Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Reti

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).

Short Form Annual Return/Report of Small Employee

▶ 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		Identification Information										
For calend	ar plan year 2017 or fi	iscal plan year beginning 01/01/2	<u>017</u>	and ending 1	2/31/2017							
A This re	turn/report is for:	x a single-employer plan		olan (not multiemployer) (mployer information in ac								
		a one-participant plan	a foreign plan									
B This reti	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 m	less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program							
D 4 !!		special extension (enter descri	' '									
Part II		ormation—enter all requested info	ormation		41							
1a Name	•	INIT LLC 404/IX) DDOFIT CLIADING	DI ANI AND TOUCT		1b Three-digit plan number							
PROXIMA C	SAPITAL MANAGEME	NT, LLC 401(K) PROFIT SHARING	5 PLAN AND TRUST		(PN) ▶	001						
					1c Effective date							
						/01/2007						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			2b Employer Ide (EIN) 20	ntification Number						
	r town, state or province: APITAL MANAGEME	ce, country, and ZIP or foreign posta NT, LLC	al code (if foreign, see ins	tructions)	2c Sponsor's tel							
						le (see instructions)						
845 THIRD A	AVENUE, 16TH FLOC)R				2990						
NEW YORK	, NY 10022					2990						
3a Plan a	idministrator's name a	nd address X Same as Plan Spon	isor		3b Administrator	's FIN						
		□			_							
					3C Administrator	's telephone number						
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN							
•	sor's name	The plant hame a	na tro plan nambor nom	ano laot rotam/ropona	4d PN							
C Plan N	lame											
5a Total	number of participants	s at the beginning of the plan year			5a	6						
		s at the end of the plan year			5b	6						
C Numb	er of participants with	account balances as of the end of t	he plan year (only define	d contribution plans	5c	6						
	,	articipants at the beginning of the pla			5d(1)	4						
` '		articipants at the end of the plan yea	-		5d(2)	4						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0						
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable ca	use is established.							
SB or Sche	edule MB completed a	ther penalties set forth in the instruc and signed by an enrolled actuary, a										
SIGN	Filed with authorized	l/valid electronic signature.	08/29/2018	JANINE KRAUSS								
HERE	Signature of plan a		Date	Enter name of individ	lual signing as plan a	administrator						
SIGN		d/valid electronic signature.	08/29/2018	JANINE KRAUSS	'							

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

H you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5000-SF and must instead use Form 5000. C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)									
7 Plan Ássets and Liabilities	С	If you answered "No" to either line 6a or line 6b, the plan cannot lif the plan is a defined benefit plan, is it covered under the PBGC in	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		ermined	
a Total plan assets	Pai	t III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities (a) Beginning of Year (b) End of									
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets		1699248							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 90000 (2) Participants. 8a(2) 42000 (3) Others (including rollovers). 8a(3) 0 b Other income (loss). 8b 181286 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	Total plan liabilities	7b		0				0		
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Bag(2) (5) Other income (loss) (6) Other income (loss) (7) Employers (8) Bag(3) (8) Others (including rollovers) (8) Bag(3) (9) Other income (loss) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g) (10) Other expenses (ladd lines 8d, 8e, 8f, and 8g	С	Net plan assets (subtract line 7b from line 7a)	7c	140	05962				1699248		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁻	Γotal		
(3) Others (including rollovers)	<u>а</u>		8a(1)	(90000						
b Other income (loss)		(2) Participants	8a(2)	4	12000						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	10	61286						
to provide benefits)			8c						293286		
f Administrative service providers (salaries, fees, commissions)			8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)									
i Net income (loss) (subtract line 8h from line 8c)		Other expenses 8g 0									
Transfers to (from) the plan (see instructions) 8j		· · · · ·									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? 10b X 10c X 15000 10c X 15000 10d X 15000 10d X 10d X 15000 10d X 1											
Part V Compliance Questions	_		8j		0						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	_										
Part V Compliance Questions 10 During the plan year: a 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)		2F 2G 2J 2K 3B 3D									
10 During the plan year: a 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)		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 instr	uctions:		
a 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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			1500	000	
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) HI this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	e 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					X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		X				
	h				<u>=</u>		X				
5.00pt.01.0 to protein grant and 20 0 1 1 2 2 2 1 1 2 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	i				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 Schedule SB (Form 5500) and line 11a below)										
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40										
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf 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?		Ye	s X N	0					
	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 **5558**

(Rev. August 2012)

Signature ▶

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, as also appeared to the state of th	T ₌						·····	···
^	Name of filer, plan administrator, or plan sponsor (see instructions) Proxima Capital Management, LLC	В	Filer's identifying number (see instructions) Employer identification number (EIN)(9 digits XX-XXXXXXX)						
	Number, street, and room or suite no. (If a P.O. box, see instructions)	<u></u>	20	-1385	704				
	845 Third Avenue, 16th Floor	1	So	cial sec	urity nu	ımber (SSI	۷) (9 diç	gits XXX-X	X-XXXX)
	City or town, state, and ZIP code	1							
	New York NY 10022	<u> </u>							
С	Plan name		PI	an		Р	lan ye	ear endi	ng
			nun	ber		MM		DD	YYYY
	Proxima Capital Management, LLC 401(k) Profit Sharing Plan and Tr	0) 1		12		31	2017
Pai	Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA		············					
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first	Forn	n 5500) serie	es return/	report	for the	plan listed
2	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	5500 s rm 55	serie: 100 se	s (see eries.	instru	uctions).			
3	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	8955-S rm 89:	SSA 55-S	(see ii SA.	nstruc	tions).			
	The application is automatically approved to the data above as "								
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r	s exter	nsion	is red	(a) th queste	ed, and (I	5558 is o) the	s filed or date on	or before line 2
Pari	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5	s exter iormal	nsion due	is red	queste	ed, and (I	o) the	s filed or date on	or before line 2
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions)	s exter iormal	nsion due	is red	queste	ed, and (I	o) the	s filed or date on	or before line 2
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5	s exter iormal	nsion due	date.	queste	ed, and (I	o) the	s filed or	or before line 2
4	III Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the	s exter iormal	nsion due	date.	queste	ed, and (I	o) the	s filed or date on	or before line 2
4 a	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I), the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2
4 a b	Interest an extension of time until / / to file Form 5330, after the You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	5330.	nsion due nal du	date.	e of Fo	ed, and (I	b the	s filed or date on	n or before line 2

Date ►

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 section 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

P	Part I Annual Report	Identification Information	radioc wait the mot	actions to the Point 55	00-SF.						
	calendar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	10/	31/2017					
Α	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer a list of participating a foreign plan the final return/repor	plan (not multiemployer) employer information in	(Filers checking this box must attach accordance with the form instructions.)						
c	Check box if filing under:	x Form 5558	automatic extension	, (DFVC program					
Р	art II Basic Plan Info	ormation enter all requested info	ormation								
1a	Name of plan Proxima Capital Ma	pla (P	nree-digit an number N) ► 001 fective date of plan								
2a	Plan sponsor's name (emplormaling Address (include rocity or town, state or proving Proxima Capital Manager 19845 Third Avenue,	2b En (E 2c Sp (2 2d Bu	nployer Identification Number IN) 20–1385704 consor's telephone number R12) 897–5717 usiness code (see instructions)								
	US New York NY 10022				"	.2330					
3a		nd address X Same as Plan Spons	sor			ministrator's EIN					
	If the name and/or EIN of th this plan, enter the plan spo Sponsor's name Plan Name	e plan sponsor or the plan name has on name has on name, EIN, the plan name and	changed since the last the plan number from	return/report filed for he last return/report.	4b EIN 4d PN						
5a	Total number of participants	at the beginning of the plan year		*******************************	5a	6					
b	Total number of participants	at the end of the plan year	****************************	4444444444444444	5b	6					
	Number of participants with complete this item)	account balances as of the end of the	plan year (only defined	contribution plans	5c	6					
d(Total number of active par 	ticipants at the beginning of the plan y	/ear	*****************************	5d(1)	4					
		ticipants at the end of the plan year	************************	*****************************	5d(2)	4					
е —	less than 100% vested	terminated employment during the pla	****************************	***************************************	5e	0					
Un SB bel	der penalties of perjury and of for Schedule MB completed a lief, it is true, correct, and com	W. H.	ons, I declare that I hav well as the electronic vo	e examined this return/re ersion of this return/repo	nort inclu	iding if applicable a Cabadula					
11 11 11 11	ERE Signature of plan adm		Date 8 29 2018	YOULIA ROWLAND Enter name of individua	al signing o	as plan administrator					
	GNY Youlia	feelland.	8/29/2018	YOULIA ROWLAND	ar signing a	as pian duministrator					
Н	ERE Signature of employer	/plan sponsor	Date	Enter name of individua	al signing a	as employer or plan sponsor					

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1	D.	~~		. 2	٠
	7	dС	ı	- 4	

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)						XYes	□No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public acco	untar	t (IQI	PA)				
	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 canno									
Ü	If 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	e PBGC pi	remium filing for this year						(See instru	ctions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r		•	(b) End	of Year	
а	Total plan assets	7a	1,40	05,9	62				1,699,	248
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,40	05,9	62				1,699,	248
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) 1	Γotal	
а	Contributions received or receivable from: (1) Employers	8a(1)		90,0	00					
	(2) Participants	8a(2)		12,0						
	(3) Others (including rollovers)	8a(3)		,0	0					
b	Other income (loss)	8b	16	51,2						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							293,	286
d	Benefits paid (including direct rollovers and insurance premiums			and state of					233,	200
	to provide benefits)	8d			0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0					100000000000000000000000000000000000000
<u>g</u>	Other expenses	8g		22-151-1	0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		293,286			
	Transfers to (from) the plan (see instructions)	8j			0	200				
222000	art IV Plan Characteristics									
Ja	If the plan provides pension benefits, enter the applicable pension fe 2F 2G 2J 2K 3B 3D	eature cod	es from the List of Plan C	narac	terist	ic Co	des in ti	ne instruc	tions:	
_				·····						
D	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Ch	aracte	eristic	Code	es in the	e instructi	ons:	
ъ	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		tions withi	n the time period		162	INO	IWA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10a		х				
k	Were there any nonexempt transactions with any party-in-interest									
	reported on line 10a.)			10b		X				
				10c	Х	<u> </u>			1,50	00,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-	·	10d		x				
—е										
	carrier, insurance service, or other organization that provides some	e 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	1?	***************************************	10f		X				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
h	, , , , , , , , , , , , , , , , , , ,								10 Table 1	
	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						
	expensions to providing the notice applied under 25 Of N 2020, 101	J	***************************************	101		<u></u>				

	Form 5500-SF 2017	Page 3 -					
Par	Will Pancion Funding Compliance						·
	<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500 and line 11a below)		complete S	chedule	SB	Yes	X No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40	*******	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of s ERISA?	section 412 of the C	ode or sect		? of	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in thi granting the waiver	Mc	nth		er the date of	of the lette Year	er ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	13.		<u>-1</u>		
b	Enter the minimum required contribution for this plan year.			12b		******	
<u>C</u>	Enter the amount contributed by the employer to the plan for the plan year			12c			3111
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling				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 an control of the PBGC?		-		Ye	es X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ident	ify the plan(s) to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):