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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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.		peotion
Part	I Annual Report	Identification Information					
For ca	lendar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending 12	2/31/2	2013	
	is return/report is for:			an (not multiemployer)		a one-partici	pant plan
B Th	is return/report is:	the first return/report	he final return/report				
		an amended return/report a	short plan year return	/report (less than 12 mo	onths)		
C Ch	eck box if filing under:	Form 5558 a a	automatic extension			DFVC progra	am
Dant	II Dania Dian Info	<u> </u>	•				
Part		rmation—enter all requested informat	ion		41.		Τ
	ame of plan	OLIA DINIO DI ANI			1b	Three-digit plan number	
MILLER	TABAK CO., LLC PROFIT	SHARING PLAN				(PN) ▶	002
					1c	Effective date o	
						01/01	•
2a P	an sponsor's name and add	dress; include room or suite number (em	plover, if for a single-	emplover plan)	2h	Employer Identi	
	R TABAK CO., LLC		p.o.,	op.oyo. p.a			86847
						Sponsor's telep	hone number
221 MA	DISON AVENUE, 12TH FL	OOR			20	212-37	
NEW Y	ORK, NY 10017	OOK			2d	Business code ((see instructions)
						52229	
3a P	an administrator's name an	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
		plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
	•	nber from the last return/report.			4 -		
	oonsor's name				4c	PN	
5a ⊤	otal number of participants	at the beginning of the plan year			5a		73
b T	otal number of participants	at the end of the plan year			5b		60
		account balances as of the end of the pla	• •	·	5c		6
6a ∖	Vere all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
	· ·	the annual examination and report of ar	•	,			
		(See instructions on waiver eligibility ar					X Yes No
If	you answered "No" to ei	ther line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form	5500.	
C If	the plan is a defined benefi	it plan, is it covered under the PBGC insi	urance program (see	ERISA section 4021)?		Yes No	Not determined
Cauti	on: A nonalty for the late of	or incomplete filing of this return/repo	rt will be assessed i	inlace rascanable cau	so is	oetablishod	
		ner penalties set forth in the instructions,					able a Schodule
		nd signed by an enrolled actuary, as well					
						,	
bellel,	it is true, correct, and comp	olete.					
							
SIGN	Filed with authorized/v	valid electronic signature.					
	Filed with authorized/v	valid electronic signature.	Date	Enter name of individu	ıal sig	ning as plan adr	ninistrator
SIGN	Filed with authorized/v	valid electronic signature.	Date	Enter name of individu	ıal sig	ning as plan adr	ninistrator
SIGN HERE	Filed with authorized/\ Signature of plan ac	valid electronic signature. dministrator				J ,	
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/ Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor

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Day	rt III Financial Information									
7 Tal			(a) Denimina of Ven		<u> </u>		/b) F::	-1 -4 V		
	Plan Assets and Liabilities	- -	(a) Beginning of Yea		-		(b) Er	d of Y	ear 847003	2
<u>а</u> b	Total plan assets Total plan liabilities	7a		0	-			•	(
	Net plan assets (subtract line 7b from line 7a)	7b	118695					347003		
	· · · · · · · · · · · · · · · · · · ·	7c		<u> </u>				347000	<u>'</u>	
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	21369	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	213698	,
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55360	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	5	0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							553650)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	339952	2
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D 3H	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	3:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	Part V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			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				1	000000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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					Х				
	instructions.)			10e		Χ				
	, , , , , , , , , , , , , , , , , , ,			10f						
g				10g		Х				
h	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 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	× No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter tl Day		of the le		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				[12b				

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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?		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 under the of the PBGC?	control		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			
	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	Name of trust .ER TABAK CO., LLC PROFIT SHARIN		rust's EIN 205231974	4	

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information)n			***************************************
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/201	3
A This return/report is for: x a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-pa	articipant plan
B This return/report is:	the final return/report			
an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check box if filing under: X Form 5558	automatic extension		☐ DFVC pi	rogram
special extension (enter de				·
Part II Basic Plan Information enter all requeste				
1a Name of plan	per inspiriment		1b Three-digit	
Miller Tabak Co., LLC Profit Sharing Pla	**L 3**L		plan numb	
Filler labar Co., and Floric budging Li	311		(PN) ► 1c Effective d	
			01/01/2	
2a Plan sponsor's name and address; include room or suite nu Miller Tabak Co., LLC	mber (employer, if for a single	e-employer plan)		dentification Number -3086847
				telephone number
331 Madison Avenue, 12th floor			(212) 3	
				ode (see instructions)
US New York NY 10017	powerty.	:	522291	Marie Ma
3a Plan administrator's name and address X Same as Plan	Sponsor Name Same as	Plan Sponsor Address	3b Administra	tor's EiN
		į	20 Administra	ttala-basa number
			JU Administra	tor's telephone number
		İ	***********	
4 If the name and/or EIN of the plan sponsor has changed sin		for this plan, enter the	4b EIN	The second of th
name, EIN, and the plan number from the last return/report.				
a Sponsor's name			4c PN	н э
5a Total number of participants at the beginning of the plan year. b. Total number of participants at the end of the plan year.	and the first of t		5a 5b	73
b Total number of participants at the end of the plan yearc Number of participants with account balances as of the end				60
complete this item)			5c	6
6a Were all of the plan's assets during the plan year invested in	າ eligible assets? (See instruc	ctions.)	***********************	X Yes No
b Are you claiming a waiver of the annual examination and rep	•	,	•	——————————————————————————————————————
under 29 CFR 2520.104-46? (See instructions on waiver elig	-			X Yes No
If you answered "No" to either line 6a or line 6b, the plan c If the plan is a defined benefit plan, is it covered under the F				No Not determined
				
Caution: A penalty for the late or incomplete filing of this re				
Under penalties of perjury and other penalties set forth in the ins SB or Schedule MB completed and signed by an enrolled actual				
belief, it is true, correct, and complete.	y, do wes do use escentiste	Majorr or and three intopol	it, and to the beet	Of thy Michaloogo and
SIGN Office Office		JEFFREY MILLER		
HERE Signature of plan administrator	Date 92 (114)	Enter name of individua	al signing as plan	administrator
	1240	JEFFREY MILLER	al oginig ac pia.	autina qua qu
SIGN HERE Signature of employer/plan sponsor	Date 9/26/11	Enter name of individua	ol signing as empl	over or plan sponeor
Preparer's name (including firm name, if applicable) and address				none number (optional)
(Sparse (Sparse (Sparse))	a Bibinata receive a contraction	or (optionar)	i characteristics	totto tentinac fabracias
			444	
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Pa	rt III Financial Information		Administrative Administrative Construction of the Construction of		· · · · · · · · · · · · · · · · · · ·	·		
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year			Year
a	Total plan assets	7a	1,186,9	55	847,00			
b	Total plan liabilities	7b		0		0		
C	Net plan assets (subtract line 7b from line 7a)	7c	1,186,9	55	1	847,003		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			al		
	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0	15.4			
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	213,6	98				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		<u> </u>	213,698
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	553,6	00				
е	Certain deemed and/or corrective distributions (see instructions)	8e	e e e e e e e e e e e e e e e e e e e	0.	il win			
f .	Administrative service providers (salaries, fees, commissions)	8f		50				
9	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		37 [A]				553,650
î	Net income (loss) (subtract line 8h from line 8c)	8i			1			(339,952)
i	Transfers to (from) the plan (see instructions)	. 8i		0				
	rt IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·			- L	· · · · · · · · · · · · · · · · · · ·		
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Pa	rt V Compliance Questions						************	
10	During the plan year:	***************************************	**************************************		Yes	No	Δ.	nount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b		? (Do not í	nclude transactions reported	10b		х	***************************************	
С	Was the plan covered by a fidelity bond?			10c	х			1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	d, that was caused by fraud	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 of instructions.)	er persons of the bene	s by an insurance carrier, efits under the plan? (See	10e		х		<u>, , , , , , , , , , , , , , , , , , , </u>
f	Has the plan failed to provide any benefit when due under the plan	1?,	***********	10f	***************************************	Х	1	
q	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х	<u> </u>	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g 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	e required	notice or one of the	10ì				
Par								
11	Is this a defined benefit plan subject to minimum funding requirem							Ov. File
11-	Enter the unpaid minimum required contribution for current year fro		V-1-V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		************		***************************************	Yes X No
h				·		11a	····	
12	Is this a defined contribution plan subject to the minimum funding			or sec	tion 3	02 of	ERISA?	Yes X No
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	g amortize	ed in this plan year, see instruc	tions,	and e	nter t		e letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	************	daning had an an had had been a him had dig dan a make	·********	T	12b		
								

	Form 5500-SF 2013	Page 3-				
				.i		
С	Enter the amount contributed by the employer to the plan for this plan year	erikenkui randonkundunden jierikilänne éknombirandonga oglasyjeringiken.	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding de			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	уеаг	13a	l .		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to the PBGC?		control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)		o	·		
1	3c(1) Name of plan(s):	13	c(2) EIN	(s)	13c(3) PN(s)
					mere management	
Part	VIII Trust Information (optional)					
14a I	lame of trust		14b T	rust's E	IN	
M	iller Tabak Co., LLC Profit Sharin			20-52	31974	
			1			