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 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plan	year return/report (less than 12 mor	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am	
		special extension (enter description						
D	rt II Basic Plan Inform	nation—enter all requested inform	•				-	-
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit	T	
	LLC PROFIT SHARING PLAN				10	plan number	001	
,						(PN) •	001	
					1c	Effective date		
						01/01/		
2a JPG.	•	ess (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 13-410		ımber
υι υ ,	LLO				2c	(LIIV)		number
	HUDSON STREET				2c Plan sponsor's telephone num 212-242-6200			
INEVV	YORK, NY 10014				2d	Business code		ctions)
20	Dian administratoria nana and	address (if some as Discourses as	"C	. "	2 h	72211		
JPG,	LLC	address (if same as Plan sponsor, e 569 HUDSO	N STREET	•	30	Administrator's		
		NEW YORK,	NY 10014		3с	Administrator's	telephone	number
							12-6200	
	•	in sponsor has changed since the last		port filed for this plan, enter the	4b	EIN		
	name, Em, and the plan numbe	r from the last return/report. Sponso	n S name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a			4
	·	the end of the plan year		ł	5b			5
	• •	th account balances as of the end of		ł	30			
	·		. ,	` .	5c			5
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	s 🗌 No
b				dent qualified public accountant (IQF			× Yes	s Π No
	,	• ,		ons.)SF and must instead use Form 550				, 🗌 140
Pa	rt III Financial Informa		01111 3300-	or and must mistead use i orm soc	.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year	
_	Total plan assets		. 7a	339999)	(b) Lik	l Oi Teal	432530
b			7b	0)			
C	•	b from line 7a)	7c	339999)			432530
8	Income, Expenses, and Transf	·		(a) Amount		(b)	Total	
а	Contributions received or recei					(2)	rotar	
	(1) Employers		. 8a(1)	70000	<u>'</u>			
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers)	Others (including rollovers)						
b	Other income (loss)		. 8b	24067	7			
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c					94067
d		rollovers and insurance premiums	0.1	0				
_	to provide benefits)		. 8d	0	_			
e		ive distributions (see instructions)	. 8e	1501	_			
T ~		rs (salaries, fees, commissions)		35	∤			
g	·		. 8g	30	+			1536
h :		Be, 8f, and 8g)						92531
! :		e 8h from line 8c)						0200 I
J	rransiers to (from) the plan (se	ee instructions)	- 8i	0	,			

Form 5500-SF 2010 Page 2-	Page 2-
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Part IV	Dian	(`haract	Orietics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

	The pair provides notices and the approach notices to cause some the best of the contract						<u> </u>	
art	V Compliance Questions							
0	During the plan year:		Yes	No	Amount		nount	
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		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 fidelity bond, that was caused by fraud or dishonesty?	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		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.		Yes	^X No
	(If "Yes," complete 12a or 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 instruct granting the waiver. Montlou 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			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 u of the PBGC?	nder 	the co	ntrol 			Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)		13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.	I		
Inde B o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/resit is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli		•	
	Filed with outborized / plid electronic cignature							

SIGN	Filed with authorized/valid electronic signature.	07/03/2013	JOHN GRECO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/03/2013	JOHN GRECO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 194 and 4965 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

2010

This Form is Open to Public Inspection

	Part Annual Report Identification Information									
	r the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12	2/31/2010				
A	This return/report is for. single-employer plan	multiple-	employer plan (n	of multiemployer)	[one-participa	nt plan			
В	This return/report is for: first return/report	final retu	n/report							
	🕱 an amended return/report	short plat	n year return/repo	ort (less than 12 me	onths)					
С	Check box if filling under: Form 5558	automatic	extension		1	DFVC progra	m			
•	special extension (enter description	1 1)			٠					
							*			
12	artil Basic Plan Information — enter all requested information	mauon.			1b	Three digit				
* 4.2	·					plan number (PN) ➤	001			
	JPG, LLC Profit Sharing Plan		Effective date of							
					1 -	01/01/2003				
2a	Plan sponsor's name and address (employer, if for single-employer plans	an)			2b Employer Identification Number					
	JPG, LLC					(EIN) 13-410				
	569 Hudson Street				l l	Pian sponsors ((212) 2426	elephone number 200			
		:					see instructions)			
	New York NY 10014					722110 Administrator's E				
3a	Plan administrator's name and address (If same as plan employer, ent	ier "Same")			30 /	Administrators E	, ,			
				·	10-					
		·			3C /	Administrator's te	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filled for this pl	an, enter the	4b i	EIN				
	name, EIN and the plan number from the last return/report. Sponsor's I	Ar r	4c PN							
					i					
5a	Total number of participants at the beginning of the plan year	٠			. 5a		4			
b	Total number of participants at the end of the plan year						4 5			
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	e plan year	(defined benefit	plans do not	. 5a . 5b					
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	e plan year	defined benefit	plans do not	. 5a		5			
b c Sa	Total number of participants at the end of the plan year	e plan year ssets? (See	(defined benefit instructions.)	plans do not	5a 5b 5c		5 XYes No			
b c Sa	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible as Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	e plan year ssets? (See ndependent conditions.	(defined benefit instructions.) t qualified public	plans do not	5a 5b 5c		5			
b c Sa b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item)	e plan year ssets? (See ndependent conditions.	(defined benefit instructions.) t qualified public	plans do not	5a 5b 5c		5 XYes No			
b c Sa b	Total number of participants at the end of the plan year	e plan year ssets? (See ndependent conditions.	(defined benefit instructions.) qualified public) and must instead	plans do not accountant (IQPA) d use Form 5500.	5a 5b 5c		5 XYes No XYes No			
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	DI Ch of ori-tice									
***************************************	V Plan Characteristics			List of Dien Changele	-intin C	adaa ii	n tha in	eta intiona:		
ya	If the plan provides pension benefits, enter the applicable pension feat 2E 3H 3D	ure codes	s from the	List of Plan Characte	risiic C	odesi	n me m	Structions.		
b	f the plan provides welfare benefits, enter the applicable welfare feature	re codes t	from the L	ist of Plan Characteri	stic Co	des in	the ins	fructions:		
Pa	Compliance Questions					_				· ·
10	During the plan year:					Yes	No	· /	Amount	
a	Was there a failure to transmit to the plan any participant contribution						x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	ry Correct	ion Progra	im)	- 10a	├─	-			
Đ	on line 10a.)			• • • • •	. 10Ь		х			
_	Was the plan covered by a fidelity bond?				10c		×			
c d	Did the plan have a loss, whether or not reimbursed by the plan's fide	elity bond.	that was	caused by fraud	·					
.	or dishonesty?				· 10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by	an insura	ince carrier,						
	insurance services or other organization that provides some or all of	the benefi	its under t	he plan? (See	10e		x			
•	instructions.)				'		x	<u> </u>		
T	Has the plan failed to provide any benefit when due under the plan?				10f		-			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	-			10g		X			and the same of th
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)				. 10h		х			
ì	If 10h was answered "Yes," check the box if you either provided the n									
	exceptions to providing the notice applied under 29 CFR 2520.101-3				. 10i	<u> </u>				
Pari	VI Pension Funding Compliance			1.040.022.000.000.000.000.000.000.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					······································
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Ye:	s," see ins	tructions and comple	te Sch	edule S	SB (For	m	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ								Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
а	If a waiver of the minimum funding standard for a prior year is being a	mortized	in this pla	n year, see instruction	ns, and	enter	the dat	e of the lette	er ruling	
	granting the waiver			Mo	nth	<u> </u>	Day		Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME						12b			
b	Enter the minimum required contribution for this plan year					· -	12c			
C	Enter the amount contributed by the employer to the plan for this plan	J				· -	12.0		1. 11. 11. 11.	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	resuit (er	niera min	us sign to the tell of a	• •	.	12đ			=
e	Will the minimum funding amount reported on line 12d be met by the f	iundina de	eadline?					Yes	No	N/A
Part	W00401									
Service Harvey Control	Has a resolution to terminate the plan been adopted during the plan ye	ear or any	prior vea	r?			. .		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the empl					ļ	13a			
h	Were all the plan assets distributed to participants or beneficiaries, tra			plan, or brought und	er the c					
	of the PBGC?								Yes	X No
C	If during this plan year, any assets or llabilities were transferred from ti which assets or liabilities were transferred, (See instructions.)	his plan to	another	plan(s), identify the pl	ian(s) ii	D				
					T	13,	(2) Ell	W/e}	13c(3)	DN(e)
1,	c(1) Name of plan(s):				+-	150	*(C) L.II	1(3)	100(0)	11(3)
	The state of the s				1		***************************************			
	• .				<u> </u>					
Cautio	: A penalty for the late or incomplete filing of this return/report w	ill be ass	essed ur	less reasonable car	use is 4	establ	ished.			
Under	enalties of periury and other penalties set forth in the instructions, I de	clare that	I have ex	amined this return/re	port, in	cluding	g, ifapp	ilicable, a S	chedule	
SB or S	chedule MB completed and signed by an enrolled actuary, as well as t	he electro	onic versio	n of this return/repor	t, and t	o th e b	est of I	my knowled	ge and	
pellef, i	is true, correct, and complete	<u> </u>		T., -				···		
SIGN	A Carrett		1 126	John Greco					· · · · · · · · · · · · · · · · · · ·	
HER	Signature of plan administrator	Date 7	11 1201	5 Enter name of ind	nvidual	signin	g as p	an administr	rator	
SIGN			. 1							
HER	Signature of employer/plan sponsor	Date		Enter name of inc	lividuai	signin	g as er	nployer or p	lan sponso	or

Form 5500-SF 2010