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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in ac | ccordance with the instru | ctions to the Form 5500 | -SF. | |
|---|--|--|--|---|---|---|
| Part I | Annual Report I | dentification Information | | | | |
| For calenda | ar plan year 2013 or fisc | cal plan year beginning 01/01 | /2013 | and ending 12 | 2/31/2013 | |
| A This ret | turn/report is for: | a single-employer plan | a multiple-employer p | olan (not multiemployer) | a one-partici | ipant plan |
| B This ret | turn/report is: | the first return/report | the final return/report | | | |
| | | an amended return/report | a short plan year retur | rn/report (less than 12 mor | nths) | |
| C Check b | box if filing under: | Form 5558 | automatic extension | | DFVC progra | am |
| - · · · | | special extension (enter desc | · | | | |
| Part II | | mation—enter all requested in | formation | | | T |
| 1a Name BRODSKY 8 | | PROFIT SHARING PLAN | | | 1b Three-digit plan number | |
| | , | | | | (PN) ▶ | 001 |
| | | | | | 1c Effective date of | of plan 1/1988 |
| | ponsor's name and add & ASSOCIATES, INC. | ress; include room or suite numb | er (employer, if for a single | e-employer plan) | 2b Employer Ident | |
| 20801 BISC | AVNE BLVD | | | | 2c Sponsor's telep | ohone number 70-9429 |
| SUITE 403 AVENTURA | | | | - | 2d Business code 5242 | ` , |
| 3a Plan a | dministrator's name and | d address Same as Plan Spons | sor Name Same as Pla | n Sponsor Address | 3b Administrator's | |
| | | | | - | 3c Administrator's | telephone number |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | plan sponsor has changed since | the last return/report filed f | or this plan, enter the | 4b EIN | |
| | , EIN, and the plan num | plan sponsor has changed since ther from the last return/report. | the last return/report filed f | | 4b EIN 4c PN | |
| name, a Sponse | , EIN, and the plan num or's name | | · | | | 4 |
| name, a Sponso 5a Total r | , EIN, and the plan num or's name number of participants a | nber from the last return/report. | | | 4c PN | 4 3 |
| name, a Sponso 5a Total r b Total r c Numb | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a | nber from the last return/report. | the plan year (defined ben | efit plans do not | 4c PN 5a | |
| name, a Sponso 5a Total r b Total r c Numb compl 6a Were | EIN, and the plan numor's name number of participants a number of participants are 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 benderligible assets? (See instruc | efit plans do not | 4c PN 5a 5b 5c | 3 |
| name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are yo | EIN, and the plan num or's name number of participants a number of participants a 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 during the plan year invested in ethe annual examination and report | the plan year (defined bender) eligible assets? (See instruction of an independent qualific | efit plans do not ctions.) | 4c PN 5a 5b 5c | 3 2 X Yes No |
| name, a Sponso 5a Total r b Total r c Numb comple 6a Were b Are younder | EIN, and the plan numor's name number of participants a number of participants are 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 benderligible assets? (See instruct of an independent qualifications.) | efit plans do not ctions.) | 4c PN 5a 5b 5c | 3 2 X Yes No |
| name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you | , EIN, and the plan numor's name number of participants and provided in the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? | at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor | the plan year (defined bendering the plan year (See instruction of an independent qualificiality and conditions.) | efit plans do not ctions.)ed public accountant (IQP | 4c PN 5a 5b 5c A) | 3 2 X Yes No |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE | EIN, and the plan numor's name number of participants and participants are refused from 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 during the plan year invested in eact the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan is it covered under the PBC or incomplete filling of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete. Included the plan year invested in each of the plan of | the plan year (defined benderically benderically benderically and conditions.) | efit plans do not ctions.)ed public accountant (IQP and must instead use F ERISA section 4021)? unless reasonable cause examined this return/report, ALLAN BRODSKY Enter name of individual | 4c PN 5a 5b 5c Form 5500. Yes No Se is established. Ort, including, if applicand to the best of my all signing as plan additional and to the best of my | 2 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE | EIN, and the plan numor's name number of participants and participants are refused from 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 eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returner penalties set forth in the instruct d signed by an enrolled actuary, a lete. In the last return of the plan of th | the plan year (defined benderically benderically benderically and conditions.) | efit plans do not ctions.)ed public accountant (IQP and must instead use F ERISA section 4021)? unless reasonable cause examined this return/report, ALLAN BRODSKY Enter name of individual | 4c PN 5a 5b 5c 5c A) Form 5500. Yes No se is established. Ort, including, if applicated to the best of my al signing as plan add | 2 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor |

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| Pa | rt III Financial Information | | | | | | | | | |
|----------|---|--------------|--------------------------------|---------|---------|-----------------|------------|--------|------------|-------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar . | | | (b) End | l of V | oar | |
| <u>.</u> | Total plan assets | 7a | (a) Beginning of Tea | | + | | (D) Liii | | 566664 | 1 |
| | Total plan liabilities | 7b | | 0 | + | | | | C | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 48559 | 1 | | | | 5 | 566664 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 70 | | | + | | (b) | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) | Total | | |
| | (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | 8904 | 1 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 89041 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 559 | 9 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 236 | 9 | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 7968 | 3 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 81073 | 3 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instru | ctions | 5 : | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instruc | tions: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | • | | | | Yes | No | | A | 4 | |
| | During the plan year: Was there a failure to transmit to the plan any participant contribu | tiono withir | n the time period described in | l | 162 | NO | | Ame | ount | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | ection Program) | 10a | | X | | | | |
| b | on line 10a.) | | | 10b | | X | | | | |
| | | | | 100 | X | | | | | 80000 |
| | | | | 10c | | | | | | 80000 |
| d | or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | • | • | | | | | | | |
| | instructions.) | | ' ' | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end) | 10q | | Χ | | | | |
| h | <u> </u> | (See instru | uctions and 29 CFR | 10g | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne required | d notice or one of the | 10ii | | | | | | |
| David | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-0 | | 101 | | | | | | |
| Part | <u> </u> | | V II i t | | 0-1 | -ll OF | . / | 1 | | |
| | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | No |
| _11a | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | T | 1 | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 of | ERISA?. | | Yes | X No |
| | (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. | | Mon | | , and e | enter th Day | ne date of | the le | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | - | | ı | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | I | | | |

| 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 (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? | Y | es X 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, transferred to another plan, or brought under the coof the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 4b Tr | ust's EIN | |
| | | | | |
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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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | aneur Guaranty Corporation | | | ordance with the instruc | tions to the Form 5500 | 0-SF. | | |
|--|---|---|---|---|---|--|--|--|
| Part I | Annual Report I | | | | | | | |
| For calend | ar plan year 2013 or fisc | | ning 0 | 1/01/2013 | and ending | | 12/31/201 | .3 |
| A This ref | turn/report is for: | x a single-emplo | yer plan | a multiple-employer pla | an (not multiemployer) | ſ | a one-partic | ipant plan |
| B This ret | turn/report is: | the first return/ | report | the final return/report | | - | | |
| | | an amended re | eturn/report | a short plan year return | report (less than 12 mg | onths) | | |
| C Check | box if filing under: | Form 5558 | Ī | automatic extension | | Ī | DFVC progr | ram |
| | | ່ D special extensi | ــ ion (enter descript | _ | | L | | |
| Part II | Basic Plan Infor | <u> </u> | | <u>'</u> | | | | |
| 1a Name | | ination chief t | in requested inton | HALIOH | | 1h | Three-digit | - T |
| | Y & ASSOCIATES | , INC. PROB | IT SHARING | PLAN | | | plan number | |
| | | | | | | | (PN) • | 001 |
| | | | | | • | | Effective date | |
| 23 Plana | hopen's same and add | | | | | | 02/01/198 | |
| BRODSK | ponsors name and add Y & ASSOCIATES | ress; include room . INC . | i or suite number (| (employer, if for a single-e | employer plan) | | Employer ideni (EIN) 59-25 | tification Number |
| | | , | | | | | | |
| 20801 | BISCAYNE BLVD | | | | | | 954-370-9 | phone number 3429 |
| SUITE 4 | 403 | | | | | | | (see instructions) |
| AVENTU: | RA | \mathtt{FL} | 33180 | | | | 524290 | , |
| 3a Plan a | dministrator's name and | l address XSame | as Plan Sponsor | Name XSame as Plan | Sponsor Address | 3b . | Administrator's | EIN |
| | | | | _ | | | | |
| | | | | | | 3C / | Administrator's | telephone number |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 If the | name and/or EIN of the | plan sponsor has | changed since the | e last return/report filed fo | r this plan, enter the | 4b | EIN | <u></u> |
| name | , EIN, and the plan num | plan sponsor has ber from the last n | changed since the eturn/report. | e last return/report filed fo | r this plan, enter the | | | |
| name a Spons | , EIN, and the plan num or's name | ber from the last r | eturn/report. | · | | 4c | | |
| name a Spons 5a Total | , EIN, and the plan num or's name number of participants a | ber from the last n | eturn/report. the plan year | | | 4c 5a | | 4 |
| name a Spons 5a Total b Total | , EIN, and the plan num or's name number of participants a number of participants a | ber from the last n at the beginning of at the end of the pl | eturn/report. the plan year | | | 4c | | 4 3 |
| name a Spons 5a Total b Total c Numb | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a | ber from the last n It the beginning of It the end of the pl coount balances a | eturn/report. the plan year an years of the end of the | e plan year (defined bene | fit plans do not | 4c 5a 5b | | 3 |
| name a Spons 5a Total b Total c Numb | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) | ber from the last n at the beginning of at the end of the pl ccount balances a | eturn/report. the plan year an years of the end of the | e plan year (defined bene | fit plans do not | 4c 5a 5b 5c | PN | 3 |
| a Spons 5a Total b Total c Numb compl | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) | ber from the last n at the beginning of at the end of the pl ccount balances a during the plan ye | eturn/report. the plan year an year s of the end of the | e plan year (defined bene | fit plans do not | 4c 5a 5b 5c | PN | 3 |
| name a Spons 5a Total b Total c Numb comp 6a Were b Are younder | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) | ber from the last not the beginning of the end of the placeount balances a during the plan yethe annual examin (See instructions) | eturn/report. the plan year an year s of the end of the ar invested in eligilation and report o | e plan year (defined bene ible assets? (See Instruct of an independent qualifier y and conditions.) | fit plans do not ions.)d public accountant (IQ | 4c 5a 5b 5c | PN | 3 |
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