-	rm 5500-SF	Short Form Annua	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee			4065 of the Employee Retiren	nent	2015				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).					nal	This Form is Open to Public Inspection				
		Complete all entries in a Identification Information	accordance with the inst	tructions to the Form 5500-S	SF.					
For calend		scal plan year beginning 01/01/2	015	and ending 12/31/2	2015					
		X a single-employer plan		plan (not multiemployer) (Filer		king this box must attach a				
A This return/report is for:										
B This ret	urn/report is	the first return/report X the final return/report								
		an amended return/report a short plan year return/report (less than 12 mo				nonths)				
C Check box if filing under: Form 5558 automatic extension					X D	FVC program				
		special extension (enter descri	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name of plan SUSAN HOLLAND & CO INC				1b	Three plan r	e-digit number				
						• 001				
				1c	Effect	ive date of plan 01/01/2007				
Mailing	g address (include rooi	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O			Emplo (EIN)	mployer Identification Number EIN) 13-3447396				
	town, state or provinc LAND & CO INC	e, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions) 2c	Spons	sor's telephone number 212-807-8892				
				2d	Business code (see instructions)					
	AVE APT 26E , NY 11201-5470		LB AVE APT 26E YN, NY 11201-5470		, , , , , , , , , , , , , , , , , , ,					
DIGORETIN	, 111201-3470	BROOKE			713900					
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.	3b	3b Administrator's EIN					
				30	Admir	iistrator's telephone number				
		e plan sponsor has changed since t nber from the last return/report.	the last return/report filed	for this plan, enter the 4b	EIN					
a Spons	or's name			4c	PN					
5a Total	number of participants	at the beginning of the plan year			5a	1				
		at the end of the plan year			5b	0				
		account balances as of the end of t			ōc	0				
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		(1)	1				
		rticipants at the end of the plan yea			(2)	0				
		terminated employment during the			5e	0				
		or incomplete filing of this return			s estab	lished.				
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	valid electronic signature.	03/28/2018	SUSAN HOLLAND						
HERE	Signature of plan a	dministrator	Date	Enter name of individual sig	nter name of individual signing as plan administrator					
SIGN	Filed with authorized	valid electronic signature.	03/28/2018	SUSAN HOLLAND	ND					
HERE					dual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address (include room or suite number) SUSAN HOLLAND SUSAN HOLLAND & CO INC 80 DEKALB AVE APT 26E BROOKLYN, NY 11201			per) Prep	Preparer's telephone number 212-807-8892						
Eor Daporw	ork Poduction Act Notic	e and OMB Control Numbers see the	instructions for Form 550	n-SE		Form 5500-SE (2015)				

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes No			
	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 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.									
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Part III Financial Information	-									
7 Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year				(b) End of Year			
a Total plan assets	7a		1403			0				
b Total plan liabilities	tal plan liabilities			0			0			
C Net plan assets (subtract line 7b from line 7a)	7c		1403			0				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
a Contributions received or receivable from:	0-(1)			0						
(1) Employers				-	-					
(2) Participants			0							
(3) Others (including rollovers)			0							
b Other income (loss)				0	_					
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums) 	8c				_		0			
to provide benefits)	8d		1338							
e Certain deemed and/or corrective distributions (see instructions)				0						
f Administrative service providers (salaries, fees, commissions)	8f		65							
g Other expenses	8g		0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1403				
i Net income (loss) (subtract line 8h from line 8c)	8i						-1403			
j Transfers to (from) the plan (see instructions)				0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pensio	n feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
2E 2F 2G 2J 2T 3D B If the plan provides welfare benefits, enter the applicable welfare	footuro cor	los from the List of Pla	n Charr	octorict		loc in th				
In the plan provides wenare benefits, enter the applicable wenare				acterist						
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contrib										
described in 29 CFR 2510.3-102? (See instructions and DOL's	•	•	10-		х					
Program) B Were there any nonexempt transactions with any party-in-intere			10a		~					
	reported on line 10a.)				Х					
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?				Х					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	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					
e Were any fees or commissions paid to any brokers, agents, or o	ther person	s by an insurance	10d							
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				Х					
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.)				Х					
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х					
	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									
	Did the plan trust incur unrelated business taxable income?									
Part VI Pension Funding Compliance	VI Pension Funding Compliance						1			

	· · · · · · · · · · · · · · · · · · ·				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				
11	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No			

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter	the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year				12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0	
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?						
С		ring 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 plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)	PN(s)			
Dert	1/111	Truck Information						
Part		Trust Information						
14a	Name	e 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		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- ased safe arbor nethod	PP/ACP st		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					es			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage Averag benefit		verage enefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				ΓY	es	No		
17a Has the plan been timely amended for all required tax law changes?			Y	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable		
18				Yes		No	No	
19	19 Were in-service distributions made during the plan year?				es	No		
If "Yes," enter amount								
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					es	No	N/A	