Form 5500-SF		Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			2012			
Employee B	epartment of Labor ienefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			B(a) of This Form is Open to Pu			
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection						pection	
	Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013							
		· · · · ·			9/30//	-		
A This return/report is for:						a one-partici	bant plan	
B This ret	turn/report is:		e final return/report					
		f H		n/report (less than 12 mc	onths	-		
C Check	box if filing under:		utomatic extension			DFVC progra	ım	
		special extension (enter description)						
Part II	•	nation—enter all requested information	on		44		Γ	
1a Name	of plan IEG PC PROFIT SHARIN				1D	Three-digit plan number		
						(PN) ►	002	
					1c	Effective date o	f plan	
						10/01		
	ponsor's name and addre OCIATES, PC	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)			83330	
5 HEATHER		5 HEATHER CO			2c	Sponsor's telephone number 631-499-8409		
DIX HILLS, I	NY 11746	DIX HILLS, NY	11746		2d	Business code (54119	see instructions)	
	dministrator's name and			Sponsor Address	3b	Administrator's 11-25	EIN 83330	
KIEG ASSO	SRIEG ASSOCIATES, PC 5 HEATHER COURT DIX HILLS, NY 11746 3C Administrator's telephone num 631-499-8409							
4 If the r	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN		
name	, EIN, and the plan numb	er from the last return/report.						
	or's name				4c PN			
		the beginning of the plan year		-	5a 2			
		the end of the plan year		-	5b		2	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						2		
		uring the plan year invested in eligible					X Yes No	
		e annual examination and report of an						
		See instructions on waiver eligibility and					X Yes No	
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/report r penalties set forth in the instructions,					able a Sabadula	
SB or Sche		signed by an enrolled actuary, as well						
SIGN	Filed with authorized/va	lid electronic signature.	11/19/2013	MARC KRIEG				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ıal siç	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu	ial sig	gning as employe	r or plan sponsor	
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	oarer's telephone	number (optional)	
				-				

11a Enter the amount from Schedule SB line 39 11a	Part	III Financial Information							
b Total plan liabilities To 0 c Not plan assets (outbract line 7b from line 7a) Tc (a) Amount (b) Total a Contributions reserved or reservable from: (a) Amount (b) Total a Contributions reserved or reservable from: (a) Amount (b) Total (c) Employees 8a(3) 0 (b) One in concervable from: (c) Amount (c) Total (d) Definer (outboard or reservable from: 8a(3) 0 (c) Total (c) Total (d) Definer (outboard or reservable from: 8a(3) 0 (c) Total (c) Total (e) Definer (outboard or reservable from: 8a(3) 0 (c) Total (c) Total (e) Certain deemed and/or corrective distributions (see instructions). 8d 0 (c) Total (c) Total (f) Employees 8g 0 0 (c) Amount (c) Total (c) Amount (c) Total (f) Employees 8g 0 0 (c) Amount (c) Total (c) Amount (f) Administrative service provides (seafree, fees, commissions). 8f 0 (c) Amount (c) Amount (f) Main inset (c)	7 P	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Yea	r
C Net plan assets (subtract line 7b from line 7a)	a T	otal plan assets	7a	99814	1				0
8 income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 0 (2) Participants. 8a(2) 0 (3) Other income (loss). 8a(3) 0 (4) Benefits paid (including directors). 8a(3) 0 (5) Other income (loss). 8b 0 (6) Benefits paid (including directors). 8d 0 (6) Derivate benefits). 8d 0 (7) Christin diremed and/or corrective distributions (see instructions). 8t 0 (7) Christin diremed and/or corrective distributions (see instructions). 8t 0 (8) Other expenses. 8g 0 0 (1) Transfers to (from) the plan (see instructions). 8t 1 1 (1) Transfers to (from) the plan (see instructions). 8t 1 1 (2) Plan Characteristics 6t 3 1 1 (2) Transfers to (from) the plan row actions and DOL's Valuraty Fishciary Correction Program) 10a X <	bт	·			0				0
a) Contributions received or received is from: 8a(1) 0 (1) Employers 8a(2) 0 (2) Participants. 8a(2) 0 (3) Others (including rollowers) 8a(3) 0 (3) Others (including rollowers) 8a(3) 0 (4) Other income (basis) 8b 0 (5) Other income (basis) 8d 0 (6) Bandits path (anduding direct rollowers and insurance premiums to provide benefits). 8d 0 (7) Entrained for corrective distributions (see instructions) 8d 0 0 (7) Other expenses. 6g 0 0 0 (7) Other expenses. 6g 0 0 0 (7) Transfers to (from) the plan (see instructions) 6g 0 0 0 (2) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3f 1f the plan provides pension benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: 4g Part V Comptiance Questions 100 X 2 2 10 During the plan yea? 10 X 2 <td< td=""><td>CN</td><td>let plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>99814</td><td>1</td><td></td><td></td><td></td><td>0</td></td<>	CN	let plan assets (subtract line 7b from line 7a)	7c	99814	1				0
(1) Employers 8a(2) 0 (2) Participants	8 Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) Total	
(2) Participants					~				
3) Others (including rolevers) 8a(3) 0 b Other income (loss) 8b 0 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 c Benefits paid (including direct rolevers and insurance premiums etc.) 8d 0 d Benefits paid (including direct rolevers and insurance premiums etc.) 8d 0 g Other expenses. 8g 0 0 g It the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E g It the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 10 g Other expenses. 10 Virgit the plan any participant contributions within the time period described in the instructions: g B It the plan povides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 106 × <t< td=""><td></td><td></td><td>· · · ·</td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>			· · · ·		-				
b Other income (loss) Bb O c Total income (loss) Back Income (loss) Back c Total income (loss) Back Income (loss) Back d Benefits paid (including) direct followers and insurance premiums Back Income (loss) Income (loss) Back e Certain deemed and/or corrective distributions (see instructions) Be Income (loss) Income (loss) Back Income (loss) In									
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-	_			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					0	_			
to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions)			8C			_			0
f Administrative service providers (salaries, fees, commissions)			8d		0				
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8i, and 8g). 8h 1 i Net income (loss) (subtract line 8h from line 8c). 8i 0 Part IV Plan Characteristics 8j 0 g 0 0 0 0 Part IV Plan Characteristics 8j 0 g 0 0 0 0 Part V Compliance Questions 100 X 10a X 10 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 48 9att V Compliance Questions 10a X 20 10 During the plan year: Yes No Amoun a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 20 10 During the plan vear: 10a X 20 Amoun a Was there any nonexempt transactions with any party-in-interest? (Do not include transactions in participant contributions within the time period described in 10a X 20	e C	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f A	Administrative service providers (salaries, fees, commissions)	8f		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	_		8g		0				
i Net income (loss) (subtract line 8h from line 8c)		· · · · ·					0		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4B V Compliance Questions 10 During the plan year: Yes No Amount a 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 Fiduciary Correction Program) 10a × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on in 160.4.2.4.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	i N	let income (loss) (subtract line 8h from line 8c)	8i						0
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4B Compliance Questions 10 During the plan year: Yes No Amoun a 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 Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan nover dy a fidelity bond? 10c X 10d X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10d X 10d X c Was the plan failed to provide any benefit when due under the plan? 10f X 10d X	j ⊺	ransfers to (from) the plan (see instructions)	8i		0				
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4B 4B Yes No Amount 4B 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 5 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10a X 6 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10d X 6 Were there any nonexempt transactions with the plan's fidelity bond, that was caused by fraud or distonesty? 10d X 10d X 6 Were 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.) 10d X 10d	Part	IV Plan Characteristics							
10 During the plan year: Yes No Amoun a 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 Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were 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 10e X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	4B								
a 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 Fiduciary Correction Program)						Yes	No	Amou	nt
on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were 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 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X extreme Pension Funding Compliance 11a 11a 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Year 11a <td< td=""><td>а</td><td colspan="4">a Was there a failure to transmit to the plan any participant contributions within the time period described in</td><td></td><td>x</td><td></td><td>0</td></td<>	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in					x		0
c How the plan have alloss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were 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 Has the plan failed to provide any benefit when due under the plan? 10f X Image: See instructions.) 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: See instructions and 29 CFR 10h X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X Image: See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Image: See instructions and complete Schedule SB (Form 10i) Y 11 Is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 1500) and line 11a below) 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			10b		x		0
or dishonesty? 10d X e Were 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 Has the plan failed to provide any benefit when due under the plan? 10f X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?			10c	Х			10000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yei (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Int is plan year, see instructions, and enter the date of the letter granting the waiver.	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					x		0
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		Were 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					x		0
b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X Part VI Pension Funding Compliance 10i X 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? You (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Day Year_	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10a		Х		0
exceptions to providing the notice applied under 29 CFR 2520.101-3	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				x			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)			•		10i		х		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part V	VI Pension Funding Compliance							
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem							Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter granting the waiver. Month Day Year		1a Enter the amount from Schedule SB line 39 11a							
(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 granting the waiver	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
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 granting the waiver	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MP (Form 5500), and skin to line 12	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	d in this plan year, see instrue		, and e			er ruling
	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forn	n 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year	b Enter the minimum required contribution for this plan year					12b		0	

с	Enter	the amount contributed by the employer to the plan for this plan year	12c	0			
d							0
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				X No	N/	'A
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		Yes X N	١o		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Y	es X I	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 1				IN(s)	13c	(3) PN(:	s)
Part	VIII	Trust Information (optional)			•		

14a Name of trust	14b Trust's EIN