#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

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

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit EDWARD TYLER NAHEM FINE ART PENSION PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1998 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 13-3444996 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number EDWARD TYLER NAHEM FINE ART 212-517-2453 2d Business code (see instructions) C/O ARNOLD WARSHAVCHIK 453920 1294 EAST 8TH STREET BROOKLYN, NY 11230 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year ...... 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 6 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year ..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature. 0/03/2017 EDWARD TYLER NAHEM SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

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<b>6a</b> V	Vere all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)					Yes	No
	re you claiming a waiver of the annual examination and report of nder 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	∏ No
	you answered "No" to either line 6a or line 6b, the plan cann		,						Ш
<b>C</b> If	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	X	Yes	☐ No ☐ Not dete	rmined
Part	III Financial Information								
<b>7</b> P	lan Assets and Liabilities		(a) Beginning	of Year				b) End of Year	
<b>a</b> To	otal plan assets	7a	2	586855	5			0	
<b>b</b> To	otal plan liabilities	7b							
C N	et plan assets (subtract line 7b from line 7a)	7c	2	586855				0	
<b>8</b> In	come, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total			
	ontributions received or receivable from:	90/4)							
	) Employers	8a(1)			$\dashv$				
	Others (including rollovers)	8a(2) 8a(3)							
	ther income (loss)	8b		82803	3				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						82803	
	enefits paid (including direct rollovers and insurance premiums	- 55							
to	provide benefits)	8d	2	669658	3				
<b>e</b> C	ertain deemed and/or corrective distributions (see instructions).	8e							
f A	dministrative service providers (salaries, fees, commissions)	8f			_				
	ther expenses	8g						0000050	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						2669658	
	et income (loss) (subtract line 8h from line 8c)	8i						-2586855	
	ransfers to (from) the plan (see instructions)	8j							
Part									
	f the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:	
b	f the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X			
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X			
	Was the plan covered by a fidelity bond?			10c		Χ			
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	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.)	her person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					X	Yes	No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co							X No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		is, and	d enter t Day		of the let Yea		ing ——
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
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				
	Subt	rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d				
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		V/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X Yes	N	0
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
1	3c(1)	Name of plan(s):	1	13c(2)	EIN(s)	EIN(s) 13c(3) F			l(s)
Part	VIII	Trust Information			1				
14a	Name	of trust			14b	Trust's E	ΞIN		
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Part	: 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:		safe h	n-based narbor	Ĺ	] "Prior test	year"	ADP
	,		ΙП	"Curre	ent year test	,"	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit tes	t [	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		
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinior						
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the n	nost rec	ent deteri	minatio	on
	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 sepace?		rom	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!2}$ during the prior plan year?			Ye	s	No		

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

	r calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and endin	g 12/	31/201	6	
	Round off amounts to nearest dollar.						
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cau	se is establishe	d.			
	Name of plan		<b>B</b> Three-di	git			
	EDWARD TYLER NAHEM FINE ART PENSION PLAN		plan nun	nber (PN	1)	•	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer	Identific	ation N	Number (E	IN)
	EDWARD TYLER NAHEM FINE ART			13-34	44996		
Ε.	Type of plan: Single Multiple-A Multiple-B	lan size: 🕨	100 or fewer	101	-500	More th	an 500
P	Part I Basic Information						
1	Enter the valuation date: Month 01 Day 01 Year 2	2016					
2	Assets:						
	a Market value			. 2a			2586855
	<b>b</b> Actuarial value			2b			2586855
3	Funding target/participant count breakdown	Number of rticipants	(2) Ve	sted F Targe	unding	(3) Total Funding Target	
	a For retired participants and beneficiaries receiving payment		тиогранто		raige		raiget
	<b>b</b> For terminated vested participants						
	<b>c</b> For active participants		8		:	2419938	2419938
	d Total		8			2419938	2419938
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					·	
	a Funding target disregarding prescribed at-risk assumptions		_ 	4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for planting for four these five passes this passes and disregarding leading forter.						
5	status for fewer than five consecutive years and disregarding loading factor  Effective interest rate						5.95%
6	Target normal cost			6			0.00 70
	tement by Enrolled Actuary						
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a						
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ac combination, offer my best estimate of anticipated experience under the plan.	count the exp	perience of the plan a	nd reason	аріе ехре	ectations) and	i such other assumptions, in
	SIGN						
	HERE				(	09/29/201	7
	Signature of actuary		_			Date	
Δ	RNOLD WARSHAVCHIK					17-04042	
	Type or print name of actuary			Most	recent	enrollmer	nt number
Δ	RNOLD WARSHAVCHIK ASA, MAAA, EA				7	18-258-34	82
	Firm name		Te	elephone	numb	er (includi	ng area code)
	294 EAST 8TH STREET BROOKLYN, NY 11230						
	Address of the firm		_				
16.41			ta a data di 1				
	e actuary has not fully reflected any regulation or ruling promulgated under the statute i uctions	n complet	ing this schedul	e, cneck	tne bo	ox and see	·

age 2 -	1
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Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances								
								(a) C	Carryover balance		(b) F	Prefundir	ng balance	
7		Ū	0 , ,		able adjustments (line 13 fro	•			248173				0	
8			•	-	nding requirement (line 35 f									
9	Amount	remaining	g (line 7 minus line	e 8)					248173				0	
10	Interest	on line 9 ເ	using prior year's	actual retu	rn of <u>4.00</u> %				9927				0	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)									
					a over line 38b from prior year interest rate of6.17 o									
					edule SB, using prior year's a									
					ar to add to prefunding balanc									
	<b>d</b> Portio	n of (c) to	be added to prefe	unding bala	ance									
12	Other re	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12) .				258100				0	
Р	Part III Funding Percentages													
14	14 Funding target attainment percentage									14	96.23%			
15	15 Adjusted funding target attainment percentage									15	106.89%			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	109.42%					
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and employer	oyees:								
	(a) Dat MM-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by		Date (b) Amount paid by employer(s)					(c) Amount paid by employees		
(IN	יייטט-זיייי	111)	employen	(5)	employees	(IVIIVI-DI	ו ז-ט	11)	employer(	>)		empic	Jyees	
						Totals ▶	•	18(b)			18(c)			
19	Discoun	ted emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	date at	fter the	beginning of the y	ear:				
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	mum required contributions f	rom prior y	ears.		<u>1</u>	9a				
	<b>b</b> Contri	butions m	ade to avoid restr	rictions adj	usted to valuation date				<u>1</u>	9b				
	<b>C</b> Contri	butions all	ocated toward min	imum requi	ired contribution for current ye	ar adjusted	to valu	uation d	ate1	9с				
20			tions and liquidity											
	<b>a</b> Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?								Yes X No	
			•		installments for the current y			mely m	anner?				Yes No	
	<b>C</b> If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as									
		(1) 1s	<u> </u>		Liquidity shortfall as of end (2) 2nd	d of quarter	r of thi		year 3rd			(4) 4th		
		(1) 15	•		( <i>L</i> ) LIIU			(3)	oiu .			(-T) -FUI	·	

D	art V Assumptions Used to Determine Funding Target and Target Normal Cost								
21	Discount rate:								
	a Segment rates: 1st segment: 2nd segment: 3rd segment:								
	4.43% 5.91% 6.65 %		N/A, full yield curve used						
	<b>b</b> Applicable month (enter code)	21b	0						
22	Weighted average retirement age	22	63						
23	Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate	Substit	ute						
Pa	nrt VI Miscellaneous Items								
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see	nstruction	ns regarding required						
	attachment								
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attact	mont	Yes ⊠ No						
	rias a method change been made for the current plan year? If if es, isee instructions regarding required attack	iiiieiii							
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required a	attachmei	ntX Yes No						
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding	27							
_	attachment								
	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years		<u> </u>						
	Unpaid minimum required contributions for all prior years	28							
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29							
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0						
Pa	Part VIII Minimum Required Contribution For Current Year								
31	Target normal cost and excess assets (see instructions):								
	a Target normal cost (line 6)	31a							
	<b>b</b> Excess assets, if applicable, but not greater than line 31a	31b	0						
32	Amortization installments: Outstanding Bala	nce	Installment						
	a Net shortfall amortization installment								
	<b>b</b> Waiver amortization installment								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval	33							
	(Month ) and the waived amount		_						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34 0							
	Carryover balance Prefunding balan	nce	Total balance						
35	Balances elected for use to offset funding		0						
	requirement		0						
-	Additional cash requirement (line 34 minus line 35)	36	0						
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37							
38	Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)	38a	0						
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b							
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0						
40	Unpaid minimum required contributions for all years	40	0						
Pai	t IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions	5)							
41	If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected	[	2 plus 7 years 15 years						
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made		008						
42	Amount of acceleration adjustment	42							
43	Excess installment acceleration amount to be carried over to future plan years	43							

### EDWARD TYLER NAHEM FINE ART PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	1	1	0	0	0	0	0	0	0	2
50-54	0	0	1	0	0	0	0	0	0	0	1
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	4	0	0	0	0	0	0	0	8

Average Age: 45.1 Average Service: 5

Attachment to 2016 Schedule SB, Part V - EIN: 13-3444996 PN: 001

# EDWARD TYLER NAHEM FINE ART PENSION PLAN

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

	For Fu <u>Min</u>	ınding <u>Max</u>	<u>For 417</u>	<u>(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 4.43%	1.41%	Seg 1:	1.48%	Pre-Retirement: 5.00%			
	Seg 2: 5.91%	3.96%	Seg 2:	3.77%	Post-Retirement: 5.00%			
	Seg 3: 6.65%	4.97%	Seg 3:	4.79%				
Pre-Retirement								
Turnover	None		None		None			
Mortality	None		None		None			
<b>Assumed Ret Age</b>	Assumed Ret Age Normal retirement age 62 and 5 years of participation				Normal retirement age 62 and 5 years of participation			
Post-Retirement								
Mortality	Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			without loads d to 2002 with scale M/50%F	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F			
Assumed Benefit Form 1	For Funding		Normal Form					
Calculated Effective Into	erest Rate		5.95%					
Actuarial Cost Method			prescrib method value of	t Credit funding method ed by the Pension Protect sets the funding target ed accrued benefits, and se the present value of the ent year.	tion Act. This qual to the present ts the normal cost			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

# Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information				
For calend	ar plan year 2016 or fis	scal plan year beginning 01/01/201	6	and ending 12/3	31/2016	
A This ref	urn/report is for:	X a single-employer plan     a one-participant plan				g this box must attach a the form instructions.)
		a one paraopant plan	a loreigh plan			
B This retu	urn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descr				
Part II		rmation—enter all requested inf	formation		41	
<b>1a</b> Name Edward Tyle	of plan r Nahem Fine Art Pen	sion Plan			1b Three-oplan nu (PN)	imber 001
						ve date of plan
Mailing	address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				ver Identification Number 3-3444996
10 10 10 10 10 10 10 10 10 10 10 10 10 1	town, state or provinc YLER NAHEM FINE A	e, country, and ZIP or foreign post RT	al code (if foreign, see instr	uctions)	2c Sponso	or's telephone number (212) 517-2453
C/O Arnold \			2d Business code (see instructions) 453920			
Brooklyn, N	11230	nd address X Same as Plan Spor	neor		3h Admini	strator's EIN
Ja Flalia	urillistrator s fiame ar	id address A Same as Flam Spor	1501.		OD Admini	Strator 5 LIIV
					3C Admini	strator's telephone number
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan hul or's name	mber from the last return/report.			4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	8
•		at the end of the plan year			5b	0
<b>c</b> Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	
		rticipants at the beginning of the pla			5d(1)	6
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	0
than	100% vested	terminated employment during the			5e	
		or incomplete filing of this return				
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN	200	Malm	10/2/2017	Edward Tyler Nahem		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator
SIGN HERE	- 70	*				
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (in	Date			employer or plan sponsor elephone number
riepaiei s	name (including limi n	ame, ii applicable) and address (ii	cidde footh of Suite numbe	n )	Preparer's to	elephone number
1						

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Page	2

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
_	art III   Financial Information	nsurance	program (see ERISA :	section -	4021)?		X Yes	No Not determined		
7	Plan Assets and Liabilities	- Salaggan	<b>1</b>		T					
		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	(a) Beginning of Year				(b) End of Year			
	Total plan lightities	. 7a		25868	555					
	Total plan liabilities									
_	Net plan assets (subtract line 7b from line 7a)	7с		25868	55					
8	Income, Expenses, and Transfers for this Plan Year	and det	(a) Amou	nt				(b) Total		
а	Contributions received or receivable from:  (1) Employers	8a(1)			Ī					
·	(2) Participants							kirang atau ay aka met Kirang terdapatan		
•	(3) Others (including rollovers)	8a(2)	i					선명 이동 리트웨스 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 		
b		8a(3)		000	00					
		8b		828	03		NO HAR			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c		inayayan i		-14-1455	0.1.5.188.8879.J	82803		
	to provide benefits)	8d		26696	58					
е		8e				hala.				
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			43.54	2669658				
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2586855		
j	Transfers to (from) the plan (see instructions)		<u> </u>	1 . 32323						
Pa	rt IV Plan Characteristics	8j					lusti 1491.			
9a b	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D  If the plan provides welfare benefits, enter the applicable welfare for									
Par	t V Compliance Questions									
10	During the plan year:									
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					No	N/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a	Yes	No X	N/A	Amount		
b	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a 10b	Yes		N/A	Amount		
b	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary F ? (Do not i	iduciary Correction	10b	Yes	X	N/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	oluntary F (Do not i	nclude transactions	10b 10c	Yes	×	N/A	Amount		
c	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	? (Do not i	nclude transactions  nd, that was caused  by an insurance the benefits under	10b	Yes	X X X	N/A	Amount		
c d	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)	? (Do not i	nclude transactions nd, that was caused by an insurance the benefits under	10b 10c 10d	Yes	x x x x	N/A	Amount		
c d e	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plar Did the plan have any participant loans? (If "Yes," enter amount as	? (Do not i	nclude transactions nd, that was caused by an insurance the benefits under	10b 10c 10d	Yes	x x x	N/A	Amount		
c d e	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	? (Do not i	nclude transactions nd, that was caused by an insurance the benefits under nd.)	10b 10c 10d 10e 10f	Yes	x x x x	N/A	Amount		

Form	. EEC	0.0	$- \sim$	140
-rom	ເລລເ	11 1	- /l	11h

Page :	3-	1	
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Part VI Pensio	n Funding Compliance					
11 Is this a define (Form 5500) a	d benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conditions and conditions and conditions are supplied to the subject to minimum funding requirements?	omplete S	chedule S	В	×	es No
	id minimum required contributions for all years from Schedule SB (Form 5500) line 40					0
ERISA?	ed contribution plan subject to the minimum funding requirements of section 412 of the Co	de or sect	ion 302 o	f 		es 🛭 No
	ne minimum funding standard for a prior year is being amortized in this plan year, see inst	ructions, a	nd enter	the date	of the lette	ruling
	aiver		Da	У	Year	~
	line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		1	Τ	·	
<b>b</b> Enter the minim	um required contribution for this plan year		12b	ļ		
	nt contributed by the employer to the plan for this plan year		12c			
negative amou	nount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lent)		7			
e Will the minim	ım funding amount reported on line 12d be met by the funding deadline?		<u>  L</u>	Yes	∐ No [	N/A
Part VII   Plan Te	rminations and Transfers of Assets					
13a Has a resolution	n to terminate the plan been adopted in any plan year?			X Yes	N	)
If "Yes," enter	he amount of any plan assets that reverted to the employer this year		13a			0
<b>b</b> Were all the pl control of the F	an assets distributed to participants or beneficiaries, transferred to another plan, or brough BGC?	nt under th	e		X Yes	No
C If, during this p which assets o	lan year, any assets or liabilities were transferred from this plan to another plan(s), identify labilities were transferred. (See instructions.)	y the plan(	s) to			
13c(1) Name of	olan(s):	13c(	<b>2)</b> EIN(s)		13c(3	PN(s)
14a Name of trust  14c Name of trustee	or custodian		14d <sup>-</sup>		IN s or custodi	an's
Part IX IRS C	ompliance Questions			telephol	ie number	
FAILIX INS C	omphance Questions	ТП		Г	——————————————————————————————————————	
<b>15a</b> Is the plan a 40	(k) plan? If "No," skip b	Yes		L	No	
404(1)(0) ( (1		1			1	
	n satisfy the nondiscrimination requirements for employee deferrals under section plan year? Check all that apply:	U safe "☐ "Cur	ign-based harbor rent year	L	"Prior ye test	ar" ADP
16a What testing me		safe "Cur ADF	harbor rent year test io centage	 	test	ar" ADP
16a What testing me year? Check all	plan year? Check all that apply:thod was used to satisfy the coverage requirements under section 410(b) for the plan	safe "Cur ADF Rat	harbor rent year test io centage	 	test N/A verage	
<ul> <li>16a What testing meyear? Check all</li> <li>16b Did the plan sat for the plan year</li> <li>17a If the plan is a not the letter</li> </ul>	plan year? Check all that apply:  thod was used to satisfy the coverage requirements under section 410(b) for the plan that apply:  sfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?	safe "Cur "Cur ADF ADF Rat per- test Yes	harbor rent year test io centage	" [ A\ be sory lette	test  N/A  verage enefit test  No er, enter the	N/A N/A date of
<ul> <li>16a What testing me year? Check all</li> <li>16b Did the plan sat for the plan year</li> <li>17a If the plan is a me the letter</li> <li>17b If the plan is an letter</li> </ul>	plan year? Check all that apply:  thod was used to satisfy the coverage requirements under section 410(b) for the plan that apply:  sfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?	safe "Cur "Cur ADF ADF Rat per- test Yes	harbor rent year test io centage	" [ A\ be sory lette	test  N/A  verage enefit test  No er, enter the	N/A N/A date of
<ul> <li>16a What testing meyear? Check all</li> <li>16b Did the plan sat for the plan year</li> <li>17a If the plan is a nathe letter</li> <li>17b If the plan is an letter</li> <li>18 Defined Benefit Were any distribution</li> </ul>	plan year? Check all that apply:  thod was used to satisfy the coverage requirements under section 410(b) for the plan that apply:  sfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?	safe "Cur ADF Rate per test Yes pinion letter	harbor rent year test io centage	A\( be \)	test  N/A  verage enefit test  No er, enter the	N/A N/A date of
<ul> <li>16a What testing meyear? Check all</li> <li>16b Did the plan sat for the plan year</li> <li>17a If the plan is a methe letter</li> <li>17b If the plan is an letter</li> <li>18 Defined Benefit Were any distribuservice?</li></ul>	plan year? Check all that apply:  thod was used to satisfy the coverage requirements under section 410(b) for the plan that apply:  sfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) by combining this plan with any other plan under the permissive aggregation rules?	safe "Cur ADF Rat per test Yes pinion lette er the date atted from	harbor rent year test io centage er or advi	A\\ be	verage enefit test  No er, enter the	N/A N/A date of

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

	Silvini Baraniy Saparanan	▶ File as an at	tachment to Form	5500 or 5500-SF.			
For c	alendar plan year 2016 or fiscal pla	n year beginning 01/01/2	2016	and end	ling 12	2/31/2016	
	ound off amounts to nearest doll						
	aution: A penalty of \$1,000 will be	assessed for late filing of this re	eport unless reasor	nable cause is establish	ned.		
	ime of plan		<b>B</b> Three-	digit		001	
Eď	ward Tyler Nahem Fine Art Pension	Plan		plan n	umber (PN	1) 🕨	
C Pla	an sponsor's name as shown on line	2a of Form 5500 or 5500-SF		<b>D</b> Employ	er Identific	ation Number (E	EIN)
ED	WARD TYLER NAHEM FINE ART			13-344499	6		
			· :1				
<b>E</b> Typ	oe of plan: X Single Multiple-/	A Multiple-B	F Prior year pla	an size: 🛛 100 or fewe	r [] 101	-500 More th	nan 500
Pai	rt I Basic Information						
1	Enter the valuation date:	Month 01 Day 01	Year <u>20</u>	)16			
2	Assets:						
	a Market value				2a		2586855
	<b>b</b> Actuarial value				2b		2586855
3	Funding target/participant count bre	akdown		(1) Number of	(2) V€	sted Funding	(3) Total Funding
,	a For retired participants and benef	iciaries receiving navment		participants		Target	Target
	<b>b</b> For terminated vested participants						
	For terminated vested participants     For active participants					2419938	0440000
							2419938
	d Total			8		2419938	2419938
	If the plan is in at-risk status, check			ـــا	4-		
	a Funding target disregarding preso	·			<b></b>		
Į.	Funding target reflecting at-risk as status for fewer than five consecu						
5	Effective interest rate						5.95 %
6	Target normal cost	***************************************			6		
Staten	nent by Enrolled Actuary						
	the best of my knowledge, the information supp cordance with applicable law and regulations. In						
con	nbination, offer my best estimate of anticipated	experience under the plan.					
	GN	AW					
HE	RE	nv				09/29/2017	
	·	gnature of actuary				Date	
Arnold Warshavchik 17-04042							
						recent enrollmer	
	Arnold Wan	shavchik ASA, MAAA, EA			~ : I	(718) 258-348	
	129	Firm name 34 East 8th Street			l elephone	number (includ	ing area code)
	120						
		ooklyn, NY 11230					
	А	ddress of the firm					
If the ac	ctuary has not fully reflected any regions	gulation or ruling promulgated u	under the statute in	completing this sched	ule, check	the box and see	• [

Р	art II Be	eginning of Yea	ar Carryo	ver and Prefunding B	alances						
						(a) Carryover balance	)	(b)	Prefundi	ng balance	
7	Balance at be year)	eginning of prior yea	r after appli	cable adjustments (line 13 fro	om prior	24	8173			0	
8				unding requirement (line 35 f							
9	Amount rema	ining (line 7 minus l	ine 8)			24	8173			0	
_10	Interest on lin	e 9 using prior year			9927			0			
11	Prior year's e	xcess contributions	to be added	I to prefunding balance:							
				38a from prior year)							
	Schedu	e SB, using prior ye	ar's effectiv	Ba over line 38b from prior year re interest rate of6.17	%						
	return			edule SB, using prior year's a							
	C Total availab	le at beginning of cu	rrent plan ye	ear to add to prefunding balance	e			111	***********		
	<b>d</b> Portion of (	c) to be added to pr	efunding ba	lance			Nijar				
12	Other reduction	ns in balances due	to elections	or deemed elections							
				line 10 + line 11d – line 12).		25	8100			0	
100	THE R. P. S. D. L. S. C. S. C. S. C.	unding Percen								U	
		***************************************							14	96.23 %	
15	Adjusted fund	ng target attainmen	t percentag	e	***************************************				15	106.89 %	
16	, J J					ce current	16	109.42 %			
17	If the current v	alue of the assets o	f the plan is	less than 70 percent of the f	unding target, er	ter such percentage			17	%	
100	VERN ANDREWSER	ontributions a								,,	
18				ear by employer(s) and emplo	ovees:		****			* *************************************	
	(a) Date	(b) Amount	paid by	(c) Amount paid by	(a) Date	(b) Amount p	aid by	(c	) Amour	nt paid by	
(IV	M-DD-YYYY)	employe	er(s)	employees	(MM-DD-YY)	DD-YYYY) employer(s)			employees		
										· · · · · · · · · · · · · · · · · · ·	
	***************************************										
					Totals ▶ 1	8(b)		18(c)			
19	Discounted em	ployer contributions	- see instr	uctions for small plan with a				10(0)			
				mum required contributions fr		Parties.	19a				
				usted to valuation date		1	19b			***************************************	
				red contribution for current yea			19c				
		ibutions and liquidit		Tod dorinibation for barrein year	i adjusted to valu	ation date	130	CARLES TO			
	•	• •	,	e prior year?						Yes X No	
				installments for the current ye							
				nplete the following table as a		non mainter :			·····⊔	Yes   No	
		-,	2.14 001	Liquidity shortfall as of end		plan year		39 71 3	251 J. 156	e essay a	
	(1)	1st		(2) 2nd		(3) 3rd		(	4) 4th		

14 1 14 1	Part V Assumpt	ions Used to Determin	e Funding Target and	Target Normal Cost		· · · · · · · · · · · · · · · · · · ·		
2	Discount rate:							
	a Segment rates:         1st segment:         2nd segment:         3rd segmen           4.43 %         5.91 %         6.65				%	N/A, full yield curve used		
		nter code)			21b	C		
		ement age		***************************************	22	63		
23	Mortality table(s) (see	instructions) X Pres	scribed - combined	Prescribed - separate	Substit	tute		
P	art VI Miscellane	ous Items		· · · · · · · · · · · · · · · · · · ·		And the second s		
24	Has a change been ma attachment	ade in the non-prescribed actu	arial assumptions for the curre	nt plan year? If "Yes," see	instruction	ns regarding required		
	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment							
	Is the plan required to p	provide a Schedule of Active F	articipants? If "Yes," see instr	uctions regarding required	attachmer	ntX Yes No		
27	If the plan is subject to attachment	alternative funding rules, ente	r applicable code and see inst	ructions regarding	27			
P	Part VII Reconcilia	ation of Unpaid Minimu	ım Required Contribut	ions For Prior Years				
28	Unpaid minimum requir	ed contributions for all prior ye	ears		. 28			
	(line 19a)	ontributions allocated toward ເ			29			
30		npaid minimum required contr		)	. 30	0		
P		Required Contribution						
31		excess assets (see instruction	,					
		ne 6)			. 31a			
		icable, but not greater than lin	e 31a		31b	0		
32	Amortization installment			Outstanding Bala	ance	Installment		
		tion installment		í				
		nstallment						
	(Month Da	proved for this plan year, enter	) and the waived amount		33			
34	Total funding requirement	nt before reflecting carryover/p	orefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	0		
			Carryover balance	Prefunding balar	nce	Total balance		
35		e to offset funding				0		
36	Additional cash requirem	nent (line 34 minus line 35)			36	0		
	Contributions allocated to	oward minimum required cont	ribution for current year adjust	ed to valuation date (line	37	U		
38		contributions for current year			<u> </u>			
		f line 37 over line 36)			38a	0		
		38a attributable to use of pre			38b	<u> </u>		
		d contribution for current year			39	0		
40	Unpaid minimum require	d contributions for all years			40	0		
Par		unding Relief Under P			)			
41		o use PRA 2010 funding reliet				The state of the s		
						2 plus 7 years 1 4 m		
		which the election in line 41a				2 plus 7 years 15 years		
		djustment				08 2009 2010 2011		
		eration amount to be carried o			42			
	accommon accord	or amount to be carried of	ver to ruture plan years		43			

Attachment to 2016 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 13-3444996 PN: 001

#### EDWARD TYLER NAHEM FINE ART PENSION PLAN

Weighted Average Retirement Age Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 63

Attachment to 2016 Schedule SB, Part V - EIN: 13-3444996 PN: 001

#### EDWARD TYLER NAHEM FINE ART PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Plan Effective Date

January 1, 1998

Plan Year

From January 1, 2016 to December 31, 2016

**Eligibility** 

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service Minimum age 21

**Normal Retirement Age** 

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

The accrued benefit as of January 1, 2008.

The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

**Normal Form of Benefit** 

A benefit payable for the life of the participant

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from the first day of the plan year containing date of entry excluding the following:

Years after January 1, 2008 Years with less than 1,000 hours

O 114 1 177

**Termination Benefit** 

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Attachment to 2016 Schedule SB, Part V - EIN: 13-3444996 PN: 001

#### EDWARD TYLER NAHEM FINE ART PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

**Top-Heavy Status** A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently not top-heavy.

**Death Benefit** Actuarial Equivalent of the accrued benefit earned to date of death