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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information							
For calend	lar plan year 2014 or t	fiscal plan year beginning 01/01/201	4	and ending 12	2/31/2014				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accor					
a one-participant plan a foreign plan									
B This ret	urn/report is	the first return/report	t						
an amended return/report a short plan year return/report (less the					12 months)				
		 ☐ Form 5558	automatic extension		Преис	program			
C Check	box if filing under:			I	П рыс	program			
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	ormation—enter all requested info	rmation						
1a Name					1b Three-dig				
MILLER TA	BAK CO., LLC PROF	IT SHARING PLAN			plan num (PN) ▶	ber 002			
					1c Effective				
					I Eliconic	01/01/2001			
	ponsor's name and a BAK CO., LLC	ddress; include room or suite number	(employer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 13-3086847				
					2c Sponsor's telephone number				
	ON AVENUE, 12TH F	LOOR			212-370-0040				
NEW YORK	, NY 10017				2d Business code (see instructions)				
30 Diam	destatation to the control of				522291				
3a Plan a	idministrator's name a	and address XSame as Plan Sponso	r.		3b Administra	ator's ein			
		ne plan sponsor has changed since th	e last return/report filed	I for this plan, enter the	4b EIN				
		umber from the last return/report.			4c PN				
	or's name	s at the heginning of the plan year			5a	62			
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					5b				
		• •							
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c	C				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	(
d(2) Total number of active participants at the end of the plan year				5d(2)	(
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	(
		or incomplete filing of this return/							
SB or Scho		other penalties set forth in the instructi and signed by an enrolled actuary, as nolete.							
SIGN		d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE		oyer/plan sponsor	Date		lual signing as en	nployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (inc	lude room or suite num	ber) (optional)	Preparer's tele	phone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the c	an indeper and conditi	ident qualified public accounta	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information	•			1		
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	8470				0
	Total plan liabilities	7b	0.476	0			0
	Net plan assets (subtract line 7b from line 7a)	7c	8470	103			0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	301	111			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					30111
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8767	764			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	3	350			
g	Other expenses	8g		0			
h	otal expenses (add lines 8d, 8e, 8f, and 8g)						877114
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-847003
j	Transfers to (from) the plan (see instructions)	8j		0			
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection 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		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		Χ	
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 ben	efits under the plan? (See	10e		X	
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	nd.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day	

	Form 5500-SF 2014 Page	e 3 - 1			
lf y	ou 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 negative amount)	_	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?		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	r	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to ar of the PBGC?				X Yes 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.)				
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				

14a Name of trust MILLER TABAK CO., LLC PROFIT SHARING TRUST

14b Trust's EIN 205231974

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

2014

This Form is Open to Public Inspection

Pa	rt I Annual Repor	t Identification Information								
	alendar plan year 2014 or			01/2014	and andina	10/21/2	* 4 · 6			
, m	mentions primit grown service or a				and ending	12/31/20	The state of the s			
A TI	nis return/report is for:	x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan								
Вт	nis return/report is:	the first return/report	<u> </u>	retum/repor	ı					
				•						
an amended return/report a short plan year return/report (less than 1						menths)				
C C	neck box if filing under:	Form 5558 special extension (enter descr	Samuel	ic extension		☐ DFVC	program			
·	**************************************						****			
<u> Par</u>	t II. Basic Plan Inf	ormation enter all requested	<u>information</u>				- WASSIGNED OF THE STATE OF THE			
la i	lame of plan					1b Three-dig				
Miller Tabak Co., LLC Profit Sharing Plan				plan num						
						(PN) ►	002			
						1C Effective date of plan 01/01/2001				
2a F	'ian spensor's name and a	address; include room or suite numb	er (employer	if for a sing	e-emnlover nian)					
Ŀ	uller Tabak Co.,	LLC	ar familians.		o output of prairy	2b Employer Identification Number (EIN) 13-3086847				
						_ ' '				
						2C Sponsor's telephone number				
3	31 Madison Avenua, 12t	h floor					370-0040			
							code (see instructions)			
	S New York NY 10017				·	522291				
Ja ⊢	lan administrators name a	and address X Same as Plan Spo	onsor Name			3b Administr	ator's EIN			
						3C Administr	ator's telephone number			
						on very material a reliabilities (intitibes				
4 If	the name and/or EIN of it	to also accesses has observed since (ali a famé making	' & Ela d	F - +L51	45				
* "	ame. EIN. and the plan no	he plan sponsor has changed since to simber from the last return/report.	ine iast retuir	угероп піва	for this plan, enter the	4b EIN				
	ponsor's name	manner redera erre american en				4				
		* N * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	TO TO SOMEONE DISCUSSION OF THE PARTY OF			4c PN				
		s at the beginning of the plan year .				5a	62			
b T	otal number of participants	s at the end of the plan year	***************	***************	******************************	5b	0			
C N	umber of participants with	account balances as of the end of t	he plan year	(defined ben	efit plans do not	5c	O			

of il	total number of active pa	rticipants at the beginning of the pla	n year	***********	****************************	5d(1)	Ò			
		rticipants at the end of the plan year				5d(2)	0			
e N	umber of participants that	terminated employment during the p	plan year with	accrued be	nefits that were					
le	ss than 100% vested	444-5-14-14-14-14-14-14-14-14-14-14-14-14-14-	*************	****	************	5e	Q			
Cauti	on: A penalty for the late	or incomplete filing of this return	vreport will	be assesse:	i uniess reasonable c	ause is establish	ad.			
		other penalties set forth in the instruc								
SB or	Schedule MB completed :	and signed by an enrolled actuary, a	s well as the	electronic v	ersion of this return/read	eport, including, in	applicable, a Scriedule			
belief,	it is true_correct, and corr	golete.				,	. o. my momente de ana			
ALCOHOL:	1 (1/5, 17/	7 ~			JEFFREY MILLER		The state of the s			
SIGN				: N \ \ Z						
HER	E Signature of plan adm	ninistrator	Date !	412517	Enter name of individu	ial signing as plan	administrator			
SIGN	1 4/JV1	rec			JEFFREY MILLER					
HER		er/olan sponsor	Date 1	1/28/15	Enter name of individu	el cinnina se amn	lavor at plan coancar			
	- 1 - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1	name, if applicable) and address; in			ne lantinest					
1 repre	they as service for constituents and investigation	name, a approacte, and approact in	CIDAE LAALLA	1 SUILE HOLLIN	er (optionar)	Plebalel a reich	hone number (optional)			
						7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

	Form 5500-SF 2014	TOTAL CONTRACTOR	Page 2							
6a	Were all of the plan's assets during the plan year invested in eligib	e assets?	(See instructions.)					X Yes No		
b	Are you claiming a waiver of the annual examination and report of					**14 *10****	******	XYes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				-	******		XYes No		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must instead	use	Form	5500.				
c	If the plan is a defined benefit plan, is it covered under the PBGC is	тѕигапсе р	rogram (see ERISA section 40	21)?		☐ Ye	s 🔲 No	Not determine		
Р	art III Financial Information							***************************************		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ř	T		(b) End	of Year		
<u>a</u>	Total plan assets	7a	847,0	03				0		
b	Total plan liabilities	. 7b		0				0		
C	Net plan assets (subtract line 7b from line 7a)	7 _G 847,003								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
æ	Contributions received or receivable from: (1) Employers	8a(1)		0	51.20					
	(2) Participants			0	1.54%					
	(3) Others (including rollovers)	8a(3)		0	7 (200)			ing and the control of the control o		
b	Other income (loss)	8b	30,1	11	10.000 10.000		y ga carring Maringagata			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						30,111		
d	Benefits paid (including direct rollovers and insurance premiums									
~	to provide benefits)	8d	876,7	64						
e f	Certain deemed and/or corrective distributions (see instructions)	8e	***		2015 THE PAGE 02	andetanel aanteak				
	Administrative service providers (salaries, fees, commissions)	8f	3	50	a litteri					
<u>g</u> h	Other expenses	8g		0	10720					
::	Net income (loss) (subtract line 8h from line 8c)	8h 8i		engar Gamar	1-	877,114				
i	Transfers to (from) the plan (see instructions)	81		0				(847,003)		
ĺb.	rt IV Plan Characteristics	<u> </u>	, and an analysis of the second	<u> </u>	Printing					
لے	If the plan provides welfare benefits, enter the applicable welfare fea						- mon 50th	,		
*	rt V Compliance Questions				 -	ç				
<u>10</u>	During the plan year:				Yes					
A	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	the time period described in			No		Amount		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		JULI FIUGISIN)	10a		No x		Amount		
			clude transactions reported	10a			- 100 A	Amount		
d	Was the plan covered by a fidelity bond?	********	clude transactions reported		x	x		Amount 1,000,000		
***************************************	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10b	х	x				
e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all the provides so	fidelity bonder persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	х	х				
e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.)	fidelity bone er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	х	x x				
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan	er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10d	x	x x x				
f	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all distructions.) 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 If this is an individual account plan, was there a blackout period? (er persons of the bene of year er	by an insurance carrier, fits under the plan? (See	10b 10c 10d	x	x x x				
f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) 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	er persons of the bene of the bene of year er See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10d 10e 10f	х	x x x				
f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 if this is an individual account plan, was there a blackout period? (2520.101-3.)	er persons of the bene of the bene of year er See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	х	x x x				
f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.) 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 if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	er persons of the bene of the bene of year er See instruct e required only	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h	Sched	X X X X X	de la companya de la	1,000,000		
f g h i Par	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	er persons of the bene of the bene of the bene of the bene of year er se instruct e required of year of year	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10l	Sched	X X X X X	de la companya de la			
f g h i Par	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all constructions.) 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 if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	er persons of the bene confidence of year er See instruct e required confidence confidence ents? (if "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) ditions and 29 CFR es," see instructions and comp	10b 10c 10d 10e 10f 10g 10h 10l	ôched	x x x x x ule SE	Grom	1,000,000		
f g h i Par 11	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all constructions.) 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 if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from this adefined contribution plan subject to the minimum funding to (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	er persons of the bene of the	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) dions and 29 CFR res," see instructions and comples SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X ule SE	(Form	1,000,000 1,000,000 Yes X No		

Form 5500-SF 2014	Page 3-				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line 13.	(IIII) POVID-COVID-			_
b Enter the minimum required contribution for this plan year	# # * * * * * * * * * * * * * * * * * *	12b			_
		ANGENNA			
C 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 negative amount)	minus sign to the left of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadling	147		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?	********************************	ΧY	es 🗆 No)	(CL)
If "Yes," enter the amount of any plan assets that reverted to the employer this year					C
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes No	-
C If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify the plan(s) t	0			
13c(1) Name of plan(s):	13	(2) EIN	(s)	13c(3) PN(s)	
Part VIII Trust Information (optional)					_
14a Name of trust		14b T	rust's EIN		_
Miller Tabak Co., LLC Profit Sharing Trust			20-5231:	974	