Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

For calenda			1							
	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016					
		X a single-employer plan		olan (not multiemployer)						
A This ret	turn/report is for:		_ ' ' "	mployer information in a	ccordance with the f	form instructions.)				
		a one-participant plan	a foreign plan							
D		the first return/report the final return/report								
B This retu	urn/report is	H	· 片							
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)					
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program					
		special extension (enter desc	—							
Part II	Racic Plan Inf	ormation—enter all requested in	. ,							
1a Name	l.	Officiation—enter all requested in	lioiniation		1b Three-digit					
	•	EMENT LLC CASH BALANCE PLA	AN		plan number					
					(PN) •	001				
					1c Effective date	e of plan				
					01	1/01/2014				
		oyer, if for a single-employer plan)	O D)		' '	entification Number				
		om, apt., suite no. and street, or P.0 ace, country, and ZIP or foreign pos		structions)	(=::+)	1-3347168				
	NETWORK MANAG		3 ,	,	2c Sponsor's te	lephone number 748-7316				
9201 4TH AV	/ENUE					de (see instructions) 24290				
BROOKLYN,	NY 11209				32	24290				
3a Plan a	dministrator's name a		3b Administrator	r's EIN						
					2					
					3C Administrator	r's telephone number				
4										
		he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN					
name,		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN					
name, a Sponso	, EIN, and the plan no or's name	umber from the last return/report.			4c PN	5				
a Sponso	, EIN, and the plan noor's name number of participant	umber from the last return/report.			4c PN 5a					
name, a Sponso 5a Total r b Total r	, EIN, and the plan noor's name number of participant number of participant	umber from the last return/report. Is at the beginning of the plan year			4c PN 5a 5b					
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Form 5500-SF 2016 Page **2**

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 												
	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		,						X Yes	s ∐ No			
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined												
	rt III Financial Information				- ,		1	<u> </u>					
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year				
a	Total plan assets	390813			'	(b) Liiu (63634	3					
	Total plan liabilities	7a 7b		0					()			
С	Net plan assets (subtract line 7b from line 7a)	7c		390813					63634	3			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	otal				
а	Contributions received or receivable from:		, ,	230121				` '					
-	(1) Employers	8a(1)	,										
	(2) Participants	8a(2)		0	_								
	(3) Others (including rollovers)	8a(3)		0 15414									
	Other income (loss)	8b		15414					04550	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24553)			
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									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h)			
i	Net income (loss) (subtract line 8h from line 8c)	8i							24553	5			
j	Transfers to (from) the plan (see instructions)	8j											
Pai	rt IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instr	uctions:				
	10												
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Coc	des in t	he instru	ctions:				
Par	t V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amount				
	Was there a failure to transmit to the plan any participant contribu	ıtions with	in the time period		163	140	IVA		Amount				
<u> </u>	described in 29 CFR 2510.3-102? (See instructions and DOL's \					X							
	Program)			10a									
b	reported on line 10a.)			10b		X							
С	Was the plan covered by a fidelity bond?			10c	X					40000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		X									
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	10e		X									
f	Has the plan failed to provide any benefit when due under the pla	10f		X									
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		10h										
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i									
			·				_						

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No		
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			0			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				Y	′es X No			
	ERISA?									
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I				
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information		ı						
14a	Name	of trust			14b Trust's EIN					
14c	Name	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:	L		n-based arbor	j [] "Prior ye test	ear" ADP		
			- □ □ □	Curre ADP t	ent year est	"	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	N/A		
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or	5500-SF.			
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016	and ending	12/3	1/2016	
Round off amounts to nearest dollar.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau				
A Name of plan NEW YORK NETWORK MANAGEMENT LLC CASH BALANCE PLAN	B Three-dig			004
NEW TOTAL NETWORK WINN GENERAL ELO CHOLD BLEAR OF LEAR	plan numl	oer (PN)	<u> </u>	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer I	dentifica	tion Number (E	EIN)
NEW YORK NETWORK MANAGEMENT LLC		11-334	7168	
	1			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size:	100 or fewer	101-5	More th	an 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year 2016				
2 Assets:	ı			
a Market value		2a		406227
b Actuarial value		2b		406227
T anding target participant count broakdown	Number of ticipants		ted Funding arget	(3) Total Funding Target
For retired participants and beneficiaries receiving payment	0		0	(
b For terminated vested participants	0		0	(
C For active participants	6		396280	396280
d Total	6		396280	396280
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 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that he status for fewer than five consecutive years and disregarding loading factor				
5 Effective interest rate		5		6.12%
6 Target normal cost		6		201468
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachmen accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the expression) combination, offer my best estimate of anticipated experience under the plan.				
SIGN HERE			10/15/201	7
Signature of actuary			Date	
ARTHUR TEILER			17-01157	7
Type or print name of actuary		Most re	ecent enrollmer	nt number
CREATIVE PENSION DESIGN & ADMIN			203-356-16	85
Firm name	Tel	ephone	number (includ	ing area code)
259 MAIN ST STAMFORD, CT 06901				
Address of the firm	=			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi instructions	ng this schedule	, check t	he box and see	e 📗

P	art II	Begir	ning of Year	Carryov	er and Prefur	nding Ba	lances								
	uit ii	Dogii	ining or rear	Our you	ci dila i iciai	iding De	ilanioc5		(a) C	arryover balan	ce	(b)	Prefundii	ng balance	
7		•	0 , ,		able adjustments (•	•				0			0	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										0			0		
9	Amount	remaining	g (line 7 minus line	€ 8)							0			0	
10 Interest on line 9 using prior year's actual return of%															
11 Prior year's excess contributions to be added to prefunding balance:															
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior yea	r)								0	
					a over line 38b from e interest rate of									0	
	b(2) Int	erest on I	ine 38b from prior	year Sche	edule SB, using pri	ior year's a	actual								
			0 0	. ,	ar to add to prefund	Ü								0	
	d Portio	n of (c) to	be added to pref	unding bala	ance									0	
12	Other re	ductions i	n balances due to	elections	or deemed electio	ns					0			0	
13	Balance	at beginn	ing of current yea	ır (line 9 +	line 10 + line 11d -	– line 12) .					0			0	
P	art III	Fun	ding Percenta	ages											
14	Funding	target att	ainment percenta	ge									14	102.51%	
15	Adjusted	I funding	target attainment	percentage	ə								15	102.51%	
16					of determining whe						to redu	ce current	16	91.44%	
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					ar by employer(s)										
(1	(a) Date MM-DD-Y		(b) Amount p employer	•	(c) Amount pa employee		(a) (MM-D	Date		(b) Amoun employ		(0	(c) Amount paid by employees		
	01/30/2017		5p.cy 6.	2940	ор.оу о	0	(,	Jp.o	0.(0)		0p	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C	04/30/2017	7		227181		0									
							Totals ▶	•	18(b)		23012	21 18(c)		0	
19	Discount	ed emplo	yer contributions	– see instr	uctions for small p	lan with a	valuation c	late	after the	beginning of th	e year:	1			
	a Contri	butions a	llocated toward ur	npaid minir	mum required cont	tributions f	rom prior y	ears			19a			0	
	b Contri	butions m	ade to avoid resti	rictions adj	usted to valuation	date					19b			0	
					ired contribution for	current yea	ar adjusted	to va	aluation d	ate	. 19c			225535	
20			tions and liquidity											, D	
			_		ne prior year?									Yes X No	
				-	installments for the	-			timely ma	anner?			∐	Yes No	
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the followin				hio plan :	voor.					
		(1) 1s	<u> </u>		Liquidity shortfa (2) 2nd	ıı as uı enc	or quarter	UI [gear 3rd	1		(4) 4th	<u> </u>	
		. ,			, ,				. ,				. ,		

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21 Discount rate:											
	a Segment rates: 1st segment: 2nd segment: 3rd segment		N/A full yield ourse used								
	4.43% 5.91% 6.65%	1	N/A, full yield curve used								
	b Applicable month (enter code)	. 21b	0								
22	Weighted average retirement age	. 22	65								
23	23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute										
Pa	art VI Miscellaneous Items										
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attac	hment	Yes X No								
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required	attachmei	ntX Yes No								
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27									
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	•									
28	Unpaid minimum required contributions for all prior years	. 28	0								
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0								
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	31 Target normal cost and excess assets (see instructions):										
	a Target normal cost (line 6)	. 31a	201468								
	b Excess assets, if applicable, but not greater than line 31a	. 31b	9947								
32	Amortization installments: Outstanding Bala	ance	Installment								
	Net shortfall amortization installment	0	0								
	b Waiver amortization installment	0	0								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33	0								
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	. 34	191521								
	Carryover balance Prefunding bala	nce	Total balance								
35	Balances elected for use to offset funding requirement	0	0								
36	Additional cash requirement (line 34 minus line 35)	36	191521								
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	225535								
38	Present value of excess contributions for current year (see instructions)	.1	I								
	a Total (excess, if any, of line 37 over line 36)	38a	34014								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	. 38b	0								
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								
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions	s)									
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 Eligible plan year(s) for which the election in line 41a was made	20	008 2009 2010 2011								
42	Amount of acceleration adjustment	42	_								
43	Excess installment acceleration amount to be carried over to future plan years	43									

Attachment to 2016 Form 5500 Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: New York Network Management Cash Balance Plan Plan Sponsor's Name: New York Network Management

EIN: 11-3347168 PN: 002

YEARS OF CREDITED SERVICE

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
Attained	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./
Age		Comp		Comp		Comp		Comp		Comp
Under										
25										
25 to 29			1		1					
30 to 34										
35 to 39										
40 to 44										
45 to 49					1					
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70&UP										

YEARS OF CREDITED SERVICE

	20 to 24		25 to 29		30 to 34		35 to 39		40&UP	
Attained	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./	No.	Avg./
Age		Comp		Comp		Comp		Comp		Comp
Under										
25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70&UP										

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 calenda	r plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2	
A This reti	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) aployer information in a	(Filers checking t ccordance with th	his box must attach a e form instructions.)
A mister	antireport to tor.	a one-participant plan	a foreign plan			
B This retu	rn/report is					
		an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	am .
	D 1 D) 1.6	special extension (enter des				
Part II		ormation—enter all requested in	ntormation		1b Three-dig	it
1a Name o	orpian : Network Man		plan num			
			1c Effective 01/01/2	•		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)			Identification Number -3347168
		ce, country, and ZIP or foreign pos magement LLC	stal code (if foreign, see inst	ructions)	2c Sponsor*	s telephone number
						code (see instructions)
9201 4t	h Avenue		524290	,		
Brookly		NY 11209		- Colombia (Colombia)		
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Sp	onsor.		3b Administr	ator's EIN
					3c Administr	ator's telephone number
					3	
4 If the r	name and/or EIN of the	he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	
name,		umber from the last return/report.			4c PN	
		s at the beginning of the plan year			<u> </u>	
	• •	s at the end of the plan year				
C Numb	er of participants with	account balances as of the end o	of the plan year (only defined	d contribution plans	5c	<u> </u>
	•	articipants at the beginning of the			5d(1)	9
	·	participants at the end of the plan y	•		F-1/0)	
e Numb	per of participants that	at terminated employment during the	ne plan year with accrued be	enefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable c	<u>∣</u> ause is establisI	ned.
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I have	e examined this return/r	eport, including, i	f applicable, a Schedule
SIGN	Thurs	Markeled	10/13/17	David Macklin	1	
HERE	Signature of plan	1 2 10 111	Date	Enter name of indivi	dual signing as p	lan administrator
SIGN	1				oual organicy do p	
HERE	Signature of empl	dual signing as e	mployer or plan sponsor			
Preparer's		name, if applicable) and address	Date (include room or suite numb			ephone number
	. •		•	•		•

	Form 5500-SF 2016		Page 2	- · · · · · · · · · · · · · · · · · · ·				
b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccounta	nt (IQ d use	PA) Form	5500.	
7	Plan Assets and Liabilities	l ·	(a) Beginning (of Year				(b) End of Year
i a	Total plan assets	7a		390,8	313			636,348
<u>=</u>	Total plan liabilities	7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7c		390,8	313			636,348
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		230,1	.21			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		15,4	14			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						245,535
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			·
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e			이			
f	Administrative service providers (salaries, fees, commissions)	8f			이			
<u>g</u>	Other expenses	8g			이			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i			-			245,535
<u> </u>	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 1C	feature co	odes from the List of Pl	an Char	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cteris	lic Cod	les in 1	the instructions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
- 6	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \			40-		х		

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		
C	Was the plan covered by a fidelity bond?	10c	х			40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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	3	
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			·	
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				

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			20700	
For calenda	r plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2	
A This reti	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) aployer information in a	(Filers checking t ccordance with th	his box must attach a e form instructions.)
A mister	antireport to tor.	a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	am .
	D 1 D) 1.6	special extension (enter des				
Part II		ormation—enter all requested in	ntormation		1b Three-dig	it
1a Name o	•	agement LLC Cash Bal	ance Plan		plan num	
					1c Effective 01/01/2	•
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	.O. Box)			Identification Number -3347168
		ce, country, and ZIP or foreign pos magement LLC	stal code (if foreign, see inst	ructions)	2c Sponsor*	s telephone number
						code (see instructions)
9201 4t	h Avenue				524290	(000
Brookly		NY 11209			01	
3a Plan ad	dministrator's name a	and address 🛛 Same as Plan Sp	onsor.		3b Administr	ator's EIN
					3c Administr	ator's telephone number
		ne plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	
	, EIN, and the plan no or's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year	•		. 5a	5
	• •	s at the end of the plan year				(
C Numb	er of participants with	n account balances as of the end o	of the plan year (only defined	d contribution plans	5c	-
d(1) Tota	al number of active p	articipants at the beginning of the	plan year		. 5d(1)	5
	·	participants at the end of the plan y	•		5-1(0)	(
e Numb	per of participants that	at terminated employment during the	ne plan year with accrued be	enefits that were less	5e	
Caution: A	penalty for the late	or incomplete filing of this retu	ırn/report will be assessed	unless reasonable c	ause is establisi	ned.
SB or Sche		other penalties set forth in the instr and signed by an enrolled actuary				
SIGN	Threed	Markeled	10/13/17	David Macklin	1	
HERE	Signature of plan	1 2 10 111	Date	Enter name of indivi	dual signing as p	lan administrator
SIGN	1				oual organicy do p	
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of indivi	dual signing as e	mployer or plan sponsor
Preparer's		name, if applicable) and address				ephone number
	. •		•	•		•

	Form 5500-SF 2016		Page 2	- · · · · · · · · · · · · · · · · · · ·				
b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccounta	nt (IQ d use	PA) Form	5500.	
7	Plan Assets and Liabilities	l ·	(a) Beginning (of Year				(b) End of Year
i a	Total plan assets	7a		390,8	313			636,348
<u>=</u>	Total plan liabilities	7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7c		390,8	313			636,348
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		230,1	.21			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		15,4	14			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						245,535
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			·
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e			이			
f	Administrative service providers (salaries, fees, commissions)	8f			이			
<u>g</u>	Other expenses	8g			이			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i			-			245,535
<u> </u>	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 1C	feature co	odes from the List of Pl	an Char	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cteris	lic Cod	les in 1	the instructions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
- 6	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \			40-		х		

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		
C	Was the plan covered by a fidelity bond?	10c	х			40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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	3	
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			·	
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				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

File as an attachment	to Form 5500	or 5500-SF.					
For calendar plan year 2016 or fiscal plan year beginning 01/01/201	L6	and ending	g	12/31/20	16		
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unles	ss reasonable	cause is established	1.	1			
A Name of plan	27	B Three-dig	•				
New York Network Management LLC Cash Balance F	?lan	plan num	ber (PN) •	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	:IN)		
			_	·			
New York Network Management LLC		11-334716	8				
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Price	or year plan siz	e: X 100 or fewer	101-	500 More th	an 500		
Part I Basic Information							
1 Enter the valuation date: Month 12 Day 31	Year201	6					
2 Assets:							
a Market value			2a		406,227		
b Actuarial value			2b		406,227		
3 Funding target/participant count breakdown							
a For retired participants and beneficiaries receiving payment		0		0	C		
b For terminated vested participants		0		0	C		
C For active participants		6		396,280	396,280		
d Total		6		396,280	396,280		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		П					
a Funding target disregarding prescribed at-risk assumptions		ш	4a				
b Funding target reflecting at-risk assumptions, but disregarding transition ru status for fewer than five consecutive years and disregarding loading facto	ule for plans th	at have been in at-ri	sk 4h				
5 Effective interest rate			5		6.12%		
6 Target normal cost			6		201,468		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, sta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (tak combination, offer my best estimate of anticipated experience under the plan.							
SIGN Arthur + Teiler				10/15/20	17		
Signature of actuary				Date			
Arthur Teiler				1701157	7		
Type or print name of actuary				ecent enrollmer			
Creative Pension Design & Admin				203-356-1	685		
Firm name		Te	lephone	number (includ	ing area code)		
259 Main St							
Stamford CT 06901							
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated under the	statute in com	pleting this schedule	e, check	the box and see	· П		

instructions

	;	Schedule S	SB (Form 5500) 20	016			Page 2	2 -		_		
Р	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
7		•		• • •	ble adjustments (line 13 fro	•	(8	n) Carryover balanc	e 0		Prefundi	ng balance (
8			•	•	ding requirement (line 35 f				0			(
9	Amoun	t remaining	(line 7 minus line	8)					0			(
10	Interest	on line 9 เ	using prior year's a	actual retur	n of%							
11	-				o prefunding balance:							
				,	8a from prior year)							(
					over line 38b from prior ye interest rate of 4.95							
	` '		•	•	dule SB, using prior year's							(
					r to add to prefunding balanc							(
	d Porti	on of (c) to	be added to prefu	ınding bala	nce							(
12	Other re	eductions i	n balances due to	elections of	or deemed elections				0			(
					ne 10 + line 11d – line 12).				0			(
F	Part III	Fun	ding Percenta	iges								
14	Funding										14	102.51%
15	Adjuste	d funding t	arget attainment բ	ercentage				1	05.	51	15	102.51%
16					f determining whether carry						16	91.44%
17					ess than 70 percent of the						17	%
	Part IV		tributions and		•		, , , , , , , , , , , , , , , , , , , ,					70
					ar by employer(s) and empl	ovees:						
	(a) Da	ite	(b) Amount pa	aid by	(c) Amount paid by	(a)	Date	(b) Amount		(0		int paid by
(MM-DD-\	(YYY)	employer(s)	employees	(MM-DL	D-YYYY)	employe	er(s)		empl	oyees
0	1/30/	2017		2,940	0							
	4/30/		2	27,181	0							
					_							
					-							
												
						Totals ►	18(1	p) 2	230,12	21 18(c)		(
19	Discour	nted emplo	yer contributions -	- see instru	uctions for small plan with a	valuation d	ate after	the beginning of the	e year:			
	a Cont	ributions a	located toward ur	paid minim	num required contributions	from prior ye	ears		19a			(
	b Contr	ributions m	ade to avoid restr	ictions adju	sted to valuation date				19b			(
					ed contribution for current ye	ar adjusted t	to valuatio	n date	19c			225,535
20		•	tions and liquidity									
			_		e prior year?							Yes X No
				-	nstallments for the current		-	manner?			······ <u>L</u>	Yes No
	C If line	20a is "Ye	es," see instruction	ns and com	plete the following table as Liquidity shortfall as of en			an vear				
		(1) 1st	<u> </u>		(2) 2nd		(3	•			(4) 4tl	า

P	art V	Assumpti	ons Used to Determin	e Funding Target and Targ	jet Normal Cost		
21	Discount	rate:					
	a Segme	ent rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65%		N/A, full yield curve used
	b Applica	ıble month (er	nter code)			21b	0
22	Weighted	average retire	ement age			22	65
23	Mortality	able(s) (see i	instructions) X Pres	scribed - combined Preso	ribed - separate	Substitu	ute
Pa	art VI	Miscellane					
24		•	•		•		
25	Has a me	thod change t	peen made for the current pla	n year? If "Yes," see instructions r	egarding required attach	ment	
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	attachmen	tX Yes No
27					ons regarding	27	
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid m		•	•		28	0
29					' '	29	0
30	attachment						0
Pa	art VIII	Minimum	Required Contribution	For Current Year			
31	Target no	ormal cost and	l excess assets (see instruction	ons):			
	a Target r	normal cost (lir	ne 6)			31a	201,468
	b Excess	assets, if app	licable, but not greater than li	ne 31a		31b	8,947 °
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			0	0
	b Waiver	amortization i	nstallment			0	0
33					•	33	0
34	Total fund	ling requireme	ent before reflecting carryover.	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	201,468
				Carryover balance	Prefunding balar	nce	Total balance
35				0		0	0
36				_		36	192,521 201,468
	Contribut	ons allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	•
38			s contributions for current yea				225,535
- 30				(See Instructions)		38a	22 1 1 1 24 ,067
			•	refunding and funding standard car		38b	33,014 ^{217,007}
39			•	ar (excess, if any, of line 36 over line	-	39	0
40					· · · · · · · · · · · · · · · · · · ·	40	0
	rt IX		•	Pension Relief Act of 2010		_	<u> </u>
			to use PRA 2010 funding reli		(000000	·	
						Г	2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the election in line 4	1a was made		20	<u> </u>
42						42	
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43	

Plan Name: New York Network Management Cash Balance Plan

EIN / PIN: 11-3347168 / 002

2016 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 2016

Valuation Date: 12/31/2016

Date	Contribution	Amount	Interest Rate	Adjusted Amount	Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
01/30/2017 04/30/2017	2940 227181						2,940 227,181	6.12% 6.12%	2,925 222,610
04/30/2017	227101						221,101	0.1270	222,010
Total	230121						230121		225535