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

2012

This Form is Open to Public Inspection

			Complete all entries in accord	uance with the mstru	ctions to the Form 550	ло-ог.			
	art I		Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/201	2	and ending	12/31/	2012 		
Α	This ret	urn/report is for:	a single-employer plan	, .	lan (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths))		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım	
			special extension (enter description	on)			_		
Pa	art II	Basic Plan Info	rmation—enter all requested inform	ation					
	Name					1b	Three-digit		
BOW	ER MO	NTE & GREENE, PC 4	401(K) PLAN				plan number	001	
						10	(PN)		
						10	Effective date o	•	
2a	Plan sr	oonsor's name and add	dress; include room or suite number (e	mplover, if for a single-	emplover plan)	2h	Employer Identi		
		NTE & GREENE, PC	arese, merade reem er edite mamber (e	inployer, in for a onigio	omployor plany			86784	
						2c	Sponsor's telep	hone number	
1220	RXR P	LAZA					212-599		
UNIC	ONDALE	, NY 11556				2d	Business code (see instructions)		
							54111	0	
3a	Plan ad	dministrator's name an	id address 🗵 Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's	EIN	
						30	A desiniate at a r'a	talanhana numbar	
						36	Administrators	telephone number	
4	If the n	name and/or EIN of the	plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b	EIN		
_		•	nber from the last return/report.			4-	5		
		or's name	at the best state of the other state.			4c	PN		
5a			at the beginning of the plan year			<u> </u>		23	
b			at the end of the plan year			5b		20	
С			account balances as of the end of the	• •		. 5c		16	
6a	Were	all of the plan's assets	during the plan year invested in eligib	le assets? (See instruc	etions.)			X Yes No	
b			the annual examination and report of						
			(See instructions on waiver eligibility					X Yes No	
			ther line 6a or line 6b, the plan cann						
			or incomplete filing of this return/rep						
		, , ,	ner penalties set forth in the instruction nd signed by an enrolled actuary, as we	*			O, 11	,	
		rue, correct, and comp				.,	,		
		Filed with outborized/	valid electronic signature.	08/26/2013	DIANE HEDEDT				
SIG					DIANE HEBERT				
		Signature of plan ac	dministrator	Date	Enter name of individ	dual siç	gning as plan adn	ninistrator	
SIG									
		Signature of employ		Date	Enter name of individ	1 -			
Pre	parer's i	name (including firm na	ame, if applicable) and address; includ	le room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	
							999-999	9-9999	

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D-:	t III Financial Information									
	t III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a	180798		+			19526		
	Total plan liabilities	7b 7c		0			0			
_	,		180798	35				19526	05	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)	6439	97						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	17715	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2415	53	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8469	12						
е	Certain deemed and/or corrective distributions (see instructions)	8e	1001	3						
f	Administrative service providers (salaries, fees, commissions)	8f	222	8						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						969	33	
i	Net income (loss) (subtract line 8h from line 8c)	8i						1446	20	
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 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	des in t	he instructio	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	,	mount		
а				10a		X				0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				0
С	Was the plan covered by a fidelity bond?			10c	X				150	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			100	0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		X				0
f	· · · · · · · · · · · · · · · · · · ·			10f		Х				
					X					0
g h		(See instru	uctions and 29 CFR	10g 10h		X			55	5894
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	ne required	d notice or one of the	10ii		X				
Part				101						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•	П Үе	s X	No
113	Enter the amount from Schedule SB line 39								- 🔼	0
						11a	EDICA:	Ye	c 🗸	No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ะบแอก	3U∠ 0f	EKISA!	16	.s <u>^</u>	INU
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day		e letter i	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		- Cai		
	Enter the minimum required contribution for this plan year	•				12b				0
b	Litter the minimum required contribution for this blair vear									•

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			400					
<u> </u>	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)		12d	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	10		
	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 brought und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

Form 5500-SF

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2012

Inspection

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

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

Part I		t Identification Information								
For calend	dar plan year 2012 or f	fiscal plan year beginning	1/1/2012	and ending	12/3	1/2012				
A This re	eturn/report is for:	report is for: a single-employer plan a multiple-employer plan (not multiemployer)				one-participant plan				
B This re	eturn/report is:	t								
		an amended return/report	a short plan year retu	um/report (less than 12 me	onths)					
C Check	box if filing under:	Form 5558	automatic extension		По	FVC program				
		special extension (enter desc	cription)		_					
Part II	Basic Plan Info	ormation—enter all requested in	nformation		~					
1a Name					1b Thre	ee-digit				
Bow	er Monte & Greer	ne, PC 401(k) Plan				number 001				
					(PN	<u> </u>				
						ctive date of plan 1/1/1995				
		ddress; include room or suite numb	er (employer, if for a single	e-employer plan)		loyer Identification Number				
Bower	Monte & Greene, F	5 C			(EIN	<u> </u>				
4000 D	VD DI					nsor's telephone number 2125990900				
1220 R	XR Plaza				2d Buşi	ness code (see instructions)				
Unionda	nlo.	NY				541110				
	ale	IN T								
11556	THE THE PERSON NAMED IN COLUMN 1									
3a Pian a	idministrator's name ai	nd address / Same as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b Admi	Administrator's EIN				
				ļ	3c Adm	inistrator's telephone number				
		•				•				
				1						
		e plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4b EIN					
name	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the						
name a Spons	, EIN, and the plan nur or's name	mber from the last return/report.		·	4c PN	23				
name a Spons 5a Total i	, EIN, and the plan nur or's name number of participants	at the beginning of the plan year			4c PN 5a	23				
name a Spons 5a Total i b Total i	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year			4c PN	20				
name a Spons 5a Total i b Total i 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	the plan year (defined ben	efit plans do not	4c PN 5a	20 16				
name a Spons 5a Total i b Total i c Numb compi 6a Were	EIN, and the plan number of participants number of participants er of participants with a lete 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 (defined ben	efit plans do not	4c PN 5a 5b	20 16				
name a Spons 5a Total i b Total i c Numb compi 6a Were b Are yo	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined ben ligible assets? (See instruc t of an Independent qualific	efit plans do not	4c PN 5a 5b 5c	20 16 				
name a Spons 5a Total i b Total i c Numb compi 6a Were b Are younder	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered) Iligible assets? (See instruct of an Independent qualifications.)	efit plans do not ctions.) ed public accountant (IQP	4c PN 5a 5b 5c	20 16 				
name a Spons 5a Total i b Total i c Numb compi 6a Were b Are you under if you	EIN, and the plan number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in e f the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of	the plan year (defined bendered) ligible assets? (See instruct t of an Independent qualifications.)	efit plans do not ctions.) ed public accountant (IQP	4c PN 5a 5b 5c A)	20 16 				
name a Spons 5a Total i b Total i c Numb compi 6a Were b Are you under If you Caution: A	EIN, and the plan number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of solutions the plan year invested in eactions of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan cor incomplete filling of this returner penalties set forth in the instructions.	the plan year (defined bendling in the plan year (defined bendling in the plan year) (See instruct of an Independent qualification in the plan year) (see in the	efit plans do not ctions.)ed public accountant (IQP and must instead use F unless reasonable caus examined this return/repo	4c PN 5a 5b 5c A) corm 6500. e is estab	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pens SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined bendling in the plan year (defined bendling in the plan year) (See instruct of an Independent qualification in the plan year) (see in the	efit plans do not ctions.)ed public accountant (IQP and must instead use F unless reasonable caus examined this return/repo	4c PN 5a 5b 5c A) corm 6500. e is estab	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pens SB or Sche belief, it is t	EIN, and the plan number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cor incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined bendered) digible assets? (See instruct of an independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report,	4c PN 5a 5b 5c A) corm 6500. e is estab ort, includin and to the	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pens SB or Sche	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendligible assets? (See instruct of an Independent qualification and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report,	4c PN 5a 5b 5c A) corm 5500. e is estab ort, includin	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered) digible assets? (See instruct t of an independent qualificility and conditions.) annot use Form 5500-SF n/report will be assessed thous, I declare that I have is well as the electronic veri	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, raion of this return/report, Enter name of individual	4c PN 5a 5b 5c A) form 6500. The is estabort, including and to the all signing a	20 16 Yes No Yes No No Ilshed. g, if applicable, a Schedule best of my knowledge and				
name a Spons 5a Total i b Total i c Numb- compi 6a Were b Are younder if you Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendligible assets? (See instruct of an Independent qualification and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, sion of this return/report, Enter name of individual	4c PN 5a 5b 5c A) form 6500. The is estabort, including and to the all signing a	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered by the plan year (defined bendered by the plan year (defined bendered by the plan year) (See instruct of an Independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, Finter name of individual Enter name of individual	4c PN 5a 5b 5c A) corm 5500. The is estab ort, including and to the all signing a sign	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered by the plan year (defined bendered by the plan year (defined bendered by the plan year) (See instruct of an Independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, Finter name of individual Enter name of individual	4c PN 5a 5b 5c A) corm 5500. The is estab ort, including and to the all signing a sign	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered by the plan year (defined bendered by the plan year (defined bendered by the plan year) (See instruct of an Independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, Finter name of individual Enter name of individual	4c PN 5a 5b 5c A) corm 5500. The is estab ort, including and to the all signing a sign	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder if you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered by the plan year (defined bendered by the plan year (defined bendered by the plan year) (See instruct of an Independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, Finter name of individual Enter name of individual	4c PN 5a 5b 5c A) corm 5500. The is estab ort, including and to the all signing a sign	20 16				
name a Spons 5a Total i b Total i C Numb compi 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year	the plan year (defined bendered by the plan year (defined bendered by the plan year (defined bendered by the plan year) (See instruct of an Independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQP and must instead use F unless reasonable caus examined this return/report, Finter name of individual Enter name of individual	4c PN 5a 5b 5c A) corm 5500. The is estab ort, including and to the all signing a sign	20 16				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Т		(b) End of Year
a	Total plan assets	7a		3079	85		1952605
Ь	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	18	3079	85		1952605
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		7		(b) Total
a	Contributions received or receivable from:		(a) Amount		一十		(b) roai
	(1) Employers	8a(1)			اه		
	(2) Participants	8a(2)		643	97		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b	1	771	56		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			T		241553
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8469	92		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		100	13		
f	Administrative service providers (salaries, fees, commissions)	8f		222	28		
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			7		96933
i	Net income (loss) (subtract line 8h from line 8c)	81			\top		144620
Ī	Transfers to (from) the plan (see instructions)	8j			Ö		
Par	t IV Plan Characteristics	9					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Char	acter	istic C	odes in	n the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	s from the List of Plan Chara	cteris	tic Co	des in	the instructions:
Part						,	
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 Fidu	ciary Correc	ction Program)	10a		1	C
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		1	C
С	Was the plan covered by a fidelity bond?		***************************************	10c	1		150000
ď	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		1	О
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.}	er persons to f the benefit	by an insurance carrier, s under the plan? (See	10e		1	0
f	Has the plan failed to provide any benefit when due under the plan			10f		1	O
n	Did the plan have any participant loans? (If "Yes," enter amount as				-	 	55894
	If this is an individual account plan, was there a blackout period? (\$	See instructi	ions and 29 CFR	10g	٧	1	33094
i	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	e required n	otice or one of the	10h 10i			
Part		· · · · · · · · · · · · · · · · · · ·		101		L	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye:	s," see instructions and com	plete	Sched	tule SE	3 (Form
11a	Enter the amount from Schedule SB line 39					11a	
12	is this a defined contribution plan subject to the minimum funding n	equirements	s of section 412 of the Code	or se	ction (302 of	ERISA? Yes V No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a						
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	tions	and e	nter th	e date of the letter niling
lf y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required and analytication for this at				Г	42h	
b	Enter the minimum required contribution for this plan year		***************************************			12b	

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c	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		gn to the left of a	12d			
	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?	***************************************		res 🗙 N	9	
	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 beneficianes, transferred to another plan of the PBGC?	o control Yes × No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	(s), identify the plan(s)	lo			
1	I3c(1) Name of plan(s):	1:	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				ust's EIN		
-		<u> </u>				