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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.		peonon
Part I	Annual Report I	dentification Information					
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/2	013	and ending 0	7/08/2	2013	
	eturn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	nm
Dant II	Dania Dlan Infan	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Part II		mation—enter all requested info	rmation		46		
1a Name	e of plan PARTNERS, LLC 401(k	() DLAN			1D	Three-digit plan number	
SCHIFTER	PARTNERS, LLC 401(r	() PLAN				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	•
	sponsor's name and add PARTNERS, LLC	ress; include room or suite number	(employer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 20-41	
40 WEST 2	5TH STREET				2c	Sponsor's telep	
	K, NY 10010-2708				2d	Business code ((see instructions)
		d address Same as Plan Sponso	<u>—</u>	Sponsor Address	3b	Administrator's	
CHIFTERF	PARTNERS, LLC		TH STREET NY 10010-2708		3с	Administrator's 1	telephone number
name		plan sponsor has changed since the last return/report.	e last return/report filed fo	r this plan, enter the	4b 4c	EIN PN	
5a Total	number of participants a	at the beginning of the plan year			5a		11
b Total	number of participants a	at the end of the plan year			5b		0
C Num	ber of participants with a	account balances as of the end of th	e plan year (defined bene	fit plans do not	5c		0
	•	during the plan year invested in elig					X Yes No
b Are y	ou claiming a waiver of r 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibili	of an independent qualified ty and conditions.)	d public accountant (IQI	PA)		X Yes No
•		ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC					Not determined
Caution:	Δ nenalty for the late o	r incomplete filing of this return/	renort will be assessed i	ınless reasonable cau	se is	established	
Under per SB or Sch	nalties of perjury and oth	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have e	examined this return/rep	ort, in	ncluding, if applic	
SIGN	Filed with authorized/v	valid electronic signature.	02/11/2014	SHERYL GUSS			
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Preparer's	s name (including firm na	ame, if applicable) and address; incl	lude room or suite number	(optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of V	oar		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liiu	JI 1)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	18490	1					()	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(0) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1485	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14857	,	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19875	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	100	0							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19975	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	18490	1	
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 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	ions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	•				Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione within	n the time period described in		162	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
~	on line 10a.)			10b		X					
				10c	X					150	000
d				100						130	000
	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					· ·					
	instructions.)		' '	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								1 ٧,,,		No
	5500) and line 11a below)								Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr		,			11a		_	1		
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- t.:		4				Ľ.	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of the	ne le Yea		ııng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
b	Enter the minimum required contribution for this plan year					12b	Ī				

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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 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

2013

This Form Is Open to Public Inspection

Part I	Annual Report	Identification Information	1					100
For calenda	ar plan year 2013 or t	iscal plan year beginning	01/0:	1/2013		and ending		07/08/2013
A This ret	urn/report is for:	X a single-employer plan	am	ultiple-en	nployer pla	an (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	X the	final retu	n/report			_
		an amended return/report	=	ort plan y	ear return	/report (less than 12 m	onths)	
C Check b	box if filing under:	Form 5558	\equiv	omatic ex		. ,	·	DFVC program
	•	special extension (enter desc						program
Part II	Basic Plan Info	ormation—enter all requested in						
1a Name		onter an requested in	nonnation				1b	Three-digit
		LLC 401(K) PLAN						plan number
								(PN) • 001
								Effective date of plan 01/01/2007
2a Plans	ponsor's name and a ER PARTNERS,	ddress; include room or suite numb LLC	oer (emplo	yer, if for	a single-	employer plan)	2b	Employer Identification Number (EIN) 20-4115471
40 WEST	r 25TH STREET	1					2c	Sponsor's telephone number
- 0 1120							24	212-727-8888
NEW YOR	RK	NY 10010-270	08				Zu	Business code (see instructions) 448150
3a Plan a	dministrator's name a	ind address Same as Plan Spon	sor Name	Sam	e as Plan	Sponsor Address	3b	Administrator's EIN
SCHIFT	ER PARTNERS,	LLC		:		•		20-4115471
40 WEST	Г 25TH STREET	1						Administrator's telephone number 212-727-8888
10 1110	i 25iii bikeei							
NEW YOU		NY 10010-2708						
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last r	eturn/rep	ort filed fo	r this plan, enter the	4b	EIN
a Sponso	101	ımber from the last return/report.					40	DN
		s at the beginning of the plan year.					4c	PN
		s at the end of the plan year					5a	1:
		account balances as of the end of					5b	
compl	ete this item)				inou bone		5c	
6a Were	all of the plan's asse	ts during the plan year invested in	eligible as	sets? (Se	e instruct	tions.)		X Yes No
D Are yo	ou claiming a waiver o	of the annual examination and repo	ort of an in	depende	nt qualifie	d public accountant (IC	PA)	₩ Yee □ Ne
If you	answered "No" to	6? (See instructions on waiver eligit of ther line 6a or line 6b, the plan	cannot u	condition:	5.) 5500-SE	and must instead use	Form	X Yes No
		efit plan, is it covered under the PB						
Caution: A	penalty for the late	or incomplete filing of this retur	rn/report	will be a	sessed i	unless reasonable ca	use is	established.
SB or Sche	atties of perjury and o edule MB completed a rue, correct, and con	ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	as well as	leclare th the elec	at I have of tronic vers	examined this return/re sion of this return/repor	port, ir t, and	ncluding, if applicable, a Schedule to the best of my knowledge and
SIGN	Inol	my W. July	$\overline{}$			Timothy Schif	ter	
HERE	Signature of plan	administrator		Date 2	9/14	Enter name of individ	lual sic	gning as plan administrator
SIGN							au ail	anny do plan deministrator
HERE	Signature of empl	oyer/plan sponsor		Date		Enter name of individ	lual eir	aning as amplayer or plan assesse
Preparer's	name (including firm	name, if applicable) and address; in	nclude ro	om or sul	te numbe	r (optional)		gning as employer or plan sponsor parer's telephone number (optional)
							'	, , , , , , , , , , , , , , , , , , , ,
							1	

Par	t III Financial Information								
7	Plan Assets and Liabilities	J 78	(a) Beginning of Yea	r			(b) End	of Ye	ar
а	Total plan assets	7a		3490	1		***		0
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	18	3490	1				0
8	Income, Expenses, and Transfers for this Plan Year	201	(a) Amount				(b)	Γotal	
	Contributions received or receivable from:				N.		SHALL	· Iw	
	(1) Employers	8a(1)			-	1			
	(2) Participants	8a(2)			10		THE III	-2	
	(3) Others (including rollovers)	8a(3)		405		12	- V	-	No. of the last
	Other income (loss)	8b		L485	/				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				OKT III	0	ST CO.	14857
	to provide benefits)	8d	19	875	8				
	Certain deemed and/or corrective distributions (see instructions)	8e				1			
f	Administrative service providers (salaries, fees, commissions)	8f		100	0	- "			
g	Other expenses	8g			750		10-27		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	TOTAL CONTRACTOR	W	W.				199758
i	Net income (loss) (subtract line 8h from line 8c)	81							-184901
	Transfers to (from) the plan (see instructions)	8j			100	915		-9-1	Springer and
Par	t IV Plan Characteristics	9 1			-				
	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	
	2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cteristi	ic Cod	es in th	ne instruc	tions:	
	V 0 11							_	
Par				_		_			
10	During the plan year:				Yes	No		Amo	unt
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within Iciary Corre	the time period described in ction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10е		х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х			
h		(See instruc	ctions and 29 CFR	10h		Х		-17	7-14
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	ne required	notice or one of the	101					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	dule SE	3 (Form	. [Yes No
11a						11a		- Ind	torul
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								E-21
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instru	ctions	, and e	enter th Day	ne date o	the le Yea	-
1f	one consisted the second constant to the second constant to	CONTRACTOR OF STREET							
	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
	Enter the minimum required contribution for this plan year					12b			

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	۲a(ae.	a	_	

С	Ente	the amount contributed by the employer to the plan for this plan year	12	С				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12	.d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?			Y	res -	N	o N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?	Х	. Y	'es	□ N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13	a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e PBGC?					X	Yes N
C	If du whic	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s h assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1)	Name of plan(s):	13c(2) El	N(s)		1	3c(3) PN(s)
							_	
	-			_			4	
Part	VIII	Trust Information (optional)				_		
14a	Vame	of trust	141	o Tr	ust's	s EIN		
-			1					



Timothy Schifter
Schifter + Partners, LLC
40 West 25th Street
New York, NY 10010-2708

RE: Schifter + Partners, LLC 401(k) Plan

knoty W. Shi

Form 5500 E-filing Authorization

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Preferred Pension Planning Corporation (PPPC) to electronically file the plan sponsor's Form(s) 5500 annually, but only upon PPPC's receipt of a copy of the manually signed page one of Form 5500 or page two of 5500-SF.

The sponsor has been notified that the image of the plan administrator's/ plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The plan sponsor and Trustee understand and agree that the complete electronically filed Form 5500 will have Sheryl Guss indicated as Plan Administrator. This listing is solely for purposes of filing the Form 5500. The plan sponsor and Trustee agree that Sheryl Guss is not the Plan Administrator that Preferred Pension Planning Corporation and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fines, charges, corrections, or other charges or actions that may be required or imposed upon the plan or its representatives.

The employer may revoke or change this authorization for future plan years at any time by notification in writing to PPPC.

Trustee

Date