For	Form 5500-SF Short Form Annual Return/Report of Small Emp				oyee	MB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee Re	tirement		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (957(b) and 6058(a) of the		This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 55	00-SF.					
For calenda	ar plan year 2016 or fisc	dentification Information	016	and ending 12	/31/2016					
		X a single-employer plan		blan (not multiemployer) (F		king this box	must attach a			
A This ret	urn/report is for:	a one-participant plan		mployer information in ac		-				
B This retu	urn/report is	the first return/report	the final return/report							
	· [an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)					
C Check	box if filing under:	× Form 5558	automatic extension]	DFVC p	rogram				
	special extension (enter description)									
Part II	Basic Plan Infor	mation —enter all requested info	ormation							
1a Name PROXIMA C		T, LLC 401(K) PROFIT SHARING	PLAN AND TRUST		1b Threplan (PN)	number	001			
					1c Effect	tive date of 01/01				
Mailing	 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) 				2b Employer Identification Number (EIN) 20-1385704					
	ROXIMA CAPITAL MANAGEMENT, LLC					2c Sponsor's telephone number 212-897-5717				
	15 THIRD AVENUE, 16TH FLOOR EW YORK, NY 10022				2d Business code (see instructions) 812990					
3a Plan a	3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN					
					3c Administrator's telephone number					
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Totalı	number of participants a	t the beginning of the plan year			5a		5			
		t the end of the plan year			5b		5			
		ccount balances as of the end of t		-	5c		5			
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year		5d(1)		5			
d(2) Tot	al number of active parti	icipants at the end of the plan yea	r		5d(2)		4			
		erminated employment during the			5e		C			
Caution: A Under pena SB or Sche	penalty for the late or alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruc d signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	d unless reasonable cau e examined this return/rep	ort, includi	ng, if applic	able, a Schedule knowledge and			
SIGN	Filed with authorized/va	alid electronic signature.	09/25/2017	JANINE KRAUSS						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan adn	ninistrator			
SIGN HERE										
	Signature of employ		Date	Enter name of individu						
reparer's	name (including firm ha	me, if applicable) and address (in	ciuae room or suite numb	<i>ј</i> ег <i>)</i>	Preparer's	s telephone	number			

-	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC ir								
	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	934329	1405962					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	934329	1405962					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:		53000						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	18000						
	(3) Others (including rollovers)	8a(3)	12564						
b	Other income (loss)	8b	388069						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		471633					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0					
i	Net income (loss) (subtract line 8h from line 8c)	8i		471633					
j	Transfers to (from) the plan (see instructions)	8j	0						
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3B 3D	feature coo	les from the List of Plan Characteristic	Codes in the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic C	odes in the instructions:					

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			1500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				Yes 🗙 No			
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to				
				EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:			gn-based [130] "Prior year" AD harbor [130] test				
				"Curre ADP t	rent year" N/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan gear? Check all that apply:				o Average N/					
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		



Application for Extension of Time

OMB No. 1545-0212 - ...

(Rev. /	August 2012)	To File Certain Employee Pla	an Re	eturn	IS					
Departi	ment of the Treasury I Revenue Service	 For Privacy Act and Paperwork Reduction Act Information about Form 5558 and its instruction 					File Wit	h IRS Only		
Par		tion								
Ā	Proxima Capita Number, street, and 845 Third Aven City or town, state, a		B Filer's identifying number (see instructions) Employer identification number (EIN)(9 digits XX-XXX 20-1385704 Social security number (SSN) (9 digits XXX-XX-XXXX							
c	New York	NY 10022		Plan		Plar	n year endir	a		
Ŭ	Plan name			numbe	r	MM	DD	YYYY		
	Proxima Capita	l Management, LLC 401(k) Profit Sharing Plan and Tr	0	Ō ·	1	12	31	2016		
Par	Extension	n of Time To File Form 5500 Series, and/or Form 8955	-SSA	<u></u>		1				
1	└──┘ in Part 1, C I request an ex	box if you are requesting an extension of time on line 2 to file to above. tension of time until <u>10 / 15 / 2017</u> to file Form ure IS NOT required if you are requesting an extension to file F	5500 s	eries (s	ee in		port for the p	olan listed		
3	Note. A signate The application the normal due	tension of time until <u>10 / 16 / 2017</u> to file Form ure IS NOT required if you are requesting an extension to file F is automatically approved to the date shown on line 2 and/o date of Form 5500 series, and/or Form 8955-SSA for which th bove) is not later than the 15th day of the third month after the	orm 895 r line 3 is exten	(above) sion is	if: (a reque	i) the Form 55				
Pari	Extension	n of Time To File Form 5330 (see instructions)								
4		tension of time until / / / to file Form proved for up to a 6 month extension to file Form 5330, after th		al due c	late c	of Form 5330.				
a	Enter the Code	section(s) imposing the tax	►	a						
b	Enter the paym	ent amount attached	• •			. ▶	b			
с 5		s under section 4980 or 4980F of the Code, enter the reversion why you need the extension:	n/ameno	lment d	ate .	. ▶	c			
	<u>Client_inform</u>	mation is not yet complete,								
			,				<u> </u>			
	·····	· · · · · · · · · · · · · · · · · · ·								
						······································				
							· · · · · · · · · · · · · · · · · · ·			
	penalties of perjury, 1 pare this application.	declare that to the best of my knowledge and belief, the statements made on	this form	are true,	corre	ct, and complete,	and that I am a	uthorized		
	ature >	Date ►								

Form 5500-SF	Short Form Annual	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 Benefit Plan						
Internal Revenue Service	This form is required to be Retirement Income Security A	ct of 1974 (ERISA), and	section 6057(b) and 605	/ee 58(a) of		2016		
Employee Benefits Security Administration	the Ini	ternal Revenue Code (th	ne Code).			is Open to Public nspection		
Pension Benefit Gueranty Corporation	Complete all entries in action	cordance with the inst	ructions to the Form 55	00-SF.	······································			
Part Annual Report Id For calendar plan year 2016 or fisca	lentification Information	01/01/2016	and ending		/31/2016			
						· · · · · · · · · · · · · · · · · · ·		
A This return/report is for:	a one-participant plan the first return/report	a list of participating a foreign plan	r plan (not multiemployer) g employer information in	accordan	ice with the fo	ox must attach m instructions.)		
	an amended return/report		turn/report (less than 12 i			ALL TRACTOR		
C Check box if filing under:	-	automatic extension			DFVC progra	am		
Part II Basic Plan Inform	nation enter all requested ir	formation						
1a Name of plan	gement, LLC 401(k) Pro		and Trust	pl	hree-digit an number ²N) ►	001		
				1c E	ffective date of	folon		
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)				2b Ei	1/01/2007 mployer Ident IN) 20-13	ification Number		
Proxima Capital Management, LLC				2c s	ponsor's telep	hone number		
845 Third Avenue, 16th Floor				(212) 897-5717 2d Business code (see instructions) 812990				
US New York NY 10022						۲. م		
3a Plan administrator's name and a	address 🗶 Same as Plan Spor	ISOF		3b Ad	ministrator's	FIN		
				3c Ad	Iministrator's	telephone number		
4 if the name and/or EIN of the plan name, EIN, and the plan numbe	an sponsor has changed since the	e last return/report filed	for this plan, enter the	4b El	N			
a Sponsor's name	a nom me last retomneport.		* <u>1</u> *	40.01	t			
5a Total number of participants at t	he beginning of the plan year			4c PN 5a	<u> </u>	5		
D Total number of participants at t	he end of the plan year			55				
C Number of participants with accord complete this item)	ount balances as of the end of the	e plan year (only defined	d contribution plans	5c	-	5		
d(1) Total number of active particip	pants at the beginning of the plan	year		5d(1)	1.	5		
d(2) Total number of active particip	ants at the end of the plan year			5d(2)		4		
e Number of participants that term less than 100% vested	inated employment during the pla	an year with accrued be	nefits that were	5e	1	0		
Caution: A penalty for the late or in	ncomplete filing of this return/	renort will be assessed	dupless reasonable ear					
Under penalties of perjury and other SB or Schedule MB completed and s belief, it is true, correct, and complete	penalties set forth in the instructi signed by an enrolled actuary as	one I declare that I have	o oversioned this action to			able, a Schedule knowledge and		
SIGN X Montia Le	uland	19/29/2017	YOULIA ROWLAND					
HERE Signature of plan adminis	l signing -	as alan admi-	ietrator					
SIGN X Charles Ron	land,	1 9 29 2017	Enter name of individua YOULIA ROWLAND	i signung e	as plan admin	ISUATOF		
HERE Signature of employer/pla	n sponsor	Kate	Enter name of individua	l signing -	s employer e			
Preparer's name (including firm name Skip this question	e, if applicable) and address (incl	ude room or suite numb	er)	Preparer'	s telephone n nis questic	umber		
-								
For Paperwork Reduction Act Notic	ce, see the instructions for For	m 5500-SF,			For	m 5500-SF (2016) v.160205		

-

Form 5500-SF 2016 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) XYes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. С Part III **Financial Information** 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year а Total plan assets 7a 934,329 1,405,962 b Total plan liabilities..... 7b 0 С Net plan assets (subtract line 7b from line 7a) 7c 934,329 1,405,962 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: (1) Employers 8a(1) 53,000 (2) Participants 8a(2) 18,000 (3) Others (including rollovers) 8a(3) 12,564 b Other income (loss) 8b 388,069 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) С 8c 471,633 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 Certain deemed and/or corrective distributions (see instructions) ... е 8e 0 f Administrative service providers (salaries, fees, commissions) 8f Ó g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 Net income (loss) (subtract line 8h from line 8c) i 8i 471,633 Transfers to (from) the plan (see instructions) 8i 0 Part IV | Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: No Yes N/A Amount Was there a failure to transmit to the plan any participant contributions within the time period a described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b х C Was the plan covered by a fidelity bond? 10c х 1,500,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Ż Has the plan failed to provide any benefit when due under the plan? 10f х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g 10g х h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h х If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3

10i

Form 5500-SF 2016

Page	3	-	

Bar	t VI	Ponoion Funding Oceantian								
11		Pension Funding Compliance				-	-			
	(Funn	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)		te Sched	ule SB		Yes	X	No	
12	I Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40)	11a	a					
	ERIOP	a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or	section 3	02 of	_	Yes	X	No	
а	lfawa	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) iver of the minimum funding standard for a prior year is being amortized in this plan year, see i	instructio		-4451-					
	granur	g trie walver	Vionth		nter the da Dav		he letter ear	ruling	3	
-		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line								
b		he minimum required contribution for this plan year			12b					
<u> </u>		he amount contributed by the employer to the plan for the plan year			:					
d 	negative amount)									
1	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A		
Parl		Plan Terminations and Transfers of Assets								
13a		esolution to terminate the plan been adopted in any plan year?	************		🗌 Yes	X] No			
		" enter the amount of any plan assets that reverted to the employer this year								
,	control	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?				Yes	XN	10		
С	lf, durir	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ssets or liabilities were transferred. (See instructions.)	ntify the p	lan(s) to	<u> </u>					
13	3c(1) Na	me of plan(s):	13c(2	2) EIN(s)		1:	13c(3) PN(s)			
Deut	Value									
Part	Name o	Trust Information - Skip These Questions								
144	Name c			14	b Trust's E	EIN				
14c	Name c	f trustee or custodian		140	14d Trustee or custodian's telephone number					
Part	IX	IRS Compliance Questions - Skip These Questions								
15a	Is the p	ап а 401(k) plan? If "No," skip b		Yes			No			
15b	How did 401(k)(3	the plan satisfy the nondiscrimination requirements for employee deferrals under section) for the plan year? Check all that apply:		Design- safe hai			"Prior y test	/ear" /	ADP	
:				"Current ADP tes			N/A			
,16a	What te year? C	sting method was used to satisfy the coverage requirements under section 410(b) for the plan neck all that apply:		Ratio percenta	<u>ــــــــــــــــــــــــــــــــــــ</u>	Avera	ige it test		N/A	
16b	Did the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) and year by combining this plan with any other plan under the permissive aggregation rules?		test Yes			No		10	
1 7a I		in is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR		letter or a	advisory le	tter, er	iter the	date	of	
17b		in is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the	date of th	e most re	cent de	termina	ation		
18 i	Defined Were an	Benefit Plan or Money Purchase Pension Plan Only: y distributions made during the plan year to an employee who attained age 62 and had not ser			Yes		No			
		plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No			