Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MERIDIAN CAPITAL GROUP, LLC

1 BATTERY PARK, 26TH FLOOR
NEW YORK, NY 10004

2b Employer Identification Number (EIN) 52-2165605

2c Plan Sponsor's telephone number 212-972-3600

2d Business code (see instructions) 522298

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2017	AARON BIRNBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
MERIDIAN CAPITAL FUNDING, INC.

4b EIN
11-3061208

4c PN
002

5	Total number of participants at the beginning of the plan year	**5**	311
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	240
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	256
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	335
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	335
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	270
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2J 2T 3B 3D 2F 2A 2E

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[ ]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MERIDIAN CAPITAL GROUP, LLC

D Employer Identification Number (EIN)
52-2165605

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	874138	207	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
12700	2354

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SBHU LIFE AGENCY INC
700 RED BROOK BLVD STE 300
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
12700			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ERP ACTUARIES & CONSULTANTS
135 PINELAWN ROAD, SUITE 240N
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2354	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	94039
5	Current value of plan's interest under this contract in separate accounts at year end	5	8118923

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	191774
c	Additions: (1) Contributions deposited during the year	7c(1)	18249		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	868		
	(4) Transferred from separate account	7c(4)	6062		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	25179
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	216953
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	122779		
	(2) Administration charge made by carrier	7e(2)	135		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	122914
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	94039

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MERIDIAN CAPITAL GROUP, LLC

D Employer Identification Number (EIN)
52-2165605

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	8118923

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MERIDIAN CAPITAL GROUP, LLC

D Employer Identification Number (EIN)
52-2165605

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	115	115
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	18677	7717
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7134870	8118923
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13536	13029
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	191774	94039
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	7358972	8233823
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7358972	8233823

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	704599	
	(C) Others (including rollovers)	2a(1)(C)	20328	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		724927
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	868	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		868
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		402806
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-507
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1128094
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	251548	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		251548
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1695	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1695
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		253243
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		874851
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MAYER RISPLER & COMPANY **(2)** EIN: 11-3108982

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	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 separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MERIDIAN CAPITAL GROUP, LLC

D Employer Identification Number (EIN)
52-2165605

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b 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 year" ADP test ☐ "Current year" ADP test ☐ N/A
21a 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 ☐ Average benefit test ☐ N/A
21b 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

22a 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 the letter _____/_____/_____ and the serial number _____.

22b 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 letter _____/_____/_____.

MERIDIAN CAPITAL FUNDING, INC.

401(k) DEFERRED COMPENSATION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY SCHEDULE

DECEMBER 31, 2016 AND 2015

MERIDIAN CAPITAL FUNDING, INC.
401(k) DEFERRED COMPENSATION PLAN
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DECEMBER 31, 2016 AND 2015

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Schedule of Assets (Held at End of Year)	13

MR&CO
MAYER RISPLER
& COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees of

Meridian Capital Funding, Inc.

401(k) Deferred Compensation Plan

New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Meridian Capital Funding, Inc. 401(k) Deferred Compensation Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

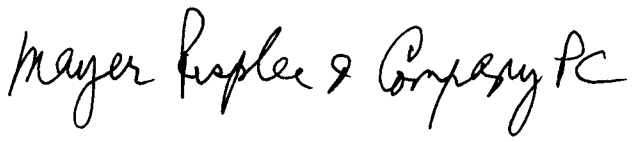
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Form 5500 - Schedule H, Part IV, Line 4 (i) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



August 3, 2017

MERIDIAN CAPITAL FUNDING, INC.
401(K) DEFERRED COMPENSATION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments (at Fair Value)	$8,226,106	$7,340,295
Participants' Contributions Receivable	7,717	18,677
Total Assets	$8,233,823	$7,358,972
NET ASSETS AVAILABLE FOR BENEFITS	**$8,233,823**	**$7,358,972**

See independent auditors' report and accompanying notes to the financial statements.

MERIDIAN CAPITAL FUNDING, INC.
401(K) DEFERRED COMPENSATION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2016 AND 2015

ADDITIONS	2016	2015
Additions to Net Assets Attributed to:		
Investment Income (Loss):		
Dividends and Net Appreciation (Depreciation) in Fair Value of Investments	$ 403,167	$(18,603)
Total Investment Income (Loss)	403,167	(18,603)
Transfer of Assets from Profit Sharing Plan	- 0 -	3,646,421
Contributions:		
Participants	704,599	615,273
Rollover	20,328	13,766
Total Contributions	724,927	629,039
Total Additions	1,128,094	4,256,857
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	(251,548)	(71,182)
Administrative Fees	(1,695)	(455)
Total Deductions	(253,243)	(71,637)
NET INCREASE	874,851	4,185,220
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	7,358,972	3,173,752
END OF YEAR	**$ 8,233,823**	**$ 7,358,972**

See independent auditors' report and accompanying notes to the financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Meridian Capital Funding, Inc. 401(k) Deferred Compensation Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Background – The Plan is a salary reduction 401(k) defined contribution plan covering employees of Meridian Capital Group LLC and Meridian Capital Group Inc. (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Merger – As of December 31, 2015, the Board of Trustees of Meridian Capital Funding Inc. 401(k) Deferred Compensation Plan, approved a merger with Meridian Capital Funding, Inc. Profit Sharing Plan. As of December 31, 2015, all remaining net assets available for benefits were transferred into the Plan.

Eligibility Requirements – Any employee is eligible to commence participation in the Plan and thereby become a participant on the date of the employee's commencement of employment. Employees whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining are excluded from the Plan.

Contributions, Participant Accounts and Forfeited Accounts – Each year, the Company will contribute to the Plan a discretionary amount equal to a percentage of the total amount of the salary reduction elected to be deferred by the employees. To date, the Company has elected to make no contributions to the Plan. Elective employee contributions to the Plan may not exceed fifteen percent of annual compensation (as defined), up to the maximum allowable under the Internal Revenue Code, which was $18,000 for 2016 and 2015. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to $6,000 for 2016 and 2015. Participants are credited with their contributions and earnings thereon, and forfeitures of non-vested amounts based on earnings and account balances, as defined. All investments are participant directed. Forfeited amounts for the years ended December 31, 2016 and 2015 were $1,080 and $ 0, respectively.

The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Withdrawals from employees' deferred accounts are not permitted before age 59½, except in the event of death, disability, termination of employment, or reasons of proven financial hardship.

Investment Options – Upon enrollment in the Plan, a participant may direct employee contributions to any of the mutual fund investment options.

Voya Govt Money Market Portfolio I
American Funds Am BA
Mid Cap Value fund Inv
VP JPM Emrg Mkts Eq Port Srv
Voya Intrnational Ind Prt I
Voya High Yield Port
Oppenheimer Main St Sm Cap F/VA
Baron Asset Fund Ret
MainStay LgCp Growth Fnd R3
Pimco Real Return – Class R
Voya US Stock Index Port Ins
Voya Large Cap Growth Port SRV
TRwPr Retirement 2005 Fund R
TRwPr Retirement 2010 Fund R
TRwPr Retirement 2015 Fund R
TRwPr Retirement 2020 Fund R
TRwPr Retirement 2025 Fund R
TRwPr Retirement 2030 Fund R
TRwPr Retirement 2035 Fund R
TRwPr Retirement 2040 Fund R
TRwPr Retirement 2045 Fund R
TRwPr Retirement 2050 Fund R
TRwPr Retirement 2055 Fund R
Voya Intermediate Bond Prt I
RidgeWorth Crdx Md Cp Val Eqty Fd A
Eagle Small Cap Growth Fund R3
Victory Sycmr Est VL Fd R
BlkRck Equity Dividend Fnd R
Oppenhmr Intl Growth Fnd R
Victory Sycmr SM Comp Opporty Fd R
Voya Fixed Account
Morgan Stanley Smith Brny SDBA
Victory Portfolios Munder Growth Opportunities Fd CL A
Deutsche Secs Tr Health & Wellness Fund Class A
Voya Gov Money Mkt Fnd A

See independent auditors' report.

Benefits Under the Plan – Employees' normal date of retirement is the date of their 65th birthday. Employees may elect to retire at a later date. Upon retirement, death or disability, benefits equal to 100% of a participant's account balance are payable. Upon termination of employment, payments are limited to the participant's vested interest in his or her account balance. Participants may elect to receive distributions in a lump sum amount, installment payments or payments at will. Benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation under Title IV of the Employee Retirement Income Security Act of 1974 because the insurance provisions under ERISA are not applicable to the Plan.

Vesting – Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the remainder of their account is a percentage based on years of continuous service. A participant is 100% vested after five years of credited service or upon reaching normal retirement age.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon any termination (full or partial) or complete discontinuance of contributions, all amounts credited to the affected participants' combined accounts become 100% vested and will not thereafter be subject to forfeiture. All unallocated amounts will be allocated to the accounts of all participants in accordance with the provisions of the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments – Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies. See Note 3 for discussion of fair value and losses on investments bought and sold as well as held during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefits are recorded when paid except for any excess contributions payable to participants which are recorded as they become payable.

Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Subsequent Events – Subsequent events for the Plan were evaluated through August 3, 2017, which is the date the financial statements were available to be issued.

Administrative Expenses – All operating expenses of the Plan are paid by the Company and are therefore excluded from these financial statements.

NOTE 3 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements – The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements – The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016:

	Fair Value Measurements Using Input Levels		
Description	Quotes Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Mutual Funds:			
Voya Govt Money Market Portfolio I	$1,020,758	$- 0 -	$1,020,758
American Funds Am BA	574,072	-	574,072
Mid Cap Value Fund Inv	76,698	-	76,698
VP JPM Emrg Mkts Eq Port Srv	76,390	-	76,390
Voya Intrnational Ind Prt I	235,164	-	235,164
Voya High Yield Port	129,649	-	129,694
Oppenheimer Main St Sm Cap F/VA	67,967	-	67,967
Baron Asset Fund Ret	215,759	-	215,759
MainStay LgCp Growth Fnd R3	104,835	-	104,835
Pimco Real Return – Class R	5,027	-	5,027
Voya US Stock Index Port Ins	788,656	-	788,656
Voya Large Cap Growth Port Srv	65,590	-	65,590
TRwPr Retirement 2005 Fund R	2,778	-	2,778
TRwPr Retirement 2010 Fund R	16,621	-	16,621
TRwPr Retirement 2015 Fund R	67,998	-	67,998
TRwPr Retirement 2020 Fund R	42,333	-	42,333
TRwPr Retirement 2025 Fund R	51,928	-	51,928
TRwPr Retirement 2030 Fund R	60,529	-	60,529
TRwPr Retirement 2035 Fund R	443,227	-	443,227
TRwPr Retirement 2040 Fund R	106,912	-	106,912
TRwPr Retirement 2045 Fund R	78,532	-	78,532
TRwPr Retirement 2050 Fund R	159,338	-	159,338
TRwPr Retirement 2055 Fund R	142,871	-	142,871
Voya Intermediate Bond Prt I	194,414	-	194,414
RidgeWorth Crdx Md Cp Val Eqty Fd A	22,349	-	22,349
Eagle Small Cap Growth Fund R3	211,014	-	211,014
Victory Sycmr Est VI Fd R	9,327	-	9,327
BlkRck Equity Dividend Fnd R	280,532	-	280,532
Oppenhmr Intl Growth Fnd R	261,173	-	261,173

See independent auditors' report.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value Measurements Using Input Levels		
Description	Quotes Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Victory Sycmr Sm Comp Opporty Fd R	32,175	-	32,175
Voya Fixed Account	94,039	-	94,039
Morgan Stanley Smith Brny SDBA	2,573,227	-	2,573,227
Victory Portfolios Munder Growth Opportunities Fd CL A	6,033	-	6,033
Deutsche Secs Tr Health & Wellness Fund Class A	6,996	-	6,996
Voya Gov Money Mkt Fnd A	1,080	-	1,080
Cash and Sweep Acct	115	-	115
Total Investments	$8,226,106	$- 0 -	$8,226,106

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015:

	Fair Value Measurements Using Input Levels		
Description	Quotes Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Mutual Funds:			
Voya Money Market Portfolio I	$1,027,121	$- 0 -	$1,027,121
American Funds Am Balanced R3	491,366	-	491,366
CRM Mid Cap Value Fund Inv	52,299	-	52,299
VP JPM Emrg Mkts Eq Port Srv	49,091	-	49,091
Voya Intrnational Ind Prt I	221,275	-	221,275
Voya High Yield Port Srv	83,749	-	83,749
Oppenhmr Main St SmCp F VA	49,904	-	49,904
Baron Asset Fund Ret	196,332	-	196,332
MainStay LgCp Growth Fnd R3	96,735	-	96,735
Pimco Real Return – Class R	677	-	677
Voya US Stock Index Port Ins	606,895	-	606,895
Voya Large Cap Growth Prt Srv	47,921	-	47,921
TRwPr Retirement 2005 Fund R	1,369	-	1,369
TRwPr Retirement 2010 Fund R	15,447	-	15,447
TRwPr Retirement 2015 Fund R	63,684	-	63,684
TRwPr Retirement 2020 Fund R	38,466	-	38,466
TRwPr Retirement 2025 Fund R	48,570	-	48,570

See independent auditors' report.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value Measurements Using Input Levels		
Description	Quotes Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Mutual Funds:			
TRwPr Retirement 2030 Fund R	38,931	-	38,931
TRwPr Retirement 2035 Fund R	381,424	-	381,424
TRwPr Retirement 2040 Fund R	99,895	-	99,895
TRwPr Retirement 2045 Fund R	39,889	-	39,889
TRwPr Retirement 2050 Fund R	83,741	-	83,741
TRwPr Retirement 2055 Fund R	99,182	-	99,182
Voya Intermediate Bond Prt I	174,125	-	174,125
RidgeWorth MdCp VI Eqty Fnd A	14,572	-	14,572
Eagle Small Cap Growth Fund R3	169,777	-	169,777
Victory Sycmr Est VI Fd R	7,744	-	7,744
BlkRck Equity Dividend Fnd R	193,951	-	193,951
Oppenhmr Intl Growth Fnd R	237,058	-	237,058
Victory Small Comp Opprt Fnd R	26,204	-	26,204
Voya Fixed Account	191,774	-	191,774
Morgan Stanley Smith Brny SDBA	2,477,476	-	2,477,476
Victory Portfolios Munder Growth Opportunities Fd CL A	5,724	-	5,724
Deutsche Secs Tr Health & Wellness Fund Class A	7,812	-	7,812
Cash and Sweep Acct	115	-	115
Total Investments	$7,340,295	$- 0 -	$7,340,295

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2016 and 2015, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE 4 – INVESTMENTS

The Plan's investments were accounted for under an agreement with Voya Retirement Insurance and Annuity Company, the trustee of the Plan. All investment information presented in the accompanying financial statements and supplementary schedule, including investments held and net increase/(decrease) in fair value of investments, was obtained or derived from information supplied by the trustee and certified as complete and accurate. A summary of the investments is shown in the supplementary information.

See independent auditors' report.

NOTE 4 – INVESTMENTS (CONTINUED)

Individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31,	
	2016	2015
Voya Govt Money Market Portfolio I	$1,020,758	$1,027,121
American Funds Am Balanced R3	574,072	491,366
Voya US Stock Index Port Ins	788,656	606,895
TRwPr Retirement 2035 Fund R	443,227	381,424
Morgan Stanley Smith Brny SDBA	2,573,227	2,477,476
Total individual investments representing 5% or more of the Plan net assets	$5,399,940	$4,984,282

NOTE 5 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

Reconciliations are not necessary, since the data on the financial statements matches with the amounts reported on Schedule H of form 5500.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated January 1, 2005, that the Plan is designated in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan is qualified and the related trust is tax exempt.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013. The Plan trustees believe there are no known tax exposures to the extent that a reasonable tax provision can be estimated.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan's investments are concentrated in funds that invest in marketable equity securities. Such securities are subject to various risks such as interest rate, market and credit risks, which determine the value of the funds. Due to the level of risk associated with certain equity securities and the level of uncertainty related to changes in the value of these securities, it is at least possible that changes in market conditions in the near term could materially affect participants' account balances and the value of investments reported in the financial statements.

See independent auditors' report.

MERIDIAN CAPITAL FUNDING, INC.
401(K) DEFERRED COMPENSATION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500 – SCHEDULE H, PART IV, LINE 4(i)
EIN: 11-3061208 – PLAN NUMBER: 002
DECEMBER 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lesser or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	VP JPMorgan Emrg Mkts Eq Port Srv	**	$ 76,390
*	Voya Retirement Insurance and Annuity Company	Voya International Ind Prt I	**	235,164
*	Voya Retirement Insurance and Annuity Company	Oppenheimer Intl Growth Fnd R	**	261,173
*	Voya Retirement Insurance and Annuity Company	Baron Asset Fund Ret	**	215,759
*	Voya Retirement Insurance and Annuity Company	Mid Cap Value Fu	**	76,698
*	Voya Retirement Insurance and Annuity Company	Oppenheimer Main St SmCp F/VA	**	67,967
*	Voya Retirement Insurance and Annuity Company	Victory SYCMR SM Comp Opporty FD R	**	32,175
*	Voya Retirement Insurance and Annuity Company	Ridgeworth CRDX MD CP VAL EQTY FD A	**	22,349
*	Voya Retirement Insurance and Annuity Company	Eagle Small Cap Growth Fund R3	**	211,014
*	Voya Retirement Insurance and Annuity Company	Victory SYCMR Est VL FD R	**	9,327
*	Voya Retirement Insurance and Annuity Company	Mainstay Large Cap Growth Fund R3	**	104,835
*	Voya Retirement Insurance and Annuity Company	Voya Large Cap Growth Port Srv	**	65,590
*	Voya Retirement Insurance and Annuity Company	Voya US Stock Index Port Ins	**	788,656
*	Voya Retirement Insurance and Annuity Company	Blackrock Equity Dividend Fund R	**	280,532
*	Voya Retirement Insurance and Annuity Company	American Funds AM BA	**	574,072
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2005 Fund R	**	2,778
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2010 Fund R	**	16,621
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2015 Fund R	**	67,998
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2020 Fund R	**	42,333
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2025 Fund R	**	51,928
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2030 Fund R	**	60,529
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2035 Fund R	**	443,227
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2040 Fund R	**	106,912
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2045 Fund R	**	78,532
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2050 Fund R	**	159,338
*	Voya Retirement Insurance and Annuity Company	TRwPr Retirement 2055 Fund R	**	142,871
*	Voya Retirement Insurance and Annuity Company	Voya Intermediate Bond Prt I	**	194,414
*	Voya Retirement Insurance and Annuity Company	Voya High Yield Port	**	129,649
*	Voya Retirement Insurance and Annuity Company	PIMCO Real Return – Class R	**	5,027
*	Voya Retirement Insurance and Annuity Company	Voya Gov Money Mkt Fnd A	**	1,080
*	Voya Retirement Insurance and Annuity Company	Voya Govt Money Market Portfolio I	**	1,020,758
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	94,039
*	Voya Retirement Insurance and Annuity Company	Morgan Stanley Smith BRNY SDBA	**	2,573,227
	Wells Fargo	Victory Portfolios Munder Growth FD CL A	**	6,033
	Wells Fargo	Deutsche Secs TR Health & Wellness Fund Class A	**	6,996
	Wells Fargo	Cash and Sweep Balances	**	115
				$8,226,106

*Denotes party-in-interest to the Plan
**Cost is not required for Participant—Directed Investments

See independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERIDIAN CAPITAL GROUP, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MERIDIAN CAPITAL GROUP, LLC

1 BATTERY PARK, 26TH FLOOR

NEW YORK, NY 10004

2b Employer Identification Number (EIN)
52-2165605

2c Plan Sponsor's telephone number
(212) 972-3600

2d Business code (see instructions)
522298

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		9/20/17	AARON BIRNBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN 11-3061208	
a Sponsor's name MERIDIAN CAPITAL FUNDING, INC.	**4c** PN 002	
5 Total number of participants at the beginning of the plan year	**5**	311
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	240
a(2) Total number of active participants at the end of the plan year	**6a(2)**	256
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	79
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	335
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	335
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	270
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2J 2T 3B 3D 2F 2A 2E

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	(1)	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**		
(1)	☒ **R** (Retirement Plan Information)	(1)	☒	**H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐	**I** (Financial Information – Small Plan)
		(3)	☒ 1	**A** (Insurance Information)
		(4)	☐	**C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☒	**D** (DFE/Participating Plan Information)
		(6)	☐	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

2016 Schedule H, line 4i—Schedule of Assets (Held At End of Year)				
(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VY JPMORGAN EMRG MKTS EQ PORT SRV	76390	76390
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA INTERNATIONAL IND PRT I	235164	235164
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	OPPENHEIMER INTL GROWTH FND R	261173	261173
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	BARON ASSET FUND RET	215759	215759
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP VALUE FU	76698	76698
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	OPPENHEIMER MAIN ST SM CAP F/VA	67967	67967
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VICTORY SYCMR SM COMP OPPORTY FD R	32175	32175
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	RIDGEWORTH CRDX MD CP VAL EQTY FD A	22349	22349
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	EAGLE SMALL CAP GROWTH FUND R3	211014	211014
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VICTORY SYCMR EST VL FD R	9327	9327
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	MAINSTAY LARGE CAP GROWTH FUND R3	104835	104835
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA LARGE CAP GROWTH PORT SRV	65590	65590
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA US STOCK INDEX PORT INS	788656	788656
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	BLACKROCK EQUITY DIVIDEND FUND R	280532	280532
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	AMERICAN FUNDS AM BA	574072	574072
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2005 FUND R	2778	2778
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2010 FUND R	16621	16621
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2015 FUND R	67998	67998
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2020 FUND R	42333	42333
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2025 FUND R	51928	51928
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2030 FUND R	60529	60529
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2035 FUND R	443227	443227
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2040 FUND R	106912	106912
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2045 FUND R	78532	78532
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2050 FUND R	159338	159338
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	TROWEPRC RETIREMENT 2055 FUND R	142871	142871
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA INTERMEDIATE BOND PRT I	194414	194414
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA HIGH YIELD PORT	129649	129649
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	PIMCO REAL RETURN - CLASS R	5027	5027
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA GOV MONEY MKT FND A (HOLD ACCT)	1080	1080
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA GOVT MONEY MARKET PORTFOLIO I	1020758	1020758
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	VOYA FIXED ACCOUNT	94039	94039
	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	MORGAN STANLEY SMITH BRNY SDBA	2573227	2573227
	WELLS FARGO	VICTORY PORTFOLIOS MUNDER MULTI-CAP FUND CLASS A	6033	6033
	WELLS FARGO	DEUTSCHE SECS TR HEALTH & WELLNESS FUND CLASS A	6996	6996
	WELLS FARGO	CASH AND SWEEP BALANCES	115	115