the instructions nd signed by an enrolled actuary, as we	I declare that I have	e examined this return/re	port, inclu	uding, if appl	icable, a Schedule ny knowledge and	
781	nel	9/20/17	Tanu Singh				
SIGN HERE Signature of plan admi	nistrator	Date	Enter name of individua	al signing	as plan adm	inistrator	
SIGN HERE Signature of employer/	nlan sponsor	Date	Enter name of individua	al signing	as employer	or plan sponsor	
	ame, if applicable) and address (includ	e room or suite numb		Prepare	r's telephone : his quest	number	

Form 5	500-S	F 2016
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P	ao	e	2

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)					XYes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	nd conditio	ons.)	•••••		•••••		XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	ogram (see ERISA sectio	n 402	21)?		Yes	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End of Year
а	Total plan assets	7a	7	5,4	94			182,880
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	7	5,4	94			182,880
8	Income, Expenses, and Transfers for this Plan Year	物物系统	(a) Amount					(b) Total
а	Contributions received or receivable from:	90(1)	з	0,6	17			
	(1) Employers	8a(1)		8,5				
	(2) Participants	8a(2)		0,5	00			
	(3) Others (including rollovers)	8a(3) 8b	1	0,0	97			
b	Other income (loss)			.0,0	51	0.000		100 300
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		E-SPORTS-		8	2. 1. 2. A.S.	109,300
u	to provide benefits)	8d					Carl Carl	
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1,9	14			
g	Other expenses	8g					1.20	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				14		1,914
i	Net income (loss) (subtract line 8h from line 8c)	8i		- 28				107,386
i	Transfers to (from) the plan (see instructions)	8j						
P	art IV Plan Characteristics		•					
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harad	terist	c Cod	es in th	e instructions:
vu	2E 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructions:
D.	If the plan provides wenare benefits, enter the applicable wenare rec							
D	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
10	and the second sec	tions withi	n the time period			1	3355	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo							
	Program)			10a		x		
k	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions					
	reported on line 10a.)			10b		x		
	Was the plan covered by a fidelity bond?			10c		x	1.26	
C	by fraud or dishonesty?	••••••		10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x		
ł	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		x		
	If 10h was answered "Ves " check the box if you either provided th						1985	

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Paru	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500 and line 11a below)					Yes 🛛] 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 🛛] No
	(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 granting the waiver		, and ente		of the Yea		lling
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				
d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes] No		/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		[Yes	х	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 brocontrol of the PBGC?				Yes	X 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 pla	an(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN	(s)
Par	VIII Trust Information - Skip These Questions		-1				
14a	Name of trust		14b	Trust's El	N		
140	Name of trustee or custodian		14d	Trustee o telephone			
			14d				
Par			14d Yes		e numb		
Part 15a	IX IRS Compliance Questions - Skip These Questions		Yes Design-b safe harf	telephone pased por year"	e numb	No	ear'' ADP
Part 15a 15b	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-b safe hart	telephone pased por year" t	e numb	er No "Prior y test N/A ge	ear" ADP
Part 15a 15b	IX IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.	n	Yes Design-b safe hart "Current ADP test Ratio percenta	telephone pased por year" t	Avera	er No "Prior y test N/A ge	
Part 15a 15b 16a 16b	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.	n	Yes Design-b safe hard "Current ADP test Ratio percenta test Yes letter or a	telephone	Avera benefit tter, er	No "Prior y test N/A ge it test No nter the	N/A N/A
Part 15a 15b 16a 16b	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b.	n	Yes Design-b safe hard "Current ADP test Ratio percenta test Yes letter or a	telephone	Avera benefit tter, er	No "Prior y test N/A ge it test No nter the	N/A N/A
Part 15a 15b 16a 16b	IRS Compliance Questions - Skip These Questions Is the plan a 401(k) plan? If "No," skip b. How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	n	Yes Design-b safe hard "Current ADP test Ratio percenta test Yes letter or a date of the om	telephone	Avera benefit cent de	No "Prior y test N/A ge it test No nter the	N/A N/A