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).

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.

Parti		identification information											
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016								
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (ployer information in ac		-							
71 11110101		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,			,						
B This retu	ırn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year return	n/report (less than 12 m	2 months)								
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram							
		special extension (enter descr	ription)										
Part II	Basic Plan Info	rmation—enter all requested in	formation										
1a Name	of plan	L. C. 401(K) PROFIT SHARING PL			1b Three	-digit number							
I LLL TON LI	WIENTAINWENT, E. I	L. O. 401(N) 1 NOI 11 OHANINO 1 L	LAIN		(PN)		001						
					1c Effecti	ive date of 01/01	•						
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Emplo (EIN)		ication Number 06350						
	town, state or provinc NTERTAINMENT, L.L	e, country, and ZIP or foreign post .C.	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number 212-572-9632								
					2d Busine	ess code (s	see instructions)						
750 THIRD AVENUE NEW YORK, NY 10017						515100							
3a Plan ad	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admin	nistrator's E	EIN						
					3c Admin	nistrator's te	elephone number						
4 If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN								
name, a Sponso		mber from the last return/report.			4c PN								
		at the beginning of the plan year			5a								
		at the end of the plan year			5b								
		account balances as of the end of		•	5c	2							
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	2							
		rticipants at the end of the plan year			5d(2)		2						
than 1	100% vested	terminated employment during the			5e		0						
		or incomplete filing of this return											
SB or Sche		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.											
SIGN		valid electronic signature.	10/15/2018	ROBERT MILLER	RT MILLER								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	Enter name of individual signing as plan administrator								
SIGN HERE													
	Signature of emplo		Date	Enter name of individ									
Preparer's	name (including firm r	name, if applicable) and address (ir	iclude room or suite numbe	r)	Preparer's	telepnone	number						

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b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a planting of the planting in the planting of the planting is a defined by the planting in the planting of the planting is a defined by the planting in the planting planti	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IC	PA) Form	5500.		X Yes X	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the	nsurance p	orogram (see ERISA se	ection 4	021)?		res	Пио	Not determi	inea
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End c	of Year	
а	Total plan assets	7a		330630				() =	353540	
	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	;	330630					353540	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) To	otal	
а	Contributions received or receivable from:		, ,	0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		24751						
	Other income (loss)	8b		21101					24751	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							24101	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1841						
g	g Other expenses			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1841	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								22910	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	les 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
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 oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	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	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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	ear" ADP
			ΙП '	"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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, er	nter the	date	of the m	nost rec	ent determ	ination
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	Was	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 sections 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**

For calend		Identification Information								
1 Of Calefic	ar plan year 2016 or fi	scal plan year beginning	01/01/2016 and ending	12/31/2	016					
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer list of participating employer information in	er) (Filers checking this box must attach a n accordance with the form instructions.)						
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12	months)						
C Check	box if filing under:	Form 5558	automatic extension	DFVC program						
D II	Deele Dies Iste	special extension (enter desc	<u> </u>							
Part II	*	rmation—enter all requested in	formation	45						
1a Name Peleton	100 July 100 100 100 100 100 100 100 100 100 10	t, L. L. C. 401(k) P	rofit	1b Three-digit plan number	r					
Sharing	Plan			(PN)	001					
<u> </u>				1c Effective dat 01/01/2						
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	O. Box)	2b Employer Ide (EIN) 20-	entification Number 0306350					
	Entertainmen		tal code (if foreign, see instructions)	2c Sponsor's te						
				(212) 57	de (see instructions)					
750 Thi	rd Avenue			515100	de (see mandelons)					
New Yor	k		NY 10017							
3a Plan a	dministrator's name ar	nd address 🏿 Same as Plan Spo	nsor.	3b Administrato	r's EIN					
				3C Administrato	r's telephone number					
				Administrato	s telephone number					
	name and/or FIN of the									
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
			the last return/report filed for this plan, enter the	4b EIN 4c PN						
a Spons	, EIN, and the plan nur or's name	mber from the last return/report.	the last return/report filed for this plan, enter the	4c PN	3					
a Spons5a Totalb Total	, EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year		4c PN 5a	3					
a Spons 5a Total b Total c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (only defined contribution plans	4c PN 5a	3					
a Spons5a Totalb Totalc Numbcompl	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of		4c PN 5a 5b 5c	3					
a Spons 5a Total a b Total a c Numb compl d(1) Total d(2) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end ofticipants at the beginning of the priticipants at the end of the plan ye	the plan year (only defined contribution plans lan year	4c PN 5a 5b 5c 5d(1)	3					
a Spons 5a Total a c Numb compl d(1) Total a d(2) Total a e Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of rticipants at the beginning of the pricipants at the end of the plan ye	the plan year (only defined contribution plans lan year	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2 2 2					
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a Spons 5a Total b Total c Numb compl d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year. account balances as of the end of the plan year account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan yes terminated employment during the princomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary.	the plan year (only defined contribution plans lan year	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established	2 2 2 2 opplicable a Schedule					
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a Spons 5a Total b Total c Numb compl d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	penalty for the late of periors, and completed an under of participants with a land number of active participants that number of periors and completed are rue, correct, and completed are rue, correct, and completed are signature of plan a	at the beginning of the plan year. at the end of the plan year account balances as of the end of account balances as of the end of	the plan year (only defined contribution plans lan year ar p plan year with accrued benefits that were less n/report will be assessed unless reasonable contributions, I declare that I have examined this return/as well as the electronic version of this return/report will be assessed unless reasonable contributions, I declare that I have examined this return/report will as the electronic version of this return/report will be assessed unless reasonable contribution plans 10 15 2018 Robert Mille	4c PN 5a 5b 5c 5d(1) 5d(2) 5e sause is established. report, including, if aport, and to the best of	2 2 2 0 policable, a Schedule f my knowledge and administrator					
a Spons 5a Total b Total c Numb compl d(1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	penalty for the late of periors, and completed an under of participants with a land number of active participants that number of periors and completed are rue, correct, and completed are rue, correct, and completed are signature of plan a	at the beginning of the plan year. at the end of the plan year account balances as of the end of account balances as of the end of	the plan year (only defined contribution plans lan year ar p plan year with accrued benefits that were less n/report will be assessed unless reasonable contributions, I declare that I have examined this return/as well as the electronic version of this return/report will be assessed unless reasonable contributions, I declare that I have examined this return/report will as the electronic version of this return/report will be assessed unless reasonable contribution plans 10 15 2018 Robert Mille	4c PN 5a 5b 5c 5d(1) 5d(2) 5e sause is established. report, including, if aport, and to the best of	2 2 2 0 policable, a Schedule f my knowledge and administrator					

	Form 5500-SF 2016		Page 2							
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified publications.) orm 5500-SF and mus	account at instea	tant (IC	PA) Form	5500.			Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA s	ection 4	1021)?	······ L	Yes	∐No	∐ Not	determined
Pa	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
	Total plan assets	7a		330,						353,540
	Total plan liabilities	7b			0					C
	Net plan assets (subtract line 7b from line 7a)	7c		330,	630					353,540
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			o					
	(2) Participants	8a(2)			0			-		
	(3) Others (including rollovers)	8a(3)	 		0					
b	Other income (loss)	8b	1	24,	751					,
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								24,751
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		1,	841					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1,841
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81								22,910
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics				-					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes in	the ins	tructions);
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Char	acteris	tic Cod	des in t	he inst	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х				
C				10c		Х			•	
d		fidelity bo	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth						Н			

10e

10f

10g

10h

10i

Х

X

Х

carrier, insurance service, or other organization that provides some or all of the benefits under 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 of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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1 0111 3300-31 2010 Fage 0 -					
Part VI Pension Funding Compliance	-		-		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)	mplete Sch	edule S	В	\	res 🛛 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			***************************************		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	le or sectio	n 302 of		\	res 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth	d enter t Day		the lette Year_	r ruing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.				
b Enter the minimum required contribution for this plan year		12b			
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 minus sign to the lef negative amount)		12d			
e 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	×Ν	io
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 brough control of the PBGC?	t under the			Yes X	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)				-	
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
				<u></u>	
Part VIII Trust Information					
14a Name of trust		14b 1	rust's EIN	 	
14c Name of trustee or custodian		40.1-			
14C Name of trustee of custodian			rustee's o		an's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig	n-based arbor		"Prior ye	ar" ADP
401(k)(3) for the plan year? Check all that apply:	1	ent year		N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio		Aver	age efit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op	inion letter	or advis	sory letter,	enter the	e date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

☐ Yes

∏ No

No

the letter

and the serial number

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only: