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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	iance witi	i the instructions to the Form 55t	10- 3г.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending	12/31/2	2011		
Α.	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant pla	an	
			eturn/report				
		a short pla	an year return/report (less than 12 m	onths)			
_	片 ' 片	•	extension	,	DFVC program		
•			Octoriolori				
_	special extension (enter description	,					
	rt II Basic Plan Information—enter all requested information	ation		1 41			
	Name of plan			16	Three-digit plan number		
KEEC	GAN AND CO., LLC PROFIT SHARING PLAN				•	002	
				1c	Effective date of plan		
					01/01/2008		
	Plan sponsor's name and address; include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identification	Numbe	er
KEE	GAN & CO., LLC				(EIN) 22-3901164		
				2c	Sponsor's telephone n	umber	
350 1	HEODORE FREMD				914-967-9421		
RYE,	NY 10580			2d	Business code (see ins	struction	ıs)
					531110		
	Plan administrator's name and address (if same as plan sponsor, en 350 THEODO 350 THEODO			3b	Administrator's EIN 22-3901164		
\LL(RYE, NY 1058			30	Administrator's telepho	ne num	her
					914-967-9421	nio mani	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			3
b	Total number of participants at the end of the plan year			5b			3
С	Number of participants with account balances as of the end of the p complete this item)			5c			3
62	Were all of the plan's assets during the plan year invested in eligible			100	X ·	Yes	No
	Are you claiming a waiver of the annual examination and report of a		· ·	 ΦΔ\			140
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X	Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Yea	ır	
а	Total plan assets	7a	207431			18	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	207431			18	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:				•		
	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-4992				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-4992	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	202421				
е	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				202421	
i	Net income (loss) (subtract line 8h from line 8c)	8i				207413	
i	Transfers to (from) the plan (see instructions)						
j	The state of the s	8i	İ				

Form	5500.	SF.	201

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Part IV	Plan	Characte	ristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part \	Compliance Questions							
0	Ouring the plan year:		Yes	No		Am	ount	
	Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	1 0 b		X				
С	Nas the plan covered by a fidelity bond?	10c		Χ				
	oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	l0d		X				
i	Vere 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	las the plan failed to provide any benefit when due under the plan?	10f		X				
g	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art V	Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl					F	Yes	☐ No
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
a 1	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi ranting the waiver							
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			42h				
	nter the minimum required contribution for this plan year		⊢	12b				
	nter the amount contributed by the employer to the plan for this plan year		-	12c				
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)			12d				
e \	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
art V	II Plan Terminations and Transfers of Assets							
13a ı	las a resolution to terminate the plan been adopted in any plan year?			X	es	No		
	"Yes," enter the amount of any plan assets that reverted to the employer this year							(
b \	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur f the PBGC?	_		ntrol			Yes	X No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the rhich assets or liabilities were transferred. (See instructions.)	plar	n(s) to					
13	c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	shed.			
Jnder	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return inchedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2012	WARREN KEEGAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the Instructions to the Form 5500-SF. Part I Annual Report Identification Information 12/31/2011 For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending X a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number KEEGAN AND CO., LLC PROFIT SHARING PLAN 002 (PN) • 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number KEEGAN & CO., LLC (EIN) 22-3901164 2c Sponsor's telephone number 350 THEODORE FREMD 914-967-9421 2d Business code (see instructions) RYE NY 10580 531110 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") KEEGAN & CO., LLC Administrator's EIN 22-3901164 Administrator's telephone number 350 THEODORE FREMD 914-967-9421 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, ElN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 3 b 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 3 complete this item). Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 18 207431 a Total plan assets..... 7a 0 b Total plan liabilities..... 7h 207431 18 C Net plan assets (subtract line 7b from line 7a)... 7c Income, Expenses, and Transfers for this Plan Year (b) Total (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 8a(2) (3) Others (including rollovers)..... 8a(3) -4992 **b** Other income (loss)..... -4992 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 202421 8ď to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 89 202421 8h h Total expenses (add lines 8d, 8e, 8f, and 8g)..... -207413 Net income (loss) (subtract line 8h from line 8c)..... 8f Transfers to (from) the plan (see instructions)......

Pai	<u>ת וי</u>	/ Plan Characteristics								
9a	If t	he plan provides pension benefits, enter the applicable pension feat $2A-2E-3B-3D$	ture codes from the	List of Plan Charac	terist	tic Co	des in	the instruct	ons:	
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	t V	Compliance Questions								
10	~	uring the plan year:				Yes	No		Amount	
	W	as there a failure to transmit to the plan any participant contribution 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		х			=
b	W	ere there any nonexempt transactions with any party-in-interest? (E	Do not include trans	actions reported	10ь		х			
C	٧	Vas the plan covered by a fidelity bond?	,	1	10c		х			
d		d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			104		х			
е	W	ere any fees or commissions paid to any brokers, agents, or other parameters or other parameters or other organization that provides some or all of the structions.)	persons by an insur he benefits under th	ance carrier, e plan? (See	10e		х			
f	Н	as the plan failed to provide any benefit when due under the plan? .	************	1	10f		х			
g	D	d the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	10α		Х			
h	lf	this is an individual account plan, was there a blackout period? (Sec 120.101-3.)	e instructions and 2	9 CFR	ioh		Х			
i		10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part	VI	Pension Funding Compliance								
11	ls	this a defined benefit plan subject to minimum funding requirements							Yes	☐ No
12		this a defined contribution plan subject to the minimum funding req							Yes	X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	='							_
а		waiver of the minimum funding standard for a prior year is being a								
		anting the waiver.					Day	`	Year	
17) L	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MI		•		Г	12b	!		
D		ter the minimum required contribution for this plan year					12c			
		ter the amount contributed by the employer to the plan for this plan btract the amount in line 12c from the amount in line 12b. Enter the				" ⊢	126			
	ne	gative amount)		****************************		· L	12d	│ Yes 「] No [7 N/A
	٠.	If the minimum funding amount reported on line 12d be met by the f	funding deadline?	****************************			*****	168	140	INIA
Part										
13a		s a resolution to terminate the plan been adopted in any plan year?					X	es No		
	lf "	Yes," enter the amount of any plan assets that reverted to the empl	loyer this year	***************************************	. 13	3a				0
b	We of	ere all the plan assets distributed to participants or beneficiaries, tra	nsferred to another	plan, or brought un	der t	he co	ntrol 		Yes	X No
	wi	luring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan				T	
1	3c(1) Name of plan(s):				130	;(2) El	N(s)	13c(3)) PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed a	ınless reasonable	caus	se is o	establ	ished.	.1	
Unde SB or	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
010-	Π,	Waven Klegm		WARREN KEEGA	N					
SIGN			Date 10/10/2012	Enter name of Indi	vidus	al sion	ine se	olan admir	istrator	
	\dashv	Signature of Man animibrated	DECO HOLCAL	- Enter hanne or man	-1000	<u> 9191</u>	गान वर	· pitari Guirill		
SIGN HERI		Signature of employer/plan sponsor	Date	Enter name of indi-	vidua	al sign	ning as	employer o	r plan sp	onsor

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