Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SF 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

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

Parti	Annuai Repor	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017				
A This ret	urn/report is for:	x a single-employer plan		lan (not multiemployer) (F mployer information in acc	-				
		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC program	n			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name NY CHAPTE	•	AL ACADEMY OF TELEVISION AR	TS AND SCIENCES DC F	PLAN	1b Three-digit plan numb (PN) ▶				
					1c Effective d	ate of plan 01/16/2002			
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer I	dentification Number			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES, NEW YORK CHAPTER			,	2c Sponsor's	telephone number 2-459-3630				
						ode (see instructions)			
450 7TH AVE SUITE 808	ENUE					611000			
NEW YORK,	NY 10123								
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN			
		_		-	20 Administra				
					3C Administra	tor's telephone number			
		he plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
a Spons	or's name	•	·	·	4d PN				
C Plan N	ame								
5a Total r	number of participan	ts at the beginning of the plan year.			5a	6			
		ts at the end of the plan year			5b	5			
		h account balances as of the end of		= -	5c	5			
d(1) Tota	al number of active p	participants at the beginning of the p	lan year	<u></u>	5d(1)	1			
d(2) Tota	al number of active p	participants at the end of the plan ye	ar	<u></u>	5d(2)	1			
than '	100% vested	no terminated employment during the			5e	0			
		e or incomplete filing of this retur							
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.							
SIGN	Filed with authorize	ed/valid electronic signature.	07/02/2018	DENISE ROVER					
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor			

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes	No		
b	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							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canne								Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year	
а	Total plan assets	7a	30	06365				310632	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	30	06365				310632	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		56060					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56060	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	!	51793					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						51793	
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i						4267	
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2L 2F 2G	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:	
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 inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			,			
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		Χ			
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g		-		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 2520.10			10i					
			· · · · · · · · · · · · · · · · · · ·						

Form 5500-SF 2017	Page 3- 1
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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 Sch (Form 5500) and line 11a below)		В	. Y	es No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No	
а	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	d enter t		of the letter Year	ruling	
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)	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2017

This Form is Open to Public Inspection

OMB Nos, 1210-0110

1210-0089

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

Part Annual F	eport Identification Informatio						
For calendar plan year 2	017 or fiscal plan year beginning	01/01/2017	and ending	12/31/2	17		
A This return/report is fi	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) i ployer info rmation in a	(Filers checking thi scordance with the	s box must attach a form instructions.)		
-	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
·	an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check box if filing un	<u>,</u>	automatic extension		DFVC program	1		
	special extension (enter des						
Part II Basic Pla	in Information—enter all requested	information		I 41 2.11	1		
1a Name of plan				1b Three-digit plan number	r 001		
	ne National Academy of To	elevision Arts and	d Sciences DC	(PN) >			
Plan				1c Effective da 01/16/20	•		
2a Plan enoneor's name	e (employer, if for a single-employer plan)		<u> </u>	lentification Number		
Mailing address line	lude room, ant, suite no, and street, or P	P.O. Box)	nutione)	(EIN) 13-	815385		
City or town, state o The National Aca	r province, country, and ZIP or foreign portion of Television Arts and	nd Sciences, New York	ork Chapter	2c Sponsor's telephone number 212-459-3630			
					ode (see instructions)		
450 7th Avenue				611000	•		
Suite 808	NY 10123						
New York	name and address X Same as Plan Sp	DODGOE		3b Administrat	or's EIN		
				3c Administrat	or's telephone number		
4 If the name and/or E	iN of the plan sponsor or the plan name plan sponsor's name, EIN, the plan name	has changed since the last re e and the plan number from the	eturn/report filed for he last return/report.	4b EIN			
a Sponsor's name	·			4d PN			
C Plan Name							
5a Total number of par	ticipants at the beginning of the plan yea	IT		. 5a	6		
b Total number of par	ticipants at the end of the plan year		************	5b	5		
C Number of particina	nts with account balances as of the end	of the plan year (only defined	l contribution plans	5c	5		
	active participants at the beginning of the			5d(1)	1		
d(2) Total number of	active participants at the end of the plan	year		5d(2)			
e Number of participa	ants who terminated employment during t	the plan year with accrued be	enefits that were less	5e	(
	the time an impagnification filles of this mit	oneense an inwitement	uniess reasonable ca	inas ia salannaisie	d.		
41	y and other penalties set forth in the inst pleted and signed by an enrolled actuary	audione I decise that I have	eyamined this return/re	econ, including, it a	policable, a ochedule		
(A)	nis Rover	6/27/18	Denise Rover	Pres	ident		
DEDE V	of plan administrator	Date	Enter name of individ	fual signing as pla	n administrator		
SIGN							
HERE Signature	of employer/plan sponsor Act Notice, see the Instructions for Form 50	Date 500-SF-	Enter name of individ	dual signing as em	ployer or plan sponsor Form 5500-SF (2017)		

Page 2	
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Form	5500	QE.	201	7
$-\alpha m$	DOUU-	- 25	201	

E	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)					-	Yes No	
	ander 29 CFR 2520.104-467 (See instructions on waiver eligibility a if you answered "No" to either line 6a or line 6b, the plan cann	and condit	IODS_},			p-1 #2.44P+44W+447 #+44		<u> </u>
1	if you answered "No" to either line as or title ab, title plan Lattin f the plan is a defined benefit plan, is it covered under the PBGC in	surance n	rogram (see ERISA sec	tion 40)21)? .	Yes	□No □ N	lot determined
CI	f the plan is a defined benefit plan, is it doveled under the 1 500 milet from the first second of the fir	e PBGC n	remium filing for this pla	an year			(Se	e instructions.)
Par	III Financial Information			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 ***	
7	Plan Assets and Liabilities		(a) Beginning o			, i	(b) End of Y	ear 310,632
	Total plan assets	7a	_	306,3	365			310,632
	Total plan liabilities	7b		206	3.65			310,632
	Net plan assets (subtract line 7b from line 7a)	7c		306,3	503	***************************************	75.3 T-4-1	525,00
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>			(b) Total	
а	Contributions received or receivable from:	8a(1)						
	1) Employers	8a(2)						
	Participants	8a(3)						
		1		56,6	060		-	
	Other income (loss)							56,060
<u> </u>	Benefits paid (including direct rollovers and insurance premiums					*****	****	
ū	to provide benefits)	8d		51,	793			
е	Certain deemed and/or corrective distributions (see instructions)	8e			- 1-		<u></u>	
	Administrative service providers (salaries, fees, commissions)	8f		···				
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						51,793
	Net income (loss) (subtract line 8h from line 8c)	81				4,		
	Transfers to (from) the plan (see instructions)	8 j				****		
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Codes in	the instructi	ons:
	2L 2F 2G If the plan provides welfare benefits, enter the applicable welfare f	footure co	tee from the List of Plan	Chara	cterist	ic Codes in	the instruction	ns:
b		ealule co	les from the Let et al.					
Par	t V Compliance Questions				1 ٧	No	Amo	t
10	During the plan year:				Yes	140	Anc	18131
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's N	ıtions With √oluntarv İ	in the time period			-V		
	Program)		***********	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		
	C4-15-1-27			10c	-	х		
c	Did the plan have a loss, whether or not reimbursed by the plan's				<u> </u>			
	by fraud or dishonesty?			10d	***************************************	Х		
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor	her persor ne or all o	ns by an insurance If the benefits under		***************************************	x		
	the plan? (See instructions.)		P=====================================	10e	<u> </u>	<u> </u>		
f		an?	4+++4554+677AAA+7>6A1PA41>1077777777	101		Х		***************************************
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х	.,	
h	If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See inst	ructions and 29 CFR	10h	manual	х		
	if the was answered "Yes" check the box if you either provided to	the require	ed notice or one of the		-			
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i	***************************************	<u> </u>		

Page 3-	

Form	5500-SF	2017

Part \	/I Pension Funding Compliance		n		7
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	3	D	Yes [No
112	Enter the uppoint 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 of Section	JII 302 C	f	Yes 7	No
	EDICA2	********	,		
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, at	d enter	he date o	of the letter rulin	g
	granting the project	Day	/	Year	
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year	125	l		
		3 47-			
C I	Enter the amount contributed by the employer to the plan for this plan year				
þ	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			
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			No N	/A
Part \	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
13a	Has a resolution to terminate the plan been adopted in any plant year.	13a	T		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	100	 		
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(which assets or liabilities were transferred. (See instructions.)	s) to			
	1 7367	2) EIN(s)	***************************************	13c(3) PN((s)
3	3c(1) Name of plan(s):		-		
			and the same		
