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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

. 61.61611 2	onom oddramy oorpordam	► Complete all entries in acco	ordance with the instruc	tions to the Form 5500	<u>0-SF.</u>		
Part I		Identification Information					
For calend	lar plan year 2012 or fi	scal plan year beginning 01/01/20)12 	and ending 1	2/31/2	2012 —	
	turn/report is for:	a single-employer plan	╡ ' ' '	an (not multiemployer)		a one-partici	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	_	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descript	tion)				
Part II	Basic Plan Info	rmation—enter all requested inform	mation				,
1a Name					1b	Three-digit	
O'DONNELI	& FOX, P.C. DEFINE	D BENEFIT PLAN				plan number	004
					4	(PN) •	001
					10	Effective date o	•
2a Plan s	noncor's name and ad	dress; include room or suite number	(employer if for a single-	employer plan)	2h	Employer Identi	
ODONNELI	_ & FOX, P.C.	areas, include room or salte number	(employer, ii for a single-	employer plant	25		93734
					2c	Sponsor's telep	hone number
39 BROAD\	WAY, SUITE 1620					212-31	
NEW YORK	K, NY 10006				2d		(see instructions)
3a Plan a	administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	54111 Administrator's	
		La dadi oco Dodino do Fiam oponico.		openeer / warese			
					3с	Administrator's	telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	FIN	
		mber from the last return/report.	•				
	sor'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
		account balances as of the end of the		•			
	,				5c		
		s during the plan year invested in elig					X Yes No
		f the annual examination and report on the control of the control					X Yes No
		ither line 6a or line 6b, the plan car					
		or incomplete filing of this return/re					
		her penalties set forth in the instruction					able, a Schedule
SB or Sch	edule MB completed a	nd signed by an enrolled actuary, as v	•		,	O, 11	,
belief, it is	true, correct, and com	plete.					
SIGN	Filed with authorized	valid electronic signature.	10/08/2013	WILLIAM G. O'DONNE	ELL, JI	R.	
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adr	
SIGN	Filed with authorized	valid electronic signature.	10/08/2013	WILLIAM G. O'DONNE	ELL, J	R.	
HERE	Signature of emplo		Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inclu	ude room or suite number	r (optional)	Prep	arer's telephone	number (optional)
1							

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information				1					
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End o			
<u>a</u>	Total plan assets	7a	50518		-			5248		
<u> </u>	Total plan liabilities	7b		0	-				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	50518	19				5248	312	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from: (1) Employers	8a(1)	750	Ω						
		8a(2)		0						
	(2) Participants			0						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	1212	.3						
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						196	23	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
q	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		U					0	
-: -		8i						100		
÷	Net income (loss) (subtract line 8h from line 8c)			_				196	023	
	j Transfers to (from) the plan (see instructions)									
		ft	des from the List of Diag Chan		4:- 0-		4h-a-i-a-a-a			
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	reature co	des from the List of Plan Char	acteris	Stic Co	odes in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	A	moun	t	
а	Was 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 Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest			406	Х				0.1	5040
	on line 10a.)			10b		X			3	5016
				10c		^				
d				40.1		X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q	X				4.	1240
	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	iog						1240
	2520.101-3.)	`		10h						
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	1-3		10i						
Part VI Pension Funding Compliance										
11										
44-										
12										
	(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 instructions, and enter the date of the letter ruling									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			and o	enter th Day		e letter 'ear	ruling)
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
It										
	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012	Page 3 - 1						
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 negative amount)	_ ·		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	No)	
	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, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	olan(s) t	0				
1	3c(1) Name of plan(s):		1;	3c(2) l	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
14a 1	Name of trust			14b	Trust	's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

For calendar plan year 2012 or fiscal plan year beginning

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

01/01/2012

File as an attachment to Form 5500 or 5500-SF.

and ending

12/31/2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

		off amounts to nearest dollar. n: A penalty of \$1,000 will be assessed for late filing of this report unl	less reaso	onable ca	use is established	d.			
	ame o	f plan L & FOX, P.C. DEFINED BENEFIT PLAN			B Three-digir		>	001	
		onsor's name as shown on line 2a of Form 5500 or 5500-SF L & FOX, P.C.			D Employer lo	lentificati	on Number (EIN)	
Ету	/pe of p	olan: X Single Multiple-A Multiple-B F Prio	or year pla	an size: 🔀	100 or fewer	101-50	0 More	than 500	
Pa	rt I	Basic Information							
1	Enter	the valuation date: Month _01 Day01	Year _	2012	_				
2	Asset	s:							
	a Mai	ket value				2a		504	4526
	b Act	uarial value				2b		504	4526
3	Funding target/participant count breakdown: (1)					ants	(2)	Funding Target	
	a For	retired participants and beneficiaries receiving payment	3a			0			0
	b For	terminated vested participants	3b			0			0
	C For	active participants:							
	(· ·	3c(1)			_			0
		` '	3c(2)						0720
	_	```	3c(3)			3		570	0720
		al	3d			3		570)720
4	If the	plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Fur	nding target disregarding prescribed at-risk assumptions				4a			
		nding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding lo				4b			
5		ive interest rate				5		7.06	%
6	Targe	t normal cost				6			0
s S	o the best ccordant ombination	by Enrolled Actuary st of my knowledge, the information supplied in this schedule and accompanying schedules, se with applicable law and regulations. In my opinion, each other assumption is reasonable (on, offer my best estimate of anticipated experience under the plan.							
H	ERE				_		09/24/2	2013	
		Signature of actuary					Date		
EDW	ARD F	REPPER					11-06	090	
		Type or print name of actuary				Most re	cent enrollm	ent number	
ERP	ACTU	ARIES & CONSULTANTS						63-5060	
		Firm name AWN ROAD, SUITE 240 NORTH NY 11747			Tel	ephone r	umber (incl	uding area code)	
		Address of the firm			_				
If the	actuar	y has not fully reflected any regulation or ruling promulgated under th	e statute	in comple	ating this echadule	check t	the hov and	See \square	
	ctions	, has not raily remotion any regulation of failing promargated under th	o olalule	oompie	Jang and Schodule	, on ook 1	and box and		

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Schedule SB (Form 5500) 2012

Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Baland	ces							
							(a)	Carryover balance	;	(b) l	Prefundi	ng balance	
7		•	0 1 7		cable adjustments (line 13 f				0			(0
8			•	•	unding requirement (line 35				0			(0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			(0
10					turn of0.69%				0			(0
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							(6
					interest rate of6.03%							()
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce						6	3
	d Porti	on of (c)	to be added to pre	funding ba	alance							()
12	2 Other reductions in balances due to elections or deemed elections				0			()				
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							()				
P	Part III Funding Percentages												
14	Funding	g target a	ttainment percent	age							14	88.40 %	ó
15	15 Adjusted funding target attainment percentage							15	85.64 %	ó			
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							89.71 %	ó				
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	Part IV Contributions and Liquidity Shortfalls												
18	Contrib	utions m	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
(N	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD	Date (b) Amount paid by C Amount paid by employer(s) employees						
09	/12/2013	3		7500									
							1				1		
						Totals ▶	18(b)		7500	18(c)			0
19			-		tructions for small plan with								
					imum required contributions				19a				0
	b Contributions made to avoid restrictions adjusted to valuation date												
					uired contribution for current y	ear adjusted	to valuation	n date	19c			633	38
20		-	outions and liquidit	-							V	l vaa □ Na	
			_		the prior year?						<u> </u>	Yes No	
					y installments for the curren			manner?				Yes X No	_
	C It line	e 20a is "	res," see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			an vear					
		(1) 19	st		(2) 2nd	na or quarte	(3)	3rd			(4) 4th	l	_

D -	4 \/	A	no Used to Determine	Francisco Tourist and Touris	4 N = = 1 O = =4					
	rt V	-	ns Used to Determine	Funding Target and Targe	t Normai Cost					
21		unt rate:	1st sogmont:	2nd segment:	3rd segment:					
	a Se	gment rates:	1st segment: 5.54%	6.85%	7.52 %		N/A, full yield	d curve	used	
	b App	olicable month (enter code)			21b			0	
22	Weigh	nted average ret	tirement age			22			62	
23	Morta	lity table(s) (se	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding require	d		
								Yes	× No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes	× No	
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No	
27			•	ter applicable code and see instruc	tions regarding	27				
	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years									
	28 Unpaid minimum required contributions for all prior years								0	
29				d unpaid minimum required contribu	. ,	29			0	
30	Rema	ining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0	
Pa	art VIII Minimum Required Contribution For Current Year									
31										
	a Target normal cost (line 6)									
	b Excess assets, if applicable, but not greater than line 31a							0		
32	2 Amortization installments: Outstanding Balance Installment									
	a Net	shortfall amortis	zation installment		-	66194	13018			
	b Wai	iver amortization	n installment			0			0	
33	If a wa	aiver has been a	approved for this plan year, en	iter the date of the ruling letter gran	ting the approval	33				
	(Mont	h	Day Year) and the waived amount		33				
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		13018		
				Carryover balance	Prefunding balar	nce	Total ba	lance		
35			use to offset funding	0		0			0	
20						20				
-						36			13018	
37				ontribution for current year adjusted		37			6338	
38	38 Present value of excess contributions for current year (see instructions)									
	a Tota	al (excess, if any	y, of line 37 over line 36)			38a			0	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b									
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									
40	40 Unpaid minimum required contributions for all years									
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))				
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sch	edule elected					2 plus 7 years	15 y	ears	
	b Eligible plan year(s) for which the election in line 41a was made									
42	Amour	nt of acceleratio	n adjustment			42	<u> </u>			
	Excess installment acceleration amount to be carried over to future plan years 43									

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

	<u>For Funding</u> <u>Min Max</u>	For Actuarial Equivalence			
Interest Rates	Seg 1 5.54% 1.98%	Seg 1 2.09%			
	Seg 2 6.85% 5.07%	Seg 2 4.56%			
	Seg 3 7.52% 6.19%	Seg 3 5.50%			
Pre-Retirement					
Turnover	None	None			
Mortality	None	None			
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation			
Post-Retirement					
Mortality	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67			
Assumed Benefit Form For	Lump Sum				
Calculated Effective Intere	7.06%				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012

Plan Effective Date January 1, 2007

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 5 years of participation

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following: as follows:

The accrued benefit based on plan provisions prior to September 4, 2009.

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012

Credited Years 6

Vested Percent 100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Valuation Date: January 1, 2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	Installments	<u>Installment</u>	Installments
01/01/2010	7-year	5	\$5,504	\$24,778
01/01/2011	7-year	6	\$4,246	\$22,166
01/01/2012	7-year	7	\$3,268	<u>\$19,250</u>
Total			\$13,018	\$66,194

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). OMB No. 1210-0110

2012

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	▶ File as	an attachm	ent to Forn	n 5500 or	· 5500-SF.			
Fo	r calendar plan year 2012 or fiscal p	lan year beginning	01/0	1/2012		and endi	ng	12/	31/2012
	Round off amounts to nearest do	ollar.							
	Caution: A penalty of \$1,000 will be	e assessed for late filing of	f this report ι	unless reaso	onable ca	use is establish	ed.		
A	Name of plan					B Three-dig	git		
						plan num	iber (PN)	>	001
0	'Donnell & Fox, P.C. I	Defined Benefit	Plan						
	Plan sponsor's name as shown on li					D Employer	Identificati	on Number	(EIN)
						, ,			, ,
0.	Donnell & Fox, P.C.					13-3093	3734		
Ε	Type of plan: X Single Multiple	e-A Multiple-B	F	Prior year pla	ın size: 🏻 🗵	100 or fewer	101-50	00 More	e than 500
Р	art I Basic Information								
1	Enter the valuation date:	Month 1 D	ay 1	Year_	2012	_			
2	Assets:								
	a Market value						2a		504,526
	b Actuarial value						2b		504,526
3	Funding target/participant count b	reakdown:		<u>,</u>	(1) N	umber of partic	pants	(2) Funding Target
	a For retired participants and ben	eficiaries receiving payme	nt				0		0
	b For terminated vested participa	ants		. 3b			0		0
	c For active participants:			<u></u>					
	(1) Non-vested benefits			3c(1)					0
	(2) Vested benefits			. 3c(2)					570,720
	(3) Total active	•••••		3c(3)			3	·	570,720
	d Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 3d			3		570,720
4	If the plan is in at-risk status, chec	ck the box and complete lii	nes (a) and ((b)		. 🗌			
	a Funding target disregarding pre	escribed at-risk assumption	าร				4a		
	b Funding target reflecting at-risk	assumptions, but disrega	rding transiti	on rule for p	lans that	have been in	4b		
	at-risk status for fewer than			·					
5	Effective interest rate						5		7.06 %
6	Target normal cost						6		0
Sta	atement by Enrolled Actuary To the best of my knowledge, the information s	upplied in this askedule and asses	nonuina achadu	laa atatamanta	and attachm	conta if any in comm	loto and accu	rate Each ores	cribed accumption was applied in
	accordance with applicable law and regulations combination, offer my best estimate of anticipa	s. In my opinion, each other assump	otion is reasonat	ole (taking into a	account the	experience of the pla	n and reasona	ble expectation	ns) and such other assumptions, in
		Tod experience under the plant							TO Make the second of the transfer of the tran
	SIGN HERE)						09/24/	2013
		5:							
J		Signature of actuary						Date	
Ea	dward Repper 11-06090								
T-1-1-1	Type or print name of actuary Most recent enrollment number RP Actuaries & Consultants (212) 563-5060								
ER	P Actuaries & Consult								cluding area code)
13	5 Pinelawn Road, Suite	Firm name e 240 North					elepriorie	number (iii	duding area code)
Me	lville		NY 117	747					
		Address of the firm							
	ne actuary has not fully reflected any	regulation or ruling promu	Igated under	r the statute	in compl	eting this sched	lule, check	the box an	d see
nst	ructions					THE SECTION AND THE SECTION AND THE			

(Form 5500) 2012	Page 2 -

Schedule	SB	(Form	5500)	2012

Pa	rt II	Begi	nning of Year	Carryove	er Prefunding Balanc	ces						
							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		-		• •	able adjustments (line 13 fr	- 1			0			0
8					ınding requirement (line 35				0			0
9									0			0
10	Interes	t on line	9 using prior year's	s actual retu	ırn of <u>(0.69)</u> %				0			0
11					to prefunding balance:							
	a Pres	ent valu	e of excess contrib	utions (line	38a from prior year)							6
					nterest rate of6.03_%							0
	c Tota	l availabl	e at beginning of cur	rent plan ye	ar to add to prefunding balar	nce						6
	d Port	ion of (c) to be added to pre	efunding bal	lance					·		0
12	Other	reduction	ns in balances due	to elections	or deemed elections				0			0
13	Baland	e at beg	inning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0			0
P	art III	Fu	nding Percenta	ages								
14	Fundir		=======================================								14	88.40 %
15			ng target attainmen							1	15	85.64 %
	Prior y	ear's fur	iding percentage fo	r purposes	of determining whether car						16	89.71 %
17					s less than 70 percent of the						17	%
P	art IV	Со	ntributions an	d Liquidi	ty Shortfalls							
18	Contril			~~~	ear by employer(s) and emp	ployees:						1,000
	(a) Da 1M-DD-	ate	(b) Amount p employer	aid by	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pai employer(s)		(6		int paid by oyees
0.9	9/12/	2013		7,500								
						Totals ▶	18(b)		7,500	18(c)		0
19	Discou	unted em	ployer contribution	s – see inst	ructions for small plan with	a valuation d	ate after t	he beginning of the	year:			
	a Cor	ntribution	s allocated toward	unpaid mini	mum required contributions	s from prior ye	ears		19a			0
	b Cor	ıtribution	s made to avoid res	strictions ad	ljusted to valuation date				19b			0
	C Cor	tributions	allocated toward m	inimum requ	uired contribution for current y	year adjusted t	to valuation	n date	19c			6,338
20	Quarte	erly conti	ributions and liquidi	ty shortfalls	•							
	a Did	the plan	have a "funding sh	ortfall" for t	he prior year?						2	Yes No
	b If lin	ne 20a is	"Yes," were require	ed quarterly	installments for the curren	it year made i	n a timely	manner?				Yes X No
	C If lir	ne 20a is	"Yes," see instruct	ions and co	mplete the following table a	as applicable:						
					Liquidity shortfall as of e	end of quarter	of this pla	an year				
	.,,,,,	(1)	1st		(2) 2nd		(3)	3rd			(4) 4t	h
				1		Į.			1			

_ _Pa	rt V Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %			∏ N/A, fu	ıll yield	curv	e used
	b Applicable month	(enter code)			21b					
22	Weighted average re	tirement age			22					6:
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined Pre	escribed - separate	Subs	titute				
Pa	rt VI Miscellane	ous Items								
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the current						Yes	X No
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment				Yes	X No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachm	ent			Yes	X No
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instru	ctions regarding	27					
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years						
28		· · · · · · · · · · · · · · · · · · ·	years		28					
29	Discounted employer	r contributions allocated toward	d unpaid minimum required contril	outions from prior years	29					
30	Remaining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)	***************************************	30					
Pa	rt VIII Minimum	Required Contribution	For Current Year							
31		and excess assets (see instruc								
	a Target normal cost	(line 6)			31a					
			line 31a		31b				·····	
32	Amortization installm			Outstanding Bala	ance			nstalln	nent	
	a Net shortfall amort	ization installment			66,1	94				13,01
	b Waiver amortization	on installment				d				
33	If a waiver has been (Month		nter the date of the ruling letter gra		33					*****
34	Total funding require	ment before reflecting carryov	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34					13,01
			Carryover balance	Prefunding bala	nce		Т	otal ba	lance	
35	Balances elected for requirement	use to offset funding		0		0				
36	· · · · · · · · · · · · · · · · · · ·			. 4	36					13,01
37	Contributions allocate	ed toward minimum required o	contribution for current year adjust	ed to valuation date	37				•	6,33
38		ess contributions for current ye								
		······································			38a					
	•		prefunding and funding standard		38b					
39			ear (excess, if any, of line 36 ove		39					6,68
40			s		40					6,68
			Pension Relief Act of 201		}					
	3	ide to use PRA 2010 funding r								
			eller for trils plant.			🗌 2	plus 7 ye	ars	15	years
	b Eligible plan vear(s	s) for which the election in line	41a was made		П	2008	2009	201	=	2011
40					42		<u> </u>	<u> </u>	لــــا	
4/										

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).

2012

1210-0089

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	Complete all entries		nce with the instruc	tions to the Form 5500	0-SF.		p
Part I		Identification Informa						
For calenda	ar plan year 2012 or fi	iscal plan year beginning	01	/01/2012	and ending		12/31/201	.2
A This ret	urn/report is for:	X a single-employer plan	🗌 a	multiple-employer pl	an (not multiemployer)		a one-particip	ant plan
B This ret	urn/report is:	the first return/report	it⊦	e final return/report			_	
	·	an amended return/repo	ort ∐a:	short plan vear retur	n/report (less than 12 m	onths	1	
C Chook I	box if filing under:	X Form 5558		utomatic extension			DFVC progra	m
O CHECK	box ii liling dilder.	H		atomatio extension			☐ Bi vo piogra	
Dont II	Dania Dian Info	special extension (enter	<u> </u>	 				
Part II		ormation—enter all reques	ted informati	on .		41.	T	
1a Name	•					מו	Three-digit plan number	
О по:	nnell & Fox,	P.C. Defined Bene	fit Plan	1			(PN) ▶	001
						1c	Effective date of	f plan
							01/01/200	7
2a Plan s	ponsor's name and ac	ddress; include room or suite	number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif	ication Number
ODon	nell & Fox, P						(EIN) 13-309	3734
						2c	Sponsor's telep	
30 B	roadway, Suit	a 1620					(212) 319-	
	_	-E 1020				2a		see instructions)
New 1		nd address XSame as Plan	Coonses New		10006 Sponsor Address	2h	541110 Administrator's I	
Ja Piali a	ummistrator s name a	nd address Abaine as Flair	Sponsor ivai	ne Loame as Flai	i Sponsor Address	Ju	Administrators	ZIIN
						3c	Administrator's t	elephone number
								•
	•							
A 10.11						ļ		
		e plan sponsor has changed imber from the last return/rep		t return/report filed to	or this plan, enter the	4b	EIN	
	or's name	imber nom the last returnitep	OIL.			4c	PN	
5a Total i	number of participants	s at the beginning of the plan	vear			-	<u> </u>	3
	. ,	s at the end of the plan year.	•			5b		3
		account balances as of the e				JU		
		account balances as of the e				5c		
6a Were	all of the plan's asset	ts during the plan year investe	ed in eligible	assets? (See instruc	tions.)			X Yes No
		of the annual examination and	_					
		6? (See instructions on waive						⊠ Yes ∐ No
		either line 6a or line 6b, the						
		or incomplete filing of this						
		ther penalties set forth in the and signed by an enrolled acti						
	true, correct, and com		uary, as wen	as the electronic ver	sion of this returniteport	, and	to the best of my	Kilowiedge and
	(1):11·	A AIN - L	1 4 -	1101	···			1
SIGN	WWMam	130 Homen	<u>//^</u>	10/8/13	William G. O'I	onn	ell, Jr.	
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual si	ıning as plan adr	ninistrator
SIGN	William	A O'Home	m	10/8/13	William G. O'I	Donn	ell, Jr.	
HERE	Signature of emplo	, , , , , , , , , , , , , , , , , , , ,	†	Date	Enter name of individ		•	r or plan sponsor
Preparer's		name, if applicable) and addr	ess; include					number (optional)
	· -	•			•	•		. , ,
							<u></u>	

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	7a_	50!	5,18	39				24,812
<u>b</u>	Total plan liabilities	7b			0				0
_ c	Net plan assets (subtract line 7b from line 7a)	7c	505	5,18	39			52	24,812
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		7,50	0			٠	
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	12	2,12	:3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1]	19,623
	Benefits paid (including direct rollovers and insurance premiums				_			-	
	to provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e			0			· · · · · · ·	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	<u>-</u> .		0				
<u>g</u>	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81							19,623
	Transfers to (from) the plan (see instructions)	8]			0				
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension								
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	the instruction	ons:	
10	During the plan year:				Yes	No	<u> </u>	Amount	•
а		tions withir	n the time period described in rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b	Х			;	35,016
C				10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	100					
e	or dishonesty?			10d		Х			
	insurance service or other organization that provides some or all oinstructions.)	of the bene	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				41,240
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ictions and 29 CFR	10h				·	· ·
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	10i					
Part	110		,				<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						3 (Form	X Yes	. ∏ No
11a	Enter the amount from Schedule SB line 39					11a	6,680		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	Tes, complete line 12a of lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th		ne letter ru Year	uling
	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc		, and e	_			uling

	Form 5500-SF 2012 Page 3 -				
	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			
е	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?	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 under the of the PBGC?	control		Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b T	rust's EIN		

Attachment to 2012 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name O'Donnell & Fox, P.C. Defined Benefit PlanEIN: 13-3093734Plan Sponsor's NameODonnell & Fox, P.C.PN: 001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
09/12/2013	7,500	2012	12.06	6,338
	,	-		.,