Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in	accordance with the insti	ructions to the Form 55	00-SF.			
Part I	Annual Report	Identification Information						
For calenda		scal plan year beginning 01/01/2		and ending 12	/31/2015			
A This ret	rurn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions)					
B This retu	urn/report is	the first return/report an amended return/report	x the final return/report	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558 special extension (enter description)	automatic extension		☐ DFVC p	orogram		
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name					1b Three-digit plan numbe (PN) ▶ 1c Effective da	001 Ite of plan		
Mailing	g address (include room town, state or provinc	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		ructions)	2b Employer Id (EIN) 2c Sponsor's t	01/01/2005 lentification Number 13-2955779 elephone number 12-755-0737		
	NY 10022-5313	NEW YC	ND ST FL 6 PRK, NY 10022-5313			ode (see instructions) 424300		
Ja Plan a	oministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrate 3c Administrate	or's telephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN			
a Spons	or's name				4c PN			
5a Total	number of participants	at the beginning of the plan year			5a	4		
b Total i	number of participants	at the end of the plan year			5b	0		
C Numb	er of participants with	account balances as of the end of	the plan year (defined bend	efit plans do not	5c	0		
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an vear		5d(1)	2		
` '	•	rticipants at the end of the plan year	•	ř	5d(2)	0		
e Numb	per of participants that	terminated employment during the	e plan year with accrued be	nefits that were less	5e	0		
		or incomplete filing of this return			se is established	l		
Under pena SB or Sche belief, it is	alties of perjury and ot edule MB completed a true, correct, and com I	her penalties set forth in the instruend signed by an enrolled actuary, a plete.	ctions, I declare that I have as well as the electronic ver	examined this return/repression of this return/report	ort, including, if a	pplicable, a Schedule		
SIGN	Filed with authorized/	/valid electronic signature.	03/20/2019	MARC SPERO				

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information	1				_		
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		37	708			0
b Total plan liabilities	7b		0.7	7700			
C Net plan assets (subtract line 7b from line 7a)	7c			708			0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-	744			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-744
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36	964			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						36964
i Net income (loss) (subtract line 8h from line 8c)	8i						-37708
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	actoriet	ic Coo	loc in the	instructions:
If the plant provides welfare benefits, effect the applicable welfare in	cature cout	cs from the List of Flat	ii Onaie	actorist	10 000	103 111 1110	, mondetions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
			10c	X			40
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		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.)	ne or all of t	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pla							
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ		
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				
j Did the plan trust incur unrelated business taxable income?			10j			X	
Part VI Pension Funding Compliance			•				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA? Yes X

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b Enter the minimum required contribution for this plan year									
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
negative amount)						No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			Yes	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part		Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	N			
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
					telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			Design-					
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ based safe ☐ ADP/ACP ☐ harbor test ☐ method					
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No					
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?							
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No			
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	," enter amount	·····	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public inspection

Leizlot netfolk Gratatif Cotbots	Complete all entries in	accordance with the instructions to the Form &	500-SF.	- I abite trispection					
Part Annual Rep	ort Identification information			, , , ,					
For calendar plan year 2015	or fiscal plan year beginning 01/01/2 X a single-employer plan	2015 and ending 1	2/31/2015						
A This return/report is for:	r) (Filers checking this box must attach a accordance with the form instructions)								
	a one-participani plan	a foreign plan							
B This return <i>i</i> report is	genths)								
C of the state of the second of	X an amended return/report	a short plan year return/report (less than 12 n							
C Check box if filling under:	Form 6558 special extension (enter descr	automatic extension	DFVC program						
Part II Basic Plan II	nformation—enter all requested inf	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
1a Name of plan	TOTTI GENERAL TEGORISTICS IN	Oistadois	1b Three-di	lall .					
LUBIAM USA 401K PLAN			plan nun	Ÿ·· !					
			1c Effective	date of plan 01/01/2005					
Mailing address (include r	ployer, if for a single-employer plan) room, apt., sulte no. and street, or P.O	. Box)	2b Employe (EIN)	r Identification Number 13-2955779					
City of town, state or prov LUBIAM USA INC.	ince, country, and ZIP or foreign posta	al code (If foreign, see instructions)	2c Sponsor's telephone number						
			2d Business code (see instructions)						
			424300						
3a Plan administrator's name	and address XSame as Plan Spons	or.	3b Administrator's EiN						
Lukian HOA		•	3c Administr	rator's telephone number					
Lubiam USA 14 E 60th St. #Penthouse 2 New York, New York 10022	Lubiam USA 14 E 60th St. #Per New York, New Yo	nthouse 2 ork 10022							
4 If the name and/or EIN of	the plan sponsor has changed since the plan sponsor has changed since the tast return/report.	he last return/report filed for this plan, enter the	4b EIN						
a Sponsor's name			4c PN						
5a Total number of participat	nts at the beginning of the plan year		Ба	4					
b Total number of participar	its at the end of the plan year		5b	0					
C Number of participants wi complete this Item)	th account balances as of the end of the	he plan year (defined benefit plans do not	6c	0					
d(1) Total number of solive	participants at the beginning of the pla	n year	5d(1)	2					
		T	5d(2)	0					
than 100% vested		plan year with accrued benefits that were less	5e	0					
Gaution: A penalty for the lat	ie or incomplete filing of this return.	Treport will be assessed unless reasonable cau tions, I declare that I have examined this return/re	use is establ i sh	ed.					
SB or Schedule MB completed belief, it is true, correct, and so	and signed by an egrolled actuary, as	s well as the electronic version of this return/report	port, including, to t, and to the bes	r applicable, a Schedule I of my knowledge and					
SIGN HERE	age Deso	3/20/19 /11an	C. Sh	20					
SIGN SIGNATURE AT DARK	PAR DOLL	Date / Enter name of Millivide	uai signinģ as pl	en administrator					
HERE Signature of emp	loyer/plan sponsor	Date Enter name of individu	ual signing as el	nployer or plan sponsor					
	name, if applicable) and address (inc	clude room or suite number)		phone number					
	•								
		;		1					

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	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	ndent qualified public a tions.)	ccount	ant (IQ	PA) 			X Yes		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 40	021)? .		Yes []No []	Not dete	rmined	
Pa	till Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year		
a	Total plan assets	. 7a			708					0	
b	Total plan liabilities	. 7b				1.					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		37708						0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal		
а	Contributions received or receivable from:										
	(1) Employers	. 8a(1)		 -		\$0.00 \$8.50					
	(2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b	\$6552\$657.05.56388888865578557.585988888.255		744						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		200		<u> </u>	-744				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		36	964						
	Certain deemed and/or corrective distributions (see instructions)			***	***						
	Administrative service providers (salaries, fees, commissions)					100					
	Other expenses					200					
	Total expenses (add lines 8d, 8e, 8f, and 8g)							964			
						¥				708	
÷	Net income (loss) (subtract line 8h from line 8c)								<u> </u>	100	
, ,	t IV Plan Characteristics	- 8j							4916 (84)		
NI - A IOOURI NOOL	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature c	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the instruc	tions:		
В	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chare	cterist	ic Co	des in th	e instruct	ons:		
Par	Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount	:	
а											
	described in 29 CFR 2510.3-102? (See instructions and DOL's N	-	•	10a		х					
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b	! 	х					
C	Was the plan covered by a fidelity bond?	,		10c	Х					4000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				1555	
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	s, or other persons by an insurance des some or all of the benefits under				Х		-			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of vear	end.)	10g		Х	31.0034.00			• •	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j			Х			and the second s	
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If	"Yes," see instructions	and co	nplete	Sche	dule SB	(Form		es X No	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins			e date of th		ng
	granting the waiver		Day_		Year	
			12b			
	Enter the minimum required contribution for this plan year					
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d			
PARTER SAN TO SEE	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VIII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	☐ 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 the PBGC?		ntrol	×	Yes 📗 I	No ·
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
544	VIII Trust Information					
La printer de la constante de	Name of trust	-	14b Trust's EIN			
ı T a	Name of trust		170	IIUSI S EIN	•	
14c	Name of trustee or custodian		14d Trustee's or custodian's			
		telephone number				
I Tarken	· · · · · · · · · · · · · · · · · · ·					
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	***************************************	[] Y	es	∏No	
				esign-		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe harbor method		∐ ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)([] Yı	9 S	No	
	2(a)(2)(ii))?					
165	Check the how to indicate the mothed used by the plan to entirely the enverage requirements under sect	on 440/h):		atio	Average	
- I Va	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	on 410(b):		ercentage est	benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by conthis plan with any other plans under the permissive aggregation rules?		N	∋s	∏No	
17a	Has the plan been timely amended for all required tax law changes?		Пү	es	 ∏No	
	Date the last plan amendment/restatement for the required tax law changes was adopted / /	Enter the ap	nlicabl	e code	(See ins	tructions
	for tax law changes and codes).				······	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pladvisory letter, enter the date of that favorable letter / and the letter's serial in the lett		t to a f	avorable IF	RS opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter/	nter the date of	the pla	ın's last fav	orable/	
18					No	
19	Were in-service distributions made during the plan year?	••••••	Y	es	No	
	If "Yes," enter amount	•••••	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wateried), as required under section 401(a)(9)?		Y	es	No	□N/A