Form	n 5500-SF	Short Form Annual Return/Report of Small Emplo				OMB Nos. 1210-0110 1210-0089				
	ent of the Treasury Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the code (the Code).						This Form is Open to				
Pension Benef	it Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	500-SF.	Public Inspection				
For calendar p	olan year 2017 or fisc	cal plan year beginning 01/01/201			2/31/2017					
A This return	n/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
B This return	(roport in	a one-participant plan	a foreign plan							
	report is	the first return/report an amended return/report	the final return/report							
		n/report (less than 12 m	months)							
C Check box	if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	special extension (enter description)									
		mation—enter all requested infor	mation							
1a Name of					1b Thre	e-digit number				
TANCURA LLC 401(K) PLAN					(PN)					
					1c Effect	tive date of plan 01/01/2010				
		er, if for a single-employer plan)			2b Employer Identification Number					
		h, apt., suite no. and street, or P.O. I , country, and ZIP or foreign postal		uctions)	(/	(EIN) 27-0928388				
TANCURA, LLC					2C Sponsor's telephone number 646-701-6084					
					2d Business code (see instructions)					
551 5TH AVEN 33RD FLOOR	UE				561110					
NEW YORK, N	Y 10176									
3a Plan adm	inistrator's name and	d address 🗙 Same as Plan Sponse	or.		3b Administrator's EIN					
					3c Administrator's telephone number					
4 If the nam	ne and/or EIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN					
this plan a Sponsor's		sor's name, EIN, the plan name and	I the plan number from th	ne last return/report.	4d PN					
C Plan Nam					H G IN					
5a Total number of participants at the beginning of the plan year					5a 5b	10				
		at the end of the plan year				9				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c					
d(1) Total number of active participants at the beginning of the plan year					5d(1)	9				
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					5d(2) 5e	9				
than 100% vested						0				
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, if applicable, a Schedule										
SB or Schedu		d signed by an enrolled actuary, as								
	led with authorized/v	valid electronic signature.	07/20/2018	GWENN WINKHAUS						
HERE	ignature of plan ad	ministrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN										
HERE	ignature of employ	ver/plan sponsor	Date	Enter name of individu	individual signing as employer or plan sponso					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

			Fage Z		_	
	Were all of the plan's assets during the plan year invested in eligib	,	,			Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					
_	If you answered "No" to either line 6a or line 6b, the plan cann					
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					
	If "Yes" is checked, enter the My PAA confirmation number from th	ie PBGC pre	emium filing for this plan yea	r		(See instructions.)
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year
а	Total plan assets	. 7a	1261150			1543748
b	Total plan liabilities	. 7b				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1261150			1543748
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	114539			
	(2) Participants	8a(2)	107879			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	. 8b	220968			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				443386
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	160788			
e	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				160788
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				282598
j	Transfers to (from) the plan (see instructions)	- 8j				
Pa	rt IV Plan Characteristics	· · ·				
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2J$ $2K$ $2T$ $3D$	feature cod	es from the List of Plan Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	acterist	ic Code	es in the instructions:
Pa	rt V Compliance Questions					
10	During the plan year:			Yes	No	Amount
-			Ĩ			

10	During the plan year:	Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c	X		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		38246		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a					
12	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No		
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year	12b					
С	Ente	r 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)								
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?		Ye	es X	No		
	lf "Y	es," 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 🗙 No				
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2)				130	13c(3) PN(s)		