Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information						
For calenda	ar plan year 2016 or f	scal plan year beginning 01/01/20)16 	and ending 12	2/31/2016			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (aployer information in ac	_			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)			
C Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program			
Part II	Basic Plan Info	prmation—enter all requested info	. ,					
1a Name	of plan	401K PROFIT SHARING PLAN & T			1b Three-digit plan number (PN) ▶	001		
					1c Effective date of 01/0	of plan 11/2009		
Mailing	oonsor's name (emplo address (include roo town, state or province	uctions)	(2)	742113				
	MILLER GROUP PC	o, country, and <u>-</u> or long pools			2c Sponsor's telep			
P.O. BOX 194 BRIDGEHAM	47 IPTON, NY 11932		2d Business code (see instructions) 541110					
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spon	sor.		3b Administrator's	EIN		
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN			
a Sponso	or's name				4c PN			
5a Total r	number of participants	at the beginning of the plan year						
b Total r	number of participants	at the end of the plan year			5b	0		
	er of participants with ete this item)	account balances as of the end of t	he plan year (only defined	contribution plans	5c	0		
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	6		
		articipants at the end of the plan yea			5d(2)	0		
than 1	100% vested	terminated employment during the			5e	0		
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- nd signed by an enrolled actuary, and	tions, I declare that I have	examined this return/re	port, including, if appl			
SIGN		/valid electronic signature.	01/12/2017	ADAM MILLER				
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE								
	Signature of emploname (including firm i	oyer/plan sponsor name, if applicable) and address (inc	Date Clude room or suite numbe	Enter name of individer)	ual signing as employ Preparer's telephon			

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		,						X Ye	s No		
J	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		□ Not det	ermined		
	rt III Financial Information				02.7.	····· <u>L</u>		□				
7	Plan Assets and Liabilities		(a) Beginning	of Voor	.			(b) End o	of Vear			
<u>.</u>	Total plan assets	7a	(a) Beginning	334776				(b) Liiu (0		
_	Total plan liabilities	7b	0						0			
	Net plan assets (subtract line 7b from line 7a)	7c		334776				0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt								
	Contributions received or receivable from:		(4) 7 1111 241	•			(b) Total					
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)	1800									
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b		13041	_							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1484	1		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		349617								
е	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		C)							
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							34961	7		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-334776					
j	Transfers to (from) the plan (see instructions)	8j)								
Pai	rt IV Plan Characteristics	, ,	l									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount			
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X						
b	,	t? (Do not	include transactions	10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
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 2520.10			10i								

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?			Yes X No			
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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 a minus sign to the left of a negative amount)								
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
Part	VII	Plan Terminations and Transfers of Assets		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	year" ADP
			- □ '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to Public Inspection

Months Annual Dana	Identification Information	dance with the Instr	uctions to the Form 55	00-SF.				
For calendar plan year 2016 or fi		01/01/2016	and ending	12/31/201	6			
A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report	a multiple-employer a list of participating a foreign plan the final return/repor	plan (not multiemployer) employer information in	(Filers checking the accordance with the	is box must attach			
	an amended return/report	a short plan year ret	urn/report (less than 12 i	months)				
C Check box if filling under:	Form 5558	automatic extension		DFVC p	rogram			
Parcill Basic Plan Info	prmation enter all requested info	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
1a Name of plan	Onto an requestor and	11100011		1b Three-digit				
THE ADAM MILLER GRO	OUP PC 401K PROFIT SHARING	PLAN & TRUST		plan number (PN) ► 001 1c Effective date of plan				
Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B ce, country, and ZIP or foreign postal c		structions)	1	dentification Number -0742113			
THE ADAM MILLER GRO	• • • • • • • • • • • • • • • • • • • •	,	,	2c Sponsor's (631) 5:	elephone number 37-1155			
P.O. BOX 1947				2d Business of 541110	ode (see instructions)			
US BRIDGEHAMPTON NY 1193								
3a Plan administrator's name a	nd address 🗓 Same as Plan Sponso	r		3b Administrat				
				3C Administrat	or's telephone number			
4 if the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since the labor from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
	at the beginning of the plan year			5a	6			
	at the end of the plan year			5b	Ò			
C Number of participants with a complete this item)	account balances as of the end of the p	olan year (only define	d contribution plans	5c	0			
	ticipants at the beginning of the plan ye			5d(1)	6			
d(2) Total number of active par	ticipants at the end of the plan year	5410B\$401454614645145691110497491274		5d(2)	0			
	erminated employment during the plan			5e	0			
Caution: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d uniess reasonable ca	use is establishe	i,			
Under penalties of perjury and of	ther penalties set forth in the instruction nd signed by an enrolled actuary, as w	s, I declare that I hav	e examined this return/re	eport, including, if a	policable, a Schedule			
SO LET	2	1/12/12	ADAM MILLER	· · · · · · · · · · · · · · · · · · ·				
FERE Signature of plan adm	inistrator	Date	Enter name of individu	al signing as plan a	dministrator			
sien	# · · · · · · · · · · · · · · · · · · ·							
HERE Signature of employer	/plan sponsor	Date	Enter name of individu	al signing as emplo	ver or plan sponsor			
Preparer's name (Including firm r Skip this question	ame, If applicable) and address (includ	le room or suite numb	Эөг)	Preparer's telepho	one number			

	Form 5500-SF 2016		Page 2			-			
 6а	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								es No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must ins	stead	use	Form	1 5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?	*****	Yes	□ No □ No	t determine
P	Financial Information			e unit	1530171501				
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır	T		(b) End of Year	
i	Total plan assets	7a		34,7		+-	41000		0
b	Total plan liabilities	7b		- /	0				0
	Net plan assets (subtract line 7b from line 7a)	7c	334,776			1			0
8	Income, Expenses, and Transfers for this Plan Year					1-		(b) Total	
a	Contributions received or receivable from:	DESMISSION SWC+18			经			article and	
	(1) Employers	8a(1)	0		1	24.1			
	(2) Participants	8a(2)		1,8	00	_ #			
	(3) Others (including rollovers)	8a(3)			0			100	
b	Other income (loss)	8b		13,0	41	_		新加州的	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					unit neme er C	1	4,841
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	34	19,6	17				
е	Certain deemed and/or corrective distributions (see instructions)			,.	0	200			
f	Administrative service providers (salaries, fees, commissions)	8f			0	700.5			
_	Other expenses	8g			0	- Marie			
h h	Total expenses (add lines 8d, 8e, 8f, and 8g)	S		16		新教	20分別/2000年	3/	9,617
201	Net income (loss) (subtract line 8h from line 8c)	8i				整			,776)
	Transfers to (from) the plan (see instructions)	81			O	T SEE	in the second		
1000	Plan Characteristics	1 9	****		-	136450	HOUST HERES		
-			Grandha Hadad Dian O		42-6		.d 1- 11-		
Ja	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2T 3D	Bature Cou	es from the list of Plan C	narac	ciensi	IC CO	ides in the	e instructions:	
				-		10000	-		eronno de
p	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Ch	aract	eristic	Cod	es in the	instructions:	
Oa	Compliance Questions						-	1,000	
10	During the plan year:				Yes	No	N/A	Amoun	
a		tions withir	the time period		.03	1		Anioun	25-3W
•	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		· 1			ļ			
	Program)	•	·	10a		x			
b	Were there any nonexempt transactions with any party-in-interest						1300	WHI-E (I)	
_	reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?	***************************************	4701441114111414141414141414141414141414	10c	х		掘鼬		10,000
		Rdallin han	d, that was caused			-			
đ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	*************************	10d		X			
e	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	er persons e or all of t	by an insurance he benefits under			x			Tope were the
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons	by an insurance he benefits under	10e		x			
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	er persons e or all of t	by an insurance he benefits under	10e 10f		x			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See 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	er persons e or all of t	by an insurance the benefits under and.)	10e		x			

	Form 5500-SF 2016 Page 3 -							
標準	Panalan Funding Countil							,
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	s and co	molete	School	rio SB	T		
	(Form 5500 and line 11a below)		inininini Mihiau	annaman SCHOOL	ահատու 119 20	└_	Yes X] No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		********	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 or ERISA?					🗀	Yes X] No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, s	see instru	uctions	s, and er	ter the d	ate of t	he letter ru	ling
	granting the waiver				Day	Y	ear	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to Enter the minimum required contribution for this plan year			. 12b				
				-				
<u>c</u>	Enter the amount contributed by the employer to the plan for the plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign				 			,
	negative amount)				<u>-</u> -L			
THE PARTY OF THE P	Will the minimum funding amount reported on line 12d be met by the funding deadline?		**********	<u> </u>	Yes	∐ Ne	D N/	A
	Plan Terminanations and Transfers of Assets						_	
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Ye	s L	_l No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or			1				0
	control of the PBGC?	1031101089999	X	Yes	☐ No			
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify	the pla	an(s) to				
1;	C(1) Name of plan(s):		13c(2)	EIN(s)		1	3c(3) PN(s	3)
kau.e.								
	VIII. Trust Information - Skip These Questions						70.1	
14a	Name of trust			141) Trust's	EIN		
14c	Name of trustee or custodian			140	d Trustee telepho			
Part	IRS Compliance Questions - Skip These Questions							
15a	is the plan a 401(k) plan? if "No," skip b	***********		Yes			No	9 - 2000 - 1000
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:			Design- safe ha		П	"Prior yea	ar" ADP
		***********	8	"Curren				
-40			쁘	ADP tes		ᆜ	N/A	
16a 	What testing method was used to satisfy the coverage requirements under section 410(b) for the page 27 Check all that apply:	plan		Ratio percenta test	age 🗀	Aven	age fit test] N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(for the plan year by combining this plan with any other plan under the permissive aggregation rule	a)(4) 5?		Yes	€0 ——//K		No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter	e IRS op	oinion I	etter or	advisory	letter, e	nter the da	ite of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the I letter/	RS, ente	er the c	tate of th	e most r	ecent d	etermination	on
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had no service?	ot separa	ated fro	om	Yes		No	
	Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan yea				T Vas		No	