Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2			2/31/2017	
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/repor			
2 a		an amended return/report		urn/report (less than 12 m	_	
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension	1	DFVC program	n
Dort II	Pacia Blan Inf		. ,			
Part II		ormation—enter all requested in	rormation		1h Thron digit	
1a Name	NGS INC. 401(K) PL	AN			1b Three-digit plan number (PN) ▶	
					1c Effective da	ate of plan 01/01/2016
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer lo	dentification Number 45-2682934
City or LITTLETHIN		nce, country, and ZIP or foreign post	al code (if foreign, see in	structions)	2c Sponsor's	telephone number
					2d Business co	ode (see instructions)
21 PENN PL 5TH FLOOR NEW YORK,						519100
3a Plan a	dministrator's name	and address X Same as Plan Spor	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
this pl	an, enter the plan sp	he plan sponsor or the plan name has onsor's name, EIN, the plan name a			4b EIN	
C Plan N	or's name Iame				4d PN	
5a Total	number of participant	ts at the beginning of the plan year			. 5a	88
b Total	number of participant	ts at the end of the plan year			. 5b	116
		n account balances as of the end of			. 5c	75
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year		5d(1)	79
		participants at the end of the plan ye			5d(2)	93
than	100% vested	o terminated employment during the			. 5e	0
Under pena SB or Sche	alties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a nplete.	ctions, I declare that I have	ve examined this return/re	eport, including, if a	applicable, a Schedule
SIGN		d/valid electronic signature.	06/11/2018	GRETCHEN TIBBITS	3	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper	ndent qualified public a	account	ant (IQ	PA)		X Yes [No No
С	If you answered "No" to either line 6a or line 6b, the plan cannel the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo surance p	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes No	Not detern	mined
Par	rt III Financial Information	·		,				(000o	,
7	Plan Assets and Liabilities		(a) Baginning	of Voor			/h) En a	l of Voor	
<u>'</u> a	Total plan assets	7a	(a) Beginning (78248			(D) EIIC	816429	
_ <u>u</u>	Total plan liabilities	7b		7 02 10				010120	
	Net plan assets (subtract line 7b from line 7a)	7c	47	78248				816429	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(1)	0			(7		
	(2) Participants	8a(2)	27	74553					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	10	06796					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						381349	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	;	35840					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		7328					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						43168	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						338181	
	Transfers to (from) the plan (see instructions)	8j							
_	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:			1	Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e	X			308	1
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule Sl	В	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1 302 of		Yes X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter t _ Day		of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)

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Revenue Code (the Code).

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For calendar pla	0042 6		JII			
	n year 2017 or ti	scal plan year beginning	01/01/2017	and ending	12/31/2	017
A This return/re	eport is for:	a single-employer plan		lan (not multiemployer) (l mployer information in ac		
_=		a one-participant plan	a foreign plan			
B This return/re	port is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)	
C Check box if	filing under:	Form 5558	automatic extension		DFVC program	n
		special extension (enter de	scription)			
Part II Ba	sic Plan Info	rmation—enter all requested	Information	~		
1a Name of pla					1b Three-digit	
ittle Thir	nas Inc. 40	01(k) Plan			plan numb	er 002
110010 11111	.90 201	01 (N) 11un		-	(PN) 1C Effective da	ato of plan
					01/01/20	•
		oyer, if for a single-employer plan				dentification Number
		m, apt., suite no. and street, or i e, country, and ZIP or foreign p		nuctions)	(EIN) 45-	
LittleThir		o, country, and all or loloigh p	cotal code (il foreign, see mai		2c Sponsor's	telephone number
01				5	2d Business co	ode (see instructions)
21 Penn Pl 5th Floor	aza				519100	•
New York		NY 10001				
	stratora nomo o	nd address X Same as Plan S			3b Administrat	ore EIN
Ja Plan admini	suator s name ar	nd address M Same as Plan S	ponsor.		SD Administrat	OI S EIN
				- I	3c Administrat	ora talanhana numbar
					3c Administrat	or's telephone number
					3c Administrat	or's telephone number
4 If the name	and/or EIN of the	e plan sponsor or the plan name	e has changed since the last r	eturn/report filed for	3c Administrat 4b EIN	or's telephone number
this plan, e	nter the plan spo	e plan sponsor or the plan name	e has changed since the last re e and the plan number from t	eturn/report filed for he last return/report.	4b EIN	or's telephone number
this plan, ea a Sponsor's n	nter the plan spo	e plan sponsor or the plan name nsor's name, EIN, the plan nam	e has changed since the last re e and the plan number from t	return/report filed for the last return/report.		or's telephone number
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this plan, e a Sponsor's n c Plan Name	nter the plan spo arme	e plan sponsor or the plan name nsor's name, EIN, the plan nam at the beginning of the plan yea	e and the plan number from t	he last return/report.	4b EIN	
this plan, et a Sponsor's n c Plan Name	nter the plan spo arme er of participants	nsor's name, EIN, the plan nam	e and the plan number from t	he last return/report.	4b EIN 4d PN	88
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