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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 550	0-SF.	оросиси			
Part I	Annual Report	Identification Information							
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/20)12	and ending 1	2/31/2012				
	turn/report is for:	a single-employer plan	=	lan (not multiemployer)	a one-	-participant plan			
B This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program			
	· ·	special extension (enter descrip	 tion)		_				
Part II	Rasic Plan Info	prmation—enter all requested infor	· · · · · · · · · · · · · · · · · · ·						
1a Name		amation enter an requested into	mation		1h Three-di	qit			
	BAK CO., LLC PROFIT	Γ SHARING PLAN				~ I			
					(PN) •	002			
					1c Effective	date of plan			
						01/01/2001			
	ponsor's name and ac BAK CO., LLC	ddress; include room or suite number	(employer, if for a single-	employer plan)	2b Employe (EIN)	r Identification Number 13-3086847			
331 MADISONEW YORK	ON AVENUE, 12TH FI (. NY 10017	LOOR							
	,				Zu Business	,			
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b Administr				
				-,					
					3c Administr	rator's telephone number			
A 16 41- a .			- last vat /van aut filad fe		41				
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed to	or this plan, enter the	4b EIN				
	or's name	mor nom the fact retain, report.			4c PN				
		s at the beginning of the plan year			5a	87			
_		s at the end of the plan year			+				
	•	account balances as of the end of the			30	/1			
		account balances as of the end of the	. , ,	•	5c	7			
6a Were	all of the plan's asset	s during the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No			
		of the annual examination and report of							
		? (See instructions on waiver eligibilit	-			X Yes No			
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form 5500.				
		or incomplete filing of this return/r							
	edule MB completed a true, correct, and com		well as the electronic ver	sion of this return/report	, and to the bes	t of my knowledge and			
	T			Т					
SIGN	Filed with authorized	/valid electronic signature.	09/25/2013	JEFFREY MILLER					
HERE	Signature of plan a	ıdministrator	Date	Enter name of individu	ual signing as p	lan administrator			
SIGN HERE	Filed with authorized	/valid electronic signature.	09/25/2013	JEFFREY MILLER					
	Signature of emplo		Date		DFVC program DFVC program				
Preparer's	name (including firm r	name, if applicable) and address; incli	ude room or suite numbe	r (optional)	Preparer's tele	ephone number (optional)			
				ŀ					

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End c	f Year	r		
a	Total plan assets	7a	112429				(2) =	1186			
	Total plan liabilities	7b		0					0		_
	Net plan assets (subtract line 7b from line 7a)	7c	112429					1186	6955		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(u) Amount				(6) 10	·tui			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	13186	60							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						131	860		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6920	13							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69	9203		
	Net income (loss) (subtract line 8h from line 8c)	8i							2657		
	Transfers to (from) the plan (see instructions)	8j		0							
Par	rt IV Plan Characteristics	oj.		0							
	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	2A 2E 2G 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
Par	t V Compliance Questions			-	1	1	1				
10	During the plan year:				Yes	No	1	Amoui	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				10	000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х					
е											
	insurance service or other organization that provides some or all o					X					
	instructions.)			10e		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 e	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirement							П у	res	ΧI	No
11a	5500) and line 11a below)				·····			Ш.		- *	
						11a	EDICAC		/oc	v ,	N _C
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 Of	EKISA?	Ц Ү	res .	۸	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	224	ontor ti	l data of th	o lotto	داريو م		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and	enter tr Day		e lette Year _	ı ıulli	ıy 	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

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	Fator the amount contributed by the ampleyer to the plan for this plan year	12)c		
d	Enter the amount contributed by the employer to the plan for this plan year	12	-		
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?	[Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	cont	rol 		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	2) EII	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust ER TABAK CO., LLC PROFIT SHARIN	141		ust's EIN 05231974	

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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012					
A This return/report is for. x a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
B This return/report is:	the final return/report							
an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under: X Form 5558	automatic extension		DFVC progr	ram				
special extension (enter descrip	tion)							
Part II Basic Plan Information — enter all requested in	formation							
1a Name of plan			1b Three-digit					
Miller Tabak Co., LLC Profit Sharing Plan			plan number (PN) ➤	002				
•			1c Effective date					
		·	01/01/200	Particular and a second				
2a Plan sponsor's name and address; include room or suite number Miller Tabak Co., LLC	2b Employer Identification Number							
·			(EIN) 13-3086847					
321 Waliana Barrera 1242 61			2c Sponsor's tele (212) 370-					
331 Madison Avenue, 12th floor			2d Business code					
US New York NY 10017			522291					
3a Plan administrator's name and address 🗵 Same as Plan Spon	sor Name 🔲 Same as F	lan Sponsor Address	3b Administrator's	s EIN				
			3c Administrator's	s telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b EIN	· · · · · · · · · · · · · · · · · · ·				
name, EIN, and the plan number from the last return/report.		, , , , , , , , , , , , , , , , , , ,						
a Sponsor's name			4c PN					
5a Total number of participants at the beginning of the plan year			5a	87				
b Total number of participants at the end of the plan year			5b	71				
Number of participants with account balances as of the end of the complete this item)	e pian year (defined bene	TIE PIANS GO NOT	5c	7				
6a Were all of the plan's assets during the plan year invested in elig			******	XYes No				
b Are you claiming a waiver of the annual examination and report of		d public accountant (IQI						
under 29 CFR 2520.104-46? (See instructions on waiver eligibilit				X Yes No				
If you answered "No" to either line 6a or line 6b, the plan car								
Caution: A penalty for the late or incomplete filing of this return								
Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, as	ions, I declare that I have well as the electronic ve	examined this return/re rsion of this return/repor	port, including, if app t, and to the best of a	olicable, a Schedule				
belief, it is true, correct, and complete.			-,	ny mamaaga ana				
SIGN AND AND AND AND AND AND AND AND AND AN		JEFFREY MILLER	***************************************					
HERE Signature of plan administrator	Date (2511)	Enter name of Individua	al signing as plan adn	ninistrator				
SIGN AA, 1 PAVA		JEFFREY MILLER						
HERE Signature of employer/plan sponsor	Date 9/25/17	Enter name of individua	ıl signing as employe	r or plan sponsor				
Preparer's name (including firm name, if applicable) and address; inc	dude room or suite numbe	er (optional)	Preparer's telephon					
,			angutu di sangangangan					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End of	Year	***
а	Total plan assets	7a	1,124,2	98	1	***********		955	
b	Total plan liabilities	7b		0	0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,124,29	98	1,186,955				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tot		tal	
а	Contributions received or receivable from:	n_44)		0					
14 <u>2</u>	(1) Employers	8a(1)		0			tide peliji I. Hadanis ke la		
7	(2) Participants	8a(2)	***************************************	0					
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	131,8		-	i jibaa Nasaan		rdad self) Haliyad M	
*********	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	131,0	o u	1			Markd A	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	D8	69,2	03				131	,860
***************************************	Certain deemed and/or corrective distributions (see instructions)	8e		Q			Les Santa		
f	Administrative service providers (salaries, fees, commissions)	8f		0	100				
g	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						69	,203
i	Net income (loss) (subtract line 8h from line 8c)	8i						62	2,657
1	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV Plan Characteristics		And the second s					····	
	2A 2E 2G 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions		s from the List of Plan Characte	eristic	Code	s in th	e instruction	lS:	
		<u> </u>	<u> </u>			1	í		 ,
10	During the plan year. Was there a failure to transmit to the plan any participant contribu	tione with:	a the time region described in	Ϊ ·······	Yes	No	A	mount	
u	29 CFR 2510.3-1022 (See instructions and DOL's Voluntary Fidux	dons with	ection Program):	10a		x			
b	***************************************	? (Do not i	include transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?	********	ngan kangaban dan pamanan kamahan dan kanakan kanakan dan kanakan kanakan kanakan kanakan kanakan kanakan kana	10c	х			1,	000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	THE SHAPE OF THE S	х			
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all clinstructions.)	of the bene	efits under the plan? (See	10e		х			
f	Has the plan falled to provide any benefit when due under the plan	1? ښېښېښ	***********************************	10f		х			***************************************
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end 1	10g		x		······································	
h	The state of the s	See instru	uctions and 29 CFR	10h	, 	x	(164, 44, 164, 164, 164, 164, 164, 164, 1		
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i					
Pai	t VI Pension Funding Compliance			-		J,			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						B (Form	Пγ	es X No
11:	Enter the amount from Schedule SB line 39			*****		11a			
12	Is this a defined contribution plan subject to the minimum funding		<u> </u>	or se	1		ERISA?	Пу	es 🗵 No
			A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	., .,c.		MI.		السب ا	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amortiz	ed in this plan year, see instruc					e letter Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.	A				NAME AND	
b	Enter the minimum required contribution for this plan year		edita de estados tros en un un cade un escado o estados escados de estados en estados en estados en estados en	*******		12b			

<u></u>	Form 5500-SF 2012	Page 3-				
			*************	*		
C	Enter the amount contributed by the employer to the plan for this plan	an year	e	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?	***************	□	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets			e e sa		
13a	Has a resolution to terminate the plan been adopted in any plan year	3F.Ž	000333454KP254		es 🗓 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the en	nployer this year	***********	13a		
Ъ	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	• •		ontrol		☐ Yes ☒ No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s), identify the	e plan(s) to	3		
,	3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3) PN(s)
				,		
Part	VIII Trust Information (optional)	The state of the s	170.4 111.1	1		
14a Name of trust				14b Trust's EIN		
Miller Tabak Co., LLC Profit Sharin				20-5231974		