Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 07/01/1969

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)
ALLIED NEW YORK SERVICES, INC.

462 7TH AVENUE 17TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN) 11-3666918

2c Plan Sponsor's telephone number 212-868-5593

2d Business code (see instructions) 488100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/26/2018	ROBERT ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

DAVID H WARD

DAVIS WARD & HOCHMAN LLP

150 EAST 58TH STREET 20TH FLOOR
NEW YORK, NY 10155

Preparer's telephone number 212-230-2600

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ALLIED NEW YORK SERVICES, INC.

462 7TH AVENUE 17TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN: 11-3666918

3c Administrator's telephone number: 212-868-5593

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	577
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	242
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	208
b	Retired or separated participants receiving benefits	**6b**	130
c	Other retired or separated participants entitled to future benefits	**6c**	199
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	537
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f	Total. Add lines **6d** and **6e**.	**6f**	561
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2016

2 Assets:

a Market value	**2a**	25505916
b Actuarial value	**2b**	25505916

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	137	10718596	10718596
b For terminated vested participants	198	3536854	3536854
c For active participants	242	7438295	7567247
d Total	577	21693745	21822697

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 have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.11 %
6 Target normal cost	**6**	560972

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 01/10/2018

GARRETT T. NOROF — Type or print name of actuary

17-07808 — Most recent enrollment number

USI CONSULTING GROUP — Firm name

212-949-1344 — Telephone number (including area code)

350 FIFTH AVENUE
SUITE 3700
NEW YORK, NY 10118

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7021310	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	629000	
9	Amount remaining (line 7 minus line 8)	6392310	
10	Interest on line 9 using prior year's actual return of -1.89%	-120815	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.29 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6271495	

Part III Funding Percentages

14	Funding target attainment percentage	14	88.13%
15	Adjusted funding target attainment percentage	15	116.87%
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	129.66%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2017	150000				
07/11/2017	150000				
10/17/2016	142000				
			Totals ► 18(b)	442000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	424540

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part 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 Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part 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. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 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**	

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	560972
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
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 (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	560972

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	141555		141555

36 Additional cash requirement (line 34 minus line 35)	**36**	419417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	424540

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5123
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5123
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

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 ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MANNING & NAPIER ADVISORS, LLC
290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

45-3328488

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

USI CONSULTING GROUP, INC.

95 GLASTONBURY BOULEVARD STE 102
GLASTONBURY, CT 06033

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	78285	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

DAVIS, WARD & HOCHMAN, LLP

150 EAST 58TH STREET 20TH FLOOR
NEW YORK, NY 10155

20-0494412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	23628	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

EXETER TRUST COMPANY

290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

02-0476209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	TRUSTEE	89381	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER PRO-MIX EXTEND TRM

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
02-0476209-010	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		150000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		13145
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	234277	831986
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		26471029
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25271639	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	25505916	27466160
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		26933
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		26933
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25505916	27439227

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	442000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	231814	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		673814
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	422422	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		422422
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2147166	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2147166

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1352
d Total income. Add all **income** amounts in column (b) and enter total	2d		3244754
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1031555	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1031555
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	101913	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	89381	
(4) Other	2i(4)	88594	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		279888
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1311443
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1933311
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: DAVIS, WARD & HOCHMAN, LLP **(2)** EIN: 20-0494412

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4117825. (See instructions.)

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Distributions

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

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

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

EIN(s): 02-0476209

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Allied Aviation New York Services Pension Plan

Financial Statements and Supplemental Schedules

Years Ended June 30, 2017 and 2016

Allied Aviation New York Services Pension Plan

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DWH
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Certified Public Accountants and Consultants

Independent Auditors' Report

To the Plan Administrator
Allied Aviation New York Services Pension Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental schedules of Allied Aviation New York Services Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Exeter Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of or for the year ended June 30, 2017 are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Davis, Ward & Hochman, LLP

Davis, Ward & Hochman, LLP
New York, New York
April 6, 2018

Allied Aviation New York Services Pension Plan

Statements of Net Assets Available for Benefits

June 30,	**2017**	2016
Assets		
Investments, at fair value:		
Interest-bearing cash	**$ 831,986**	$ 234,277
Common stocks	**7,242,544**	-
Exchange traded funds	**19,228,485**	-
Collective investment trust fund	**-**	25,271,639
Total investments	**27,303,015**	25,505,916
Receivables:		
Accrued income	**13,145**	-
Employer contributions	**150,000**	-
Total receivables	**163,145**	-
Total assets	**27,466,160**	25,505,916
Liabilities		
Administrative expenses payable	**26,933**	-
Net assets available for benefits	**$ 27,439,227**	$ 25,505,916

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

Allied Aviation New York Services Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year ended June 30,	**2017**	2016
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ 2,147,166**	$ (502,276)
Dividend and interest income	**422,422**	-
Total net investment income (loss)	**2,569,588**	(502,276)
Contributions:		
Employer	**442,000**	-
Rollover	**231,814**	157,647
Total contributions	**673,814**	157,647
Other income	**1,352**	-
Total additions	**3,244,754**	(344,629)
Deductions:		
Benefits paid to participants and beneficiaries	**1,031,555**	1,014,597
Administrative expenses	**279,888**	144,238
Total deductions	**1,311,443**	1,158,835
Net increase (decrease) in net assets available for benefits	**1,933,311**	(1,503,464)
Net assets available for benefits:		
Beginning of year	**25,505,916**	27,009,380
End of year	**$ 27,439,227**	$ 25,505,916

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

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Allied Aviation New York Services Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General Information

The Plan is a noncontributory defined benefit plan maintained by Allied Aviation New York Services, Inc. (the "Plan Sponsor" or "Company"). The Plan and all rights thereunder are governed by, and construed in accordance with, the laws of the State of New York. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan, as amended, is for the benefit of the employees of the Company, whose employment is subject to a collective bargaining agreement, as amended from time to time, between the Company and the Coal, Gasoline and Fuel Oil Teamsters, Chauffers, Oil Burner Installation, Maintenance, Servicemen and helpers of New York City and Vicinity, Nassau and Suffolk Counties, New York, Local 553, and affiliated with the International Brotherhood of Teamsters, Chauffers, Warehousemen and Helpers of America (the "Union").

The purpose of the Plan is to provide retirement and certain other benefits for the eligible employees of the Company whose employment continues to be subject to a collective bargaining agreement between the Company and the Union and whose employment is located at the Company's facilities at the John F. Kennedy International Airport.

The Company has the general responsibility and discretionary authority for the administration, establishment and interpretation of the Plan and its summary plan descriptions and modifications. This includes, but is not limited to, complying with reporting and disclosure requirements, establishing and maintaining Plan records, adopting amendments to the Plan, deciding all questions arising in connection with the Plan, and reviewing the investment performance and methods of the Plan trustee.

Participation

An eligible employee is defined as any employee of the Company whose employment is subject to a collective bargaining agreement between the Company and the Union and whose place of employment and job is situated at the Company's facilities at John F. Kennedy International Airport. Each eligible employee is automatically enrolled in the Plan upon completion of one year of service and the attainment of age 21. A participant's membership in the Plan ceases upon retirement, death, or any break in service.

Vesting

Generally, participants in five or more years of service (defined as a minimum of 1,000 hours in a Plan year) are eligible for full pension benefits beginning at the normal retirement age of 62.

Pension Benefits

The monthly pension benefit is calculated by multiplying a fixed rate, determined through a collective bargaining agreement renegotiated periodically, times the member's Years of Benefit Credit earned. A Benefit Credit is earned on a graduated scale each year, based on the number of hours worked. The Plan permits early retirement at reduced benefits at age 55 or any month thereafter up to age 62, provided that the employee has ten years of benefit credit.

There are several different forms of benefit payments a participant can choose from under the Plan. All the forms of benefit payments are actuarially equivalent to a pension in the form of a Single Life Annuity with a Five Year Certain, payable monthly to the participant. If a participant terminates for any reason other than death, disability or retirement prior to his completion of five years of service, no benefit shall be payable under the Plan.

Disability Benefits

If an active participant has ten or more years of benefit credit, has not reached age 62 and is eligible to receive disability benefits under the Federal Social Security Act, the participant is entitled to pension benefits as if he applied for normal retirement.

Death Benefits

No death benefits are payable under the plan in the event of death before the participant is vested. If the participant is vested and dies prior to retirement, the participant's spouse/beneficiary may be entitled to a reduced monthly benefit the participant would have received if the participant had retired on the date of death until a total of 60 monthly pension payments have been made from the date of death. The amount of the benefit will be reduced by half of 1% for each month the benefit is paid prior to the date of the participant's normal retirement had he or she lived. If the participant is vested and dies subsequent to retirement, the participant's spouse/beneficiary may be entitled to the remainder of benefit payments until a total of 60 payments have been made. In addition, the spouse/beneficiary is entitled to either 50% or 75% of the benefit payable to the participant thereafter, provided that the participant has not waived the Qualified Joint and Survivor Annuity.

Plan Expenses

Plan expenses are paid by the Plan unless the Company elects to pay such expenses directly. Plan expenses paid by the Company in fiscal 2017 and 2016 were immaterial.

Plan Modification

Effective as of July 1, 2016, the Plan was modified to restrict entry into the Plan for employees who would have normally met the eligibility requirements on or after August 1, 2016. All employees which were in the Plan as of June 30, 2015 were not affected by this modification. All employees who had a start date after July 1, 2015 are ineligible to participate in the Plan, although are eligible to participate in the Company matched 401(k) plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in the collective investment trust fund were valued at the net unit value of shares as determined by the trustee at year end. Funds that have been allocated and applied to purchase annuities are excluded from the Plan's assets.

Investment transactions are accounted for on the date purchases or sales are executed. Realized and unrealized gains and losses are determined based on the fair market value of the assets at the beginning of the Plan year. Dividend income is accounted for on the ex-dividend date. Interest income is recorded on the accrual basis as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See note 7 for a discussion of fair value measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits. Actual results could differ from those estimates.

3. Funding Policy

The Company makes quarterly contributions to the Plan sufficient to provide the Plan with assets with which to pay future pension benefits to Plan participants, as required by ERISA. The contributions of the Company are actuarially determined. The Company met the minimum funding requirements of ERISA for the Plan years ended June 30, 2017 and 2016.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, USI Consulting Group, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Benefit payments that are provided by annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits. Effective July 1, 2006, the Plan no longer purchases annuity contracts for retirees.

The significant actuarial assumptions and method used in the July 1, 2016 and 2015 valuations were:

Funding method – Unit Credit Cost Method
Mortality – RP-2014 Blue Collar Mortality Table with Scale MP-2016 projected on a fully generational basis at July 1, 2016 and RP-2014 Blue Collar Mortality Table with Scale MP-2015 projected to 2022 at July 1, 2015
Retirement age - Age 62, or current age, if older
Investment return - 7% per annum (pre-retirement funding)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The Company selects the expected rate of return on Plan assets in consultation with its investment advisor from Manning and Napier Advisors, LLC and actuary from USI Consulting Group. The expected rate of return on Plan assets was 7% for the July 1, 2016 and 2015 valuations and was based on the composition of Plan assets and anticipated rates of return for current market conditions and future expectations. The expected rate of return is a long-term assumption that generally does not change annually. USI Consulting Group has provided the Plan with the effective interest rate of 6.11% as of July 1, 2016, which was used to calculate targeted funding requirements included in Schedule SB of Form 5500 and was based on IRS mandated rates.

The actuarial present value of the accumulated plan benefits as of July 1, 2016 and 2015 are as follows:

	2016	2015
Retirees and beneficiaries	**$ 9,931,457**	$ 9,615,146
Terminated – vested	**3,154,300**	3,130,383
Active – vested	**6,678,936**	6,462,600
Active – nonvested	**116,713**	118,472
Total actuarial present value of accumulated plan benefits	**$19,881,406**	$19,326,601

The changes in the actuarial present value of the accumulated plan benefits as of July 1, 2016 and 2015 are as follows:

	2016	2015
Present value of the accumulated plan benefits at beginning of period	**$19,326,601**	$17,927,202
Increase (decrease) during the year due to:		
Benefits paid	**(1,014,597)**	(907,072)
Interest	**1,317,952**	1,223,694
Benefits accumulated	**194,739**	1,048,863
Assumption changes	**56,711**	33,914
Present value of accumulated plan benefits at July 1	**$19,881,406**	$19,326,601

5. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CRF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Exeter Trust Company, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate. Exeter Trust Company is a subsidiary of Manning & Napier, Inc., which has its headquarters in Fairport, New York. The combined consolidated financial statements of Manning & Napier, Inc. were audited by PricewaterhouseCoopers LLP for the years ended December 31, 2017 and 2016.

June 30,	**2017**	2016
Interest-bearing cash	**$ 831,986**	$ 234,277
Common stocks	**7,242,544**	-
Exchange traded funds	**19,228,485**	-
Collective investment in trust fund	**-**	25,271,639

June 30,	**2017**	2016
Net appreciation (depreciation) in fair value of investments	**$ 2,147,166**	$ (502,276)
Dividend and interest income	**422,422**	-

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. Investments

Exeter Trust Company, an independent trustee and investment advisor, manages and controls the Plan investments. In order to reduce the fees charged to the Plan, effective November 2, 2016, the Plan changed its investments in the Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund to the Manning & Napier Global Tactical Portfolio – Moderate Growth Strategy fund and the Disciplined Value Strategy fund, which primarily invest in exchange-traded funds and equity securities, respectively.

The Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund had a primary objective of providing long-term growth of capital, and a secondary objective of providing capital preservation and was comprised of 610 individual investments as of June 30, 2016. The Pro-Mix Extended Term Collective Investment Trust fund invested in a growth-oriented mix of stocks, bonds, and cash that seeks to earn a good portion of the long-term growth of the stock market without full market risk. The Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund's asset allocations by category can be found at the Manning & Napier website at https://www.manning-napier.com/InstitutionalInvestors/Public/Products/CITFunds/Details.aspx?fundid=9.

Additional information on the Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund's composition and its audited financial statements can be found on the Manning & Napier website.

7. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

a) Quoted prices for similar assets and liabilities in active markets;
b) Inputs other than quoted prices that are observable for the asset or liability;
c) Inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

Level 3 – Inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The valuation methodologies used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements as of the reporting date.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Interest-bearing cash: Interest-bearing cash is valued at cost plus accrued income, which approximates fair value due to its liquid nature and is protected by the Federal Deposit Insurance Corporation (FDIC).

Common Stocks: Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds: Exchange traded funds are valued using quoted prices listed on nationally recognized securities exchanges.

Common/collective trust fund: The common/collective trust fund is a public investment vehicle valued using the Net Asset Value ("NAV") provided by the trustee of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. At June 30, 2016, the Plan had no unfunded commitments related to common/collective trust fund.

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2017 and 2016:

	Investment assets at fair value at June 30, 2017			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 831,986	$ -	$ -	$ 831,986
Common Stocks	7,242,544	-	-	7,242,544
Exchange traded funds	19,228,485	-	-	19,228,485
	$27,303,015	$ -	$ -	$27,303,015

	Investment assets at fair value at June 30, 2016			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 234,277	$ -	$ -	$ 234,277
Collective investment trust fund	-	25,271,639	-	25,271,639
	$ 234,277	$25,271,639	$ -	$25,505,916

8. Parties-In-Interest Transactions

Plan investments in the collective investment trust fund are managed by Manning & Napier Advisors, LLC, an affiliate of Exeter Trust Company. State Street Bank & Trust Company provides sub-custodian services to Exeter Trust Company, and provides all safekeeping and clearing arrangements. Transactions with these entities qualify as party-in-interest transactions.

9. Tax Status

The Plan received a determination letter from the Internal Revenue Service dated August 5, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "IRC"), and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter and the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The

Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended June 30, 2014.

10. Plan Termination

Although it has not expressed any intent to do so, the Company has the right at any time to amend, suspend, or terminate the Plan, in whole or in part, and for any reason, without the consent of the Participants or their beneficiaries, subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the net assets of the Plan (except for any benefits purchased though annuity contracts) will be used to pay retirement benefits accrued to the date of termination, but only to the extent that such retirement benefits have been funded by contributions made prior to the date of termination. The Plan net assets will be allocated to the Participants in the

following order:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits paid in the form of an annuity under the Plan.

The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All non-vested benefits.

Any net assets of the Plan remaining after the payment of all expenses of final administration, and after payment of all liabilities accrued to the termination date, shall be paid to the Company.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of

benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

11. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. Subsequent Events

The Company has evaluated subsequent events from July 1, 2017 through April 6, 2018, the date the financial statements were available to be issued, and has determined that there are no events to disclose, in addition to the above.

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Interest-Bearing Cash:				
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	$ 250,000	**$ 250,000**
*	State Street Instl US Govt Money Mkt Fd	Interest-Bearing Cash Account	$ 459,495	**$ 459,495**
*	State Street Int Bearing FD	Interest-Bearing Cash Account	$ 122,491	**$ 122,491**
Exchange Traded Funds:				
	IShares	1-3 Year Treasury Bond ETF – 6,297 units	$ 534,869	**$ 532,034**
	IShares	3-7 Year Treasury Bond ETF – 14,854 units	$ 1,858,148	**$ 1,835,509**
	IShares	7-10 Year Treasury Bond ETF – 6,113 units	$ 642,895	**$ 651,707**
	IShares	Agency Bond ETF – 2,294 units	$ 264,328	**$ 260,828**
	IShares	Tips Bond ETF – 3,178 units	$ 368,480	**$ 360,481**
	Vanguard	Energy Index Fund ETF – 1,523 units	$ 142,807	**$ 134,786**
	Vanguard	FTSE Developed Markets ETF – 40,728 units	$ 1,476,166	**$ 1,682,881**
	Vanguard	FTSE Emerging Markets ETF – 7,120 units	$ 270,942	**$ 290,710**
	Vanguard	INT Term Corporate ETF – 32,387 units	$ 2,860,738	**$ 2,834,834**
	Vanguard	Mid-Cap ETF – 1,003 units	$ 124,009	**$ 142,948**
	Vanguard	Mortgage Backed Securities ETF – 46,911 units	$ 2,515,898	**$ 2,470,333**
	Vanguard	S&P 500 ETF – 20,553 units	$ 3,969,462	**$ 4,563,999**
	Vanguard	Short Term Corporate ETF – 26,162 units	$ 2,099,711	**$ 2,094,006**
	Vanguard	Small Cap ETF – 2,107 units	$ 247,958	**$ 285,583**
	Vanguard	Total Bond Market ETF – 13,294 units	$ 1,068,535	**$ 1,087,846**
Common Stocks:				
	3M Company	Common Stock – 798 units	$ 132,632	**$ 166,136**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ABB LTD – Spon ADR	Common Stock – 3,320 units	$ 68,292	**$ 82,668**
	Abbvie Inc.	Common Stock – 1,854 units	$ 108,801	**$ 134,434**
	Amgen Inc.	Common Stock – 804 units	$ 114,591	**$ 138,473**
	Archer Daniels Midland Co Com	Common Stock – 979 units	$ 44,119	**$ 40,511**
	Automatic Data Processing Inc.	Common Stock – 676 units	$ 61,902	**$ 69,263**
	BB&T Corp	Common Stock – 1,354 units	$ 53,109	**$ 61,485**
	Best Buy Inc.	Common Stock – 656 units	$ 25,233	**$ 37,608**
	Boeing Co	Common Stock – 687 units	$ 98,314	**$ 135,854**
	C H Robinson Worldwide Inc.	Common Stock – 327 units	$ 24,918	**$ 22,458**
	CA Inc	Common Stock – 946 units	$ 29,235	**$ 32,609**
	Campbell Soup Co	Common Stock – 590 units	$ 33,986	**$ 30,769**
	Cardinal Health Inc.	Common Stock – 612 units	$ 45,024	**$ 47,687**
	China Petroleum & Chem ADR	Common Stock – 1,412 units	$ 113,982	**$ 110,983**
	Cisco Systems Inc.	Common Stock – 4,960 units	$ 152,321	**$ 155,248**
	Clorox Co	Common Stock – 265 units	$ 30,934	**$ 35,309**
	Coca Cola European Partners PLC	Common Stock – 909 units	$ 34,410	**$ 36,969**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Coca Cola FEMSA SA SP ADR	Common Stock – 427 units	$ 31,250	**$ 36,154**
	Colgate – Palmolive Co.	Common Stock – 1,180 units	$ 84,488	**$ 87,473**
	Corning Inc Com	Common Stock – 1,600 units	$ 43,515	**$ 48,080**
	CRH PLC ADR	Common Stock – 1,507 units	$ 48,532	**$ 53,453**
	Cummins Inc.	Common Stock – 317 units	$ 39,215	**$ 51,424**
	CVS Health Corporation	Common Stock – 1,213 units	$ 96,388	**$ 97,598**
	Dover Corp.	Common Stock – 347 units	$ 27,806	**$ 27,836**
	Dr Pepper Snapple Group	Common Stock – 372 units	$ 32,496	**$ 33,893**
	Eastman Chemical Company	Common Stock – 332 units	$ 26,482	**$ 27,885**
	Eaton Corp PLC	Common Stock – 765 units	$ 47,348	**$ 59,540**
	Emerson Electric Co.	Common Stock – 1,053 units	$ 54,164	**$ 62,780**
	Fastenal Co.	Common Stock – 666 units	$ 30,330	**$ 28,991**
	Fifth Third Bancorp	Common Stock – 1,572 units	$ 34,727	**$ 40,809**
	GAP Inc.	Common Stock – 1,017 units	$ 27,218	**$ 22,364**
	General Mills Inc.	Common Stock – 962 units	$ 59,009	**$ 53,295**
	Genuine Parts Co	Common Stock – 329 units	$ 29,180	**$ 30,518**
	Gilead Sciences Inc.	Common Stock – 1,498 units	$ 99,743	**$ 106,028**
	Harley Davidson Inc.	Common Stock – 549 units	$ 30,940	**$ 29,657**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Hasbro Inc.	Common Stock – 280 units	$ 26,940	**$ 31,223**
	Hershey Co.	Common Stock – 402 units	$ 41,496	**$ 43,163**
	Home Depot Inc.	Common Stock – 1,330 units	$ 160,355	**$ 204,022**
	Honda Motor LTD Spons ADR	Common Stock – 2,623 units	$ 74,669	**$ 71,844**
	Honeywell International Inc.	Common Stock – 855 units	$ 106,387	**$ 113,963**
	Infosys Technologies ADR	Common Stock – 3,784 units	$ 54,942	**$ 56,836**
	Intel Corp	Common Stock – 4,589 units	$ 159,353	**$ 154,833**
	International Business Machines Corp	Common Stock – 984 units	$ 151,547	**$ 151,369**
	Johnson & Johnson	Common Stock – 2,321 units	$ 267,592	**$ 307,045**
	JPMorgan Chase & Co	Common Stock – 2,960 units	$ 206,737	**$ 270,544**
	Kimberly-Clark Corp	Common Stock – 518 units	$ 60,840	**$ 66,879**
	KLA-Tencor Corp	Common Stock – 317 units	$ 31,304	**$ 29,009**
	Koninklijke Philips NVR - NY	Common Stock – 1,574 units	$ 48,020	**$ 56,381**
	Lockheed Martin Corp	Common Stock – 357 units	$ 88,101	**$ 99,107**
	Lyondellbasell Industries CL A	Common Stock – 683 units	$ 53,352	**$ 57,638**
	Magna International Inc-CL A	Common Stock – 825 units	$ 33,098	**$ 38,222**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Marathon Petroleum Corp	Common Stock – 979 units	$ 41,774	**$ 51,231**
	McDonalds Corp	Common Stock – 855 units	$ 113,992	**$ 130,952**
	Medtronic PLC	Common Stock – 1,446 units	$ 117,286	**$ 128,333**
	Merck & Co Inc.	Common Stock – 2,765 units	$ 162,993	**$ 177,209**
	Motorola Solutions Inc.	Common Stock – 346 units	$ 29,086	**$ 30,012**
	NTT Docmo Inc. Sponsored ADR	Common Stock – 4,592 units	$ 114,203	**$ 108,601**
	Nucor Corp.	Common Stock – 672 units	$ 33,645	**$ 38,889**
	Paychex Inc.	Common Stock – 703 units	$ 38,494	**$ 40,029**
	Pentair PLC	Common Stock – 419 units	$ 26,407	**$ 27,880**
	PepsiCo Inc.	Common Stock – 1,562 units	$ 167,201	**$ 180,395**
	Pfizer Inc.	Common Stock – 5,824 units	$ 179,206	**$ 195,628**
	Qualcomm Inc.	Common Stock – 1,967 units	$ 127,208	**$ 108,618**
	Raytheon Company	Common Stock – 442 units	$ 60,417	**$ 71,374**
	Republic Services Inc.	Common Stock – 615 units	$ 38,791	**$ 39,194**
	Sanofi-Aventis ADR	Common Stock – 2,860 units	$ 116,617	**$ 137,023**
	SK Telecom Co LTD ADR	Common Stock – 1,521 units	$ 33,353	**$ 39,044**
	Smith & Nephew PLC Sponsored ADR	Common Stock – 908 units	$ 29,046	**$ 31,644**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Smucker J M Co/The-New Common Com	Common Stock – 254 units	$ 33,100	**$ 30,056**
	Sysco Corp	Common Stock – 960 units	$ 46,008	**$ 48,317**
	Taiwan Semiconductor Spons ADR	Common Stock – 5,123 units	$ 157,658	**$ 179,100**
	Target Corp	Common Stock – 954 units	$ 62,806	**$ 49,885**
	Texas Instruments Inc.	Common Stock – 1,260 units	$ 87,806	**$ 96,932**
	U S Bancorp New	Common Stock – 2,111 units	$ 94,792	**$ 109,603**
	Unilever PLC ADR AMER SHS Spon	Common Stock – 3,044 units	$ 129,719	**$ 164,741**
	Union Pacific Corp	Common Stock – 989 units	$ 88,537	**$ 107,712**
	United Parcel Service Inc CL B	Common Stock – 1,051 units	$ 112,351	**$ 116,230**
	United Technologies Corp	Common Stock – 960 units	$ 99,062	**$ 117,226**
	V F Corp	Common Stock – 761 units	$ 41,591	**$ 43,834**
	Valero Energy Corp New	Common Stock – 810 units	$ 48,351	**$ 54,643**
	Wal-Mart Stores Inc.	Common Stock – 2,672 units	$ 186,293	**$ 202,217**
	Waste Management Inc.	Common Stock – 746 units	$ 47,983	**$ 54,719**
	Wells Fargo & Co (New)	Common Stock – 4,335 units	$ 201,452	**$ 240,202**
	Western Digital Corp	Common Stock – 510 units	$ 43,112	**$ 45,186**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Whirlpool Corp	Common Stock – 161 units	$ 27,631	**$ 30,851**
	WW Grainger Inc.	Common Stock – 148 units	$ 28,985	**$ 26,714**
			$ 25,823,255	**$27,303,015**

* Party-in-interest as defined by ERISA

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 11-3666918 Plan No. 004

Year ended June 30, 2017

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
* Exeter Trust Company	Issue: 857949BL0 – State Street Interest Bearing Fund (Interest-Bearing Account):					
	102 Purchases	$ 1,242,194		$ 1,242,194	$ 1,242,194	$ -
	20 Sales		$ 1,103,979	1,103,979	1,103,979	-
* Exeter Trust Company	Issue: 563821123 – Manning & Napier Pro-Mix Extended Term Collective Investment Trust:					
	2 Purchases	$ 299,647		$ 299,647	$ 299,647	$ -
	7 Sales		$ 26,017,851	16,318,403	26,017,851	9,699,448
I-Shares	Issue: 464287457 – I-Shares 3-7 Year Treasury Bond EFT:					
	6 Purchases	$ 2,088,485		$ 2,088,485	$ 2,088,485	$ -
	1 Sale		$ 223,216	230,337	223,216	(7,121)
* Exeter Trust Company	Issue: CM1GVVXX3 – State Street Instl US Govt Money Mkt Fund:					
	27 Purchases	$ 26,134,607		$ 26,134,607	$26,134,607	$ -
	33 Sales		$ 25,576,112	25,576,112	25,576,112	-
Vanguard	Issue: 92206C870 – Vanguard Intermediate Term Corporate Bond ETF:					
	5 Purchases	$ 3,491,318		$ 3,491,318	$ 3,491,318	$ -
	2 Sales		$ 614,909	630,580	614,909	(15,671)
Vanguard	Issue: 92206C771 – Vanguard Mortgage Backed Securities ETF:					
	5 Purchases	$ 3,307,735		$ 3,307,735	$ 3,307,735	$ -
	2 Sales		$ 765,635	791,837	765,635	(26,202)
Vanguard	Issue: 922908363 – Vanguard S&P 500 EFT:					
	3 Purchases	$ 4,213,878		$ 4,213,878	$ 4,213,878	$ -
	3 Sales		$ 267,575	244,416	267,575	23,160

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions Continued

EIN: 11-3666918 **Plan No. 004**

Year ended June 30, 2017

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
Vanguard	Issue: 92206C409 – Vanguard Short Term Corporate EFT:					
	5 Purchases	$ 2,219,740		$ 2,219,740	$ 2,219,740	$ -
	1 Sale		$ 118,201	120,029	118,201	(1,828)
Vanguard	Issue: 921943858 – Vanguard FTSE Development Markets EFT:					
	3 Purchases	$ 1,559,512		$ 1,559,512	$ 1,559,512	$ -
	3 Sales		$ 91,061	83,346	91,061	7,715

* Party-in-interest as defined by ERISA

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.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Allied Aviation New York Services Pension Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Allied New York Services, Inc.

D Employer Identification Number (EIN)
11-3666918

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2016

2 Assets:

a Market value	2a	25,505,916
b Actuarial value	2b	25,505,916

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	137	10,718,596	10,718,596
b For terminated vested participants	198	3,536,854	3,536,854
c For active participants	242	7,438,295	7,567,247
d Total	577	21,693,745	21,822,697

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 have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.11 %
6 Target normal cost	6	560,972

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Garrett Noroff
Signature of actuary

1/10/2018
Date

GARRETT T. NOROF
Type or print name of actuary

17-07808
Most recent enrollment number

USI CONSULTING GROUP
Firm name

(212) 949-1344
Telephone number (including area code)

350 FIFTH AVENUE
SUITE 3700
NEW YORK NY 10118
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,021,310	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	629,000	0
9 Amount remaining (line 7 minus line 8)	6,392,310	0
10 Interest on line 9 using prior year's actual return of -1.89%	-120815	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.29%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6,271,495	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.13%
15 Adjusted funding target attainment percentage	15	116.87%
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	129.67%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/17/2016	142,000				
03/13/2017	150,000				
07/11/2017	150,000				
			Totals ► 18(b)	442,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	424,540

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part 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 Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part 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	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part 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	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	560,972
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	560,972

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	141,555	0	141,555

36 Additional cash requirement (line 34 minus line 35)	36	419,417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	424,540
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	5,123
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5,123
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

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

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	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

In accordance with the Pension Protection Act of 2006 (PPA), the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

ACTUARIAL ASSUMPTIONS

Mortality (as mandated by PPA 2006)

Non-disabled – IRS 2016 Static Mortality Table
Disabled – IRS 2016 Static Mortality Table

Interest Rate (as mandated by PPA 2006 and modified by MAP-21, HATFA and BBA 2015)

Maximum Tax Deductible Contribution

Pre MAP-21/HATFA/BBA 2015 liabilities are valued using the 3 segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for July 2016.

1st Segment Rate	1.51%
2nd Segment Rate	3.86%
3rd Segment Rate	4.86%

Minimum Required Contribution / AFTAP

Post MAP-21/HATFA/BBA 2015 liabilities are valued using the 3 segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for July 2016, subject to the 25-year average segment rate corridors (90%/110%) under HATFA/BBA 2015 for plan years beginning in 2016.

1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%

Expense Load

An expense load of $144,238 has been included in the Target Normal Cost to reflect expected administrative expenses to be paid from the Plan Trust.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

ACTUARIAL ASSUMPTIONS (continued)

Additional Assumptions
Credit Balances – $0 of funding standard carryover balance has been forfeited
$0 of pre-funding balance has been forfeited

Retirement age – Age 62 for all participants.

Turnover Rates-

Age	Rate
25	0.21600
30	0.13900
35	0.07900
40	0.05000
45	0.03400
50	0.02010
55	0.00620
56	0.00400
57	0.02200
58	0.00090
59	0.00030
60+	0.00000

Disability rates – 1977 Railroad Retirement Board Table

Age	Rate
25	0.00010
30	0.00010
35	0.00080
40	0.00150
45	0.00400
50	0.00730
55	0.01400
60	0.02480
61	0.02920
62	0.03450
63	0.03400
64	0.03000

ASSET VALUATION

Current market value of plan assets as reported by the trustee, plus accrued contributions.

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Plan Provisions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2016 – 06/30/2017

SUMMARY OF PLAN PROVISIONS

Effective Date: July 1, 1969; restated July 1, 2013; last amended June 2016.

Eligibility: All employees who are members of a bargaining unit represented by union.

Any person who initially satisfies the eligibility and entry date requirements to become a Member on or after August 1, 2016 shall not be an Eligible Employee.

Employees hired on or after September 1, 2014 will not receive further Benefit Credit for service on or after August 1, 2016.

Credited Service: Benefit credit as of the plan restatement date. For each plan year on and after the plan restatement date, participant will receive benefit credit in accordance with the following table:

Hours Worked	**Benefit Credit**
1800 or More	1.0
1620 - 1799	0.9
1440 - 1619	0.8
1249 - 1439	0.7
1041 - 1248	0.6
900 - 1040	0.5
720 - 899	0.4
540 - 719	0.3
360 - 539	0.2
Less Than 360	0.0

For those hired after the restatement date, Credited Service is accrued from the date of participation.

Retirement Dates:

Normal: First of the month coincident with or next following age 62.

Early: Age 55 with 10 years of service.

Disability: 10 years of service and eligible for Social Security disability benefits.

Deferred Vested: 5 Years of Vesting Service.

Preretirement Death: 5 Years of Vesting Service.

SUMMARY OF PLAN PROVISIONS
(continued)

Retirement Benefits:

Normal:

For participants hired before July 1, 1990:

(a) $516 per Year of Benefit Credit completed as of June 30, 2005, plus

(b) $552 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or $600 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus

(c) $660 per Year of Benefit Credit completed after July 1, 2011.

For participants hired on or after July 1, 1990:

(a) $228 per Year of Benefit Credit completed as of June 30, 2005, plus

(b) $276 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or $324 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus

(c) $384 per Year of Benefit Credit completed after July 1, 2011.

The accrued benefit values are based on the ultimate negotiated multipliers.

Early: Benefit accrued to date of retirement reduced by 1/2 of 1% for each month that the date of retirement precedes the normal retirement date.

Disability: Benefit accrued to date of disability payable immediately.

Deferred Vested: Accrued normal retirement benefit. Benefit payment commences at Normal Retirement Age or at early retirement with reductions.

Preretirement Death: An annuity for the spouse equal to the benefit the spouse would have received if the participant had survived to earliest retirement date with a benefit frozen at date of death, retired with a 50% Joint and Survivor annuity, and then died.

SUMMARY OF PLAN PROVISIONS
(continued)

Termination of Employment:

Vesting:	Credited Service as of the plan restatement date. For each plan year beginning on or after the plan restatement date in which an employee completes at least 1,000 hours of service, an employee will be credited with a year of Vesting Service.

Normal Form of Benefits:

Married Employees:	Actuarially reduced 50% Joint and Survivor Annuity with 5-year period certain.
Single Employees:	5-year period certain and life annuity.

Allied Aviation New York Services Pension Plan

Schedule SB, Line 26 - Schedule of Active Participant Data

EIN/PN: 11-3666918/004

Plan Year: 07/01/2016 - 6/30/2017

	Years of Credited Service:										
Attained Age	**Under 1 No.**	**1 to 4 No.**	**5 to 9 No.**	**10 to 14 No.**	**15 to 19 No.**	**20 to 24 No.**	**25 to 29 No.**	**30 to 34 No.**	**35 to 39 No.**	**40 & up No.**	**Total No.**
Under 25	0	4	0	0	0	0	0	0	0	0	**4**
25 to 29	0	10	0	0	0	0	0	0	0	0	**10**
30 to 34	0	5	4	3	1	0	0	0	0	0	**13**
35 to 39	0	6	8	8	5	0	0	0	0	0	**27**
40 to 44	0	10	8	7	6	1	0	0	0	0	**32**
45 to 49	0	3	8	9	8	4	2	0	0	0	**34**
50 to 54	0	8	9	7	11	5	3	0	0	0	**43**
55 to 59	0	4	6	5	11	3	5	0	1	0	**35**
60 to 64	0	3	6	4	8	2	2	0	2	0	**27**
65 to 69	0	0	0	1	7	1	2	0	1	1	**13**
70 & up	0	1	0	0	2	1	0	0	0	0	**4**
Total	**0**	**54**	**49**	**44**	**59**	**17**	**14**	**0**	**4**	**1**	**242**

Allied Aviation New York Services Pension Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN/PN: 11-3666918/004
Plan Year: 07/01/2016 – 06/30/2017

The Plan assumes that 100% of all active employees will retire at age 62.

Allied Aviation New York Services Pension Plan
Schedule SB, Line 19 – Discounted Employer Contributions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2016 – 06/30/2017

The following is a schedule of 2016 plan year contributions and their discounted value as of 7/1/2016:

Date of Contribution	Amount of Contribution	Discounted Value at 7/1/2016 *
10/17/2016	$142,000	$139,495 **
03/13/2017	$150,000	$143,912
07/11/2017	$150,000	$141,133
Total	$442,000	$424,540

* Based on an Effective Rate of Interest of 6.11%.
** Based on an Effective Rate of Interest of 6.11% + 5.00% reflecting late payment of quarterlies

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Interest-Bearing Cash:				
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	$ 250,000	**$ 250,000**
*	State Street Instl US Govt Money Mkt Fd	Interest-Bearing Cash Account	$ 459,495	**$ 459,495**
*	State Street Int Bearing FD	Interest-Bearing Cash Account	$ 122,491	**$ 122,491**
Exchange Traded Funds:				
	IShares	1-3 Year Treasury Bond ETF – 6,297 units	$ 534,869	**$ 532,034**
	IShares	3-7 Year Treasury Bond ETF – 14,854 units	$ 1,858,148	**$ 1,835,509**
	IShares	7-10 Year Treasury Bond ETF – 6,113 units	$ 642,895	**$ 651,707**
	IShares	Agency Bond ETF – 2,294 units	$ 264,328	**$ 260,828**
	IShares	Tips Bond ETF – 3,178 units	$ 368,480	**$ 360,481**
	Vanguard	Energy Index Fund ETF – 1,523 units	$ 142,807	**$ 134,786**
	Vanguard	FTSE Developed Markets ETF – 40,728 units	$ 1,476,166	**$ 1,682,881**
	Vanguard	FTSE Emerging Markets ETF – 7,120 units	$ 270,942	**$ 290,710**
	Vanguard	INT Term Corporate ETF – 32,387 units	$ 2,860,738	**$ 2,834,834**
	Vanguard	Mid-Cap ETF – 1,003 units	$ 124,009	**$ 142,948**
	Vanguard	Mortgage Backed Securities ETF – 46,911 units	$ 2,515,898	**$ 2,470,333**
	Vanguard	S&P 500 ETF – 20,553 units	$ 3,969,462	**$ 4,563,999**
	Vanguard	Short Term Corporate ETF – 26,162 units	$ 2,099,711	**$ 2,094,006**
	Vanguard	Small Cap ETF – 2,107 units	$ 247,958	**$ 285,583**
	Vanguard	Total Bond Market ETF – 13,294 units	$ 1,068,535	**$ 1,087,846**
Common Stocks:				
	3M Company	Common Stock – 798 units	$ 132,632	**$ 166,136**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ABB LTD – Spon ADR	Common Stock – 3,320 units	$ 68,292	**$ 82,668**
	Abbvie Inc.	Common Stock – 1,854 units	$ 108,801	**$ 134,434**
	Amgen Inc.	Common Stock – 804 units	$ 114,591	**$ 138,473**
	Archer Daniels Midland Co Com	Common Stock – 979 units	$ 44,119	**$ 40,511**
	Automatic Data Processing Inc.	Common Stock – 676 units	$ 61,902	**$ 69,263**
	BB&T Corp	Common Stock – 1,354 units	$ 53,109	**$ 61,485**
	Best Buy Inc.	Common Stock – 656 units	$ 25,233	**$ 37,608**
	Boeing Co	Common Stock – 687 units	$ 98,314	**$ 135,854**
	C H Robinson Worldwide Inc.	Common Stock – 327 units	$ 24,918	**$ 22,458**
	CA Inc	Common Stock – 946 units	$ 29,235	**$ 32,609**
	Campbell Soup Co	Common Stock – 590 units	$ 33,986	**$ 30,769**
	Cardinal Health Inc.	Common Stock – 612 units	$ 45,024	**$ 47,687**
	China Petroleum & Chem ADR	Common Stock – 1,412 units	$ 113,982	**$ 110,983**
	Cisco Systems Inc.	Common Stock – 4,960 units	$ 152,321	**$ 155,248**
	Clorox Co	Common Stock – 265 units	$ 30,934	**$ 35,309**
	Coca Cola European Partners PLC	Common Stock – 909 units	$ 34,410	**$ 36,969**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Coca Cola FEMSA SA SP ADR	Common Stock – 427 units	$ 31,250	**$ 36,154**
	Colgate – Palmolive Co.	Common Stock – 1,180 units	$ 84,488	**$ 87,473**
	Corning Inc Com	Common Stock – 1,600 units	$ 43,515	**$ 48,080**
	CRH PLC ADR	Common Stock – 1,507 units	$ 48,532	**$ 53,453**
	Cummins Inc.	Common Stock – 317 units	$ 39,215	**$ 51,424**
	CVS Health Corporation	Common Stock – 1,213 units	$ 96,388	**$ 97,598**
	Dover Corp.	Common Stock – 347 units	$ 27,806	**$ 27,836**
	Dr Pepper Snapple Group	Common Stock – 372 units	$ 32,496	**$ 33,893**
	Eastman Chemical Company	Common Stock – 332 units	$ 26,482	**$ 27,885**
	Eaton Corp PLC	Common Stock – 765 units	$ 47,348	**$ 59,540**
	Emerson Electric Co.	Common Stock – 1,053 units	$ 54,164	**$ 62,780**
	Fastenal Co.	Common Stock – 666 units	$ 30,330	**$ 28,991**
	Fifth Third Bancorp	Common Stock – 1,572 units	$ 34,727	**$ 40,809**
	GAP Inc.	Common Stock – 1,017 units	$ 27,218	**$ 22,364**
	General Mills Inc.	Common Stock – 962 units	$ 59,009	**$ 53,295**
	Genuine Parts Co	Common Stock – 329 units	$ 29,180	**$ 30,518**
	Gilead Sciences Inc.	Common Stock – 1,498 units	$ 99,743	**$ 106,028**
	Harley Davidson Inc.	Common Stock – 549 units	$ 30,940	**$ 29,657**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Hasbro Inc.	Common Stock – 280 units	$ 26,940	**$ 31,223**
	Hershey Co.	Common Stock – 402 units	$ 41,496	**$ 43,163**
	Home Depot Inc.	Common Stock – 1,330 units	$ 160,355	**$ 204,022**
	Honda Motor LTD Spons ADR	Common Stock – 2,623 units	$ 74,669	**$ 71,844**
	Honeywell International Inc.	Common Stock – 855 units	$ 106,387	**$ 113,963**
	Infosys Technologies ADR	Common Stock – 3,784 units	$ 54,942	**$ 56,836**
	Intel Corp	Common Stock – 4,589 units	$ 159,353	**$ 154,833**
	International Business Machines Corp	Common Stock – 984 units	$ 151,547	**$ 151,369**
	Johnson & Johnson	Common Stock – 2,321 units	$ 267,592	**$ 307,045**
	JPMorgan Chase & Co	Common Stock – 2,960 units	$ 206,737	**$ 270,544**
	Kimberly-Clark Corp	Common Stock – 518 units	$ 60,840	**$ 66,879**
	KLA-Tencor Corp	Common Stock – 317 units	$ 31,304	**$ 29,009**
	Koninklijke Philips NVR - NY	Common Stock – 1,574 units	$ 48,020	**$ 56,381**
	Lockheed Martin Corp	Common Stock – 357 units	$ 88,101	**$ 99,107**
	Lyondellbasell Industries CL A	Common Stock – 683 units	$ 53,352	**$ 57,638**
	Magna International Inc-CL A	Common Stock – 825 units	$ 33,098	**$ 38,222**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Marathon Petroleum Corp	Common Stock – 979 units	$ 41,774	**$ 51,231**
	McDonalds Corp	Common Stock – 855 units	$ 113,992	**$ 130,952**
	Medtronic PLC	Common Stock – 1,446 units	$ 117,286	**$ 128,333**
	Merck & Co Inc.	Common Stock – 2,765 units	$ 162,993	**$ 177,209**
	Motorola Solutions Inc.	Common Stock – 346 units	$ 29,086	**$ 30,012**
	NTT Docmo Inc. Sponsored ADR	Common Stock – 4,592 units	$ 114,203	**$ 108,601**
	Nucor Corp.	Common Stock – 672 units	$ 33,645	**$ 38,889**
	Paychex Inc.	Common Stock – 703 units	$ 38,494	**$ 40,029**
	Pentair PLC	Common Stock – 419 units	$ 26,407	**$ 27,880**
	PepsiCo Inc.	Common Stock – 1,562 units	$ 167,201	**$ 180,395**
	Pfizer Inc.	Common Stock – 5,824 units	$ 179,206	**$ 195,628**
	Qualcomm Inc.	Common Stock – 1,967 units	$ 127,208	**$ 108,618**
	Raytheon Company	Common Stock – 442 units	$ 60,417	**$ 71,374**
	Republic Services Inc.	Common Stock – 615 units	$ 38,791	**$ 39,194**
	Sanofi-Aventis ADR	Common Stock – 2,860 units	$ 116,617	**$ 137,023**
	SK Telecom Co LTD ADR	Common Stock – 1,521 units	$ 33,353	**$ 39,044**
	Smith & Nephew PLC Sponsored ADR	Common Stock – 908 units	$ 29,046	**$ 31,644**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Smucker J M Co/The-New Common Com	Common Stock – 254 units	$ 33,100	**$ 30,056**
	Sysco Corp	Common Stock – 960 units	$ 46,008	**$ 48,317**
	Taiwan Semiconductor Spons ADR	Common Stock – 5,123 units	$ 157,658	**$ 179,100**
	Target Corp	Common Stock – 954 units	$ 62,806	**$ 49,885**
	Texas Instruments Inc.	Common Stock – 1,260 units	$ 87,806	**$ 96,932**
	U S Bancorp New	Common Stock – 2,111 units	$ 94,792	**$ 109,603**
	Unilever PLC ADR AMER SHS Spon	Common Stock – 3,044 units	$ 129,719	**$ 164,741**
	Union Pacific Corp	Common Stock – 989 units	$ 88,537	**$ 107,712**
	United Parcel Service Inc CL B	Common Stock – 1,051 units	$ 112,351	**$ 116,230**
	United Technologies Corp	Common Stock – 960 units	$ 99,062	**$ 117,226**
	V F Corp	Common Stock – 761 units	$ 41,591	**$ 43,834**
	Valero Energy Corp New	Common Stock – 810 units	$ 48,351	**$ 54,643**
	Wal-Mart Stores Inc.	Common Stock – 2,672 units	$ 186,293	**$ 202,217**
	Waste Management Inc.	Common Stock – 746 units	$ 47,983	**$ 54,719**
	Wells Fargo & Co (New)	Common Stock – 4,335 units	$ 201,452	**$ 240,202**
	Western Digital Corp	Common Stock – 510 units	$ 43,112	**$ 45,186**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Whirlpool Corp	Common Stock – 161 units	$ 27,631	**$ 30,851**
	WW Grainger Inc.	Common Stock – 148 units	$ 28,985	**$ 26,714**
			$ 25,823,255	**$27,303,015**

* Party-in-interest as defined by ERISA

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 11-3666918 **Plan No. 004**

Year ended June 30, 2017

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
* Exeter Trust Company	Issue: 857949BL0 – State Street Interest Bearing Fund (Interest-Bearing Account):					
	102 Purchases	$ 1,242,194		$ 1,242,194	$ 1,242,194	$ -
	20 Sales		$ 1,103,979	1,103,979	1,103,979	-
* Exeter Trust Company	Issue: 563821123 – Manning & Napier Pro-Mix Extended Term Collective Investment Trust:					
	2 Purchases	$ 299,647		$ 299,647	$ 299,647	$ -
	7 Sales		$ 26,017,851	16,318,403	26,017,851	9,699,448
I-Shares	Issue: 464287457 – I-Shares 3-7 Year Treasury Bond EFT:					
	6 Purchases	$ 2,088,485		$ 2,088,485	$ 2,088,485	$ -
	1 Sale		$ 223,216	230,337	223,216	(7,121)
* Exeter Trust Company	Issue: CM1GVVXX3 – State Street Instl US Govt Money Mkt Fund:					
	27 Purchases	$ 26,134,607		$ 26,134,607	$26,134,607	$ -
	33 Sales		$ 25,576,112	25,576,112	25,576,112	-
Vanguard	Issue: 92206C870 – Vanguard Intermediate Term Corporate Bond ETF:					
	5 Purchases	$ 3,491,318		$ 3,491,318	$ 3,491,318	$ -
	2 Sales		$ 614,909	630,580	614,909	(15,671)
Vanguard	Issue: 92206C771 – Vanguard Mortgage Backed Securities ETF:					
	5 Purchases	$ 3,307,735		$ 3,307,735	$ 3,307,735	$ -
	2 Sales		$ 765,635	791,837	765,635	(26,202)
Vanguard	Issue: 922908363 – Vanguard S&P 500 EFT:					
	3 Purchases	$ 4,213,878		$ 4,213,878	$ 4,213,878	$ -
	3 Sales		$ 267,575	244,416	267,575	23,160

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions Continued

EIN: 11-3666918 **Plan No. 004**

Year ended June 30, 2017

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
Vanguard	Issue: 92206C409 – Vanguard Short Term Corporate EFT:					
	5 Purchases	$ 2,219,740		$ 2,219,740	$ 2,219,740	$ -
	1 Sale		$ 118,201	120,029	118,201	(1,828)
Vanguard	Issue: 921943858 – Vanguard FTSE Development Markets EFT:					
	3 Purchases	$ 1,559,512		$ 1,559,512	$ 1,559,512	$ -
	3 Sales		$ 91,061	83,346	91,061	7,715

* Party-in-interest as defined by ERISA

Client 2500-01 - ALLIED NEW YORK SERVICES, INC. EIN: 11-3666918 Plan #004
US-Form 8955-SSA: Even Return.....$0
US: Even Return.....$0

Activity

US-Form 8955-SSA 11-3666918

ACCEPTED 04/12 (Current Status)
Previous Activity
- 04/11 Sent to the IRS
- 04/11 Received at Lacerte
- 04/11 Sent to Lacerte
- 04/11 Ready To Send
- 04/11 Passed Validation

US - REJECTED 04/24 (Current Status)
Filing Rejected - This filing was rejected by the taxing agency on Apr. 24, 2018. You need to fix errors that caused the rejection before it can be accepted by the agency. Follow these instructions for fixing the errors and you can transmit again at no additional charge.
Occurrence : 1
Reject :
Error Code I-101: The Form 5500 Return was received after the due date (or extended due date). If the return was accepted, the IRS may be contacting you concerning the late filing. If the return was not accepted, when correcting the errors on the filing, make sure to check the appropriate box on Form 5500, Part I, Line D if an extension was filed; or if an extension was not filed, or the extension was filed after the extended due date, attach an explanation of reasonable cause for filing late.
Reject Resolution:
Please review the reason for the reject. If necessary make the appropriate change and re-submit this return electronically. However, if the reject continues you may want to file this return via U.S. Mail. To file your return, print it and mail it to the appropriate taxing authority.
Occurrence : 1
Reject :
Error Code P-202A: Schedule D Part I is missing or incomplete and Schedule H indicates DFE assets or income. Review Schedule H Part 1 lines 1c(9)(a)/(b) through 1c(12)(a)/(b) and Schedule H, Part 2 lines 2b(6) through 2b (9), and/or complete Schedule D Part I.
Reject Resolution:
Please review the reason for the reject. If necessary make the appropriate change and re-submit this return electronically. However, if the reject continues you may want to file this return via U.S. Mail. To file your return, print it and mail it to the appropriate taxing authority.

Occurrence : 1
Reject :
Error Code B-726: Schedule H, Line 5c contains "yes" and Line 5c premium filing confirmation number is blank.
Reject Resolution:
Please review the reason for the reject. If necessary make the appropriate change and re-submit this return electronically. However, if the reject continues you may want to file this return via U.S. Mail. To file your return, print it and mail it to the appropriate taxing authority.
This return was e-postmarked by the transmitter April 11, 2018 06:57 AM PDT

Previous Activity
- 04/24 Sent to the DOL
- 04/11 Received at Lacerte
- 04/11 Sent to Lacerte
- 04/11 Ready To Send
- 04/11 Passed Validation