Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

1 011310	on Benefit Guaranty Gorporation					Inspection			
Part I	Annual Report Identifi	cation Information							
For cale	For calendar plan year 2013 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006								
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or					
		a single-employer plan;	☐ a DFE (s	specify)					
		A congrete ompreyer plant,	□ ~ 2. = (,pooy/					
D This	to one to at in .	the first return/report;	☐ the final	return/report;					
D This	return/report is:	H			. H 10	41 \			
		an amended return/report;		olan year return/report (less		ntns).			
C If the	plan is a collectively-bargained p	lan, check here)	· []			
D Chec	k box if filing under:	Form 5558;	automat	c extension;	X the	DFVC program;			
		special extension (enter desc	cription)						
Part	II Basic Plan Informati	ion—enter all requested informa	ation						
_	ne of plan				1b	Three-digit plan			
	ISLAND AVENUE INC PROFIT S	SHARING PLAN				number (PN) ▶	002		
						Effective date of pla	an		
						01/01/1991			
2a Plar	sponsor's name and address; in	clude room or suite number (emp	ployer, if for a single	-employer plan)		Employer Identifica	tion		
CONEY	ICLAND AVENUE INC					Number (EIN) 11-3210602			
CONEY	ISLAND AVENUE INC					Sponsor's telephon	Α		
						number			
700 001	IEV ICI AND AVE	700 0015	->/ 101 4515 43/5			718-941-1111			
	NEY ISLAND AVE LYN, NY 11218		EY ISLAND AVE /N, NY 11218	20 Business code (see			e		
			•	instructions)					
				238100					
Caution	A penalty for the late or incom	nplete filing of this return/repor	t will be assessed	unless reasonable cause	e is establisi	hed.			
		Ities set forth in the instructions, I					dules,		
		ne electronic version of this return							
SIGN	Filed with authorized/valid electron	onic signature.	05/08/2014	ALAN DALY					
HERE	Signature of plan administrate	or	Date	Enter name of individua	l signing as r	olan administrator			
					0 0 1				
SIGN									
HERE	Signature of employer/plan sp	nonsor	Date	Enter name of individua	l cianina ac a	amployer or plan en	oneor		
	orginature of employer/plan sp	3011301	Date	Enter name of marvidua	r signing as c	cripioyer or plan sp	011301		
SIGN									
HERE									
Droparou	Signature of DFE	applicable) and address; include r	Date	Enter name of individua		DFE elephone number			
Перагег	3 name (including initi name, ii a	pplicable) and address, include in	oom or suite number	ar. (optional)	(optional)	elephone number			
				<u> </u>					

Form 5500 (2013) Page 2 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, 4b EIN EIN and the plan number from the last return/report: 4c PN Sponsor's name Total number of participants at the beginning of the plan year 5 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). 6a Active participants..... 6b Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits...... 6c 6d Subtotal. Add lines 6a, 6b, and 6c. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... 6e 6f Total. Add lines 6d and 6e Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were 6h less than 100% vested Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: Plan funding arrangement (check all that apply) **9b** Plan benefit arrangement (check all that apply) Insurance Insurance (1) (1) (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3)Trust (3) Trust General assets of the sponsor (4) (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **b** General Schedules R (Retirement Plan Information) (1) (1) **H** (Financial Information)

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

C (Service Provider Information)

A (Insurance Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(2)

(3)

actuary

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public

			ERISA section 103(a)(2).	ioimation		Inspection	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006							
A Name of plan CONEY ISLAND AVENUE	INC PROFIT	SHARING PLAN	В	Three-digit plan number (P	PN)	002	
C Plan sponsor's name as shown on line 2a of Form 5500 CONEY ISLAND AVENUE INC D Employer Identification Number (E 11-3210602						(EIN)	
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
PHOENIX HOME LIFE IN	IS CO						
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate number		Policy or c	ontract year	
(b) EIN	code	identification number	persons covered at end policy or contract yea	1 1) From	(g) To	
06-0493340	67814	VARIOUS	3	01/01/20	006	12/31/2006	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. List in	line 3 the agents	, brokers, and o	ther persons in	
(a) Total a	amount of com			(b) Total amount	t of fees paid		
		0				0	
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all person	ons).			
	(a) Name a	and address of the agent, broker	, or other person to whom co	mmissions or fee	s were paid		
						1	
(b) Amount of sales ar			es and other commissions pa				
commissions pa	id	(c) Amount	(d) Purpose			(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales ar	nd hase	Fe	es and other commissions pa	nid			
commissions pa		(c) Amount	(d) P	urpose		(e) Organization code	

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	(2)	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of calca and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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ıay		•

P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contra	cts with each carrier m	ay be treated a	as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e				
		racts With Allocated Funds:			1	
	а	State the basis of premium rates PER INS CO RATE BOOKS				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan,	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ite participa	tion guarantee		
		(3) guaranteed investment (4) other				
		(+) [] 3				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year				
	_	(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					- (a)	
	_	(6)Total additions			7c(6)	
		Total of balance and additions (add lines 7b and 7c(6))	I		7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	(5) Total deductions				
	- 1	Data lice at the end of the current year (Subtract line 76(3) from line 70)		•••••	/ 1	

Schedule A (Form 5500) 2013		Page 4	
Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting portion that the entire group of such individual contracts of	roup of employees of the sam urposes if such contracts are	experience-rated as a unit. Where contr	. , .
and contract type (check all applicable boxes)			
lealth (other than dental or vision)	b Dental	c Vision	d Life insurance
emporary disability (accident and sickness)	f Long-term disability	g Supplemental unemployment	t h Prescription drug

á	Health (other than dental or vision)	b Dental	С	Vision	d	Life insurance
•	Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployme	ent h	Prescription drug
i	Stop loss (large deductible)	j HMO contract	k∏	PPO contract	ı	Indemnity contract
ı	m ☐ Other (specify) ▶	- Ц			<u>.</u>	
9 E	xperience-rated contracts:					
á	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid.		9a(2)			
	(3) Increase (decrease) in unearned premium rese	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))			9a	n(4)	
	b Benefit charges (1) Claims paid		9b(1)			
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))			9b	(3)	
	(4) Claims charged			9b	(4)	
	C Remainder of premium: (1) Retention charges (on	an accrual basis)				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees	<u> </u>	9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies		9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			
	(H) Total retention			9c(1	1)(H)	
	(2) Dividends or retroactive rate refunds. (These	amounts were 🗌 paid in o	cash, or 🔲 d	credited.)9c	(2)	
	d Status of policyholder reserves at end of year: (1)	Amount held to provide be	enefits after	retirement 9d	l(1)	
	(2) Claim reserves			9d	l(2)	
	(3) Other reserves			9d	l(3)	
	e Dividends or retroactive rate refunds due. (Do not	t include amount entered i	n line 9c(2) .)9	Эе	
10	Nonexperience-rated contracts:			<u> </u>		
	a Total premiums or subscription charges paid to ca	arrier			0a	
	b If the carrier, service, or other organization incurre retention of the contract or policy, other than report	, ,		•	0b	
	Specify nature of costs					

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

8 Benefit and contract type (check all applicable boxes)

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2000		and ending	12/31/2006			
A Name of plan CONEY ISLAND AVENUE INC PROFIT SHARING PLAN		B Three-digit plan number (F	PN) ▶	002		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identi	fication Number	er (EIN)		
CONEY ISLAND AVENUE INC		11-3210602				
Complete Schedule I if the plan covered fewer than 100 participants as of t small plan under the 80-120 participant rule (see instructions). Complete S				dule I if you are filing as a		
Part I Small Plan Financial Information						
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.						
1 Plan Assets and Liabilities:	(a) Be	ginning of Year		(b) End of Year		

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	208671	249490
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	208671	249490
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	40820	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		40820
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	2 f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		40820
	Transfers to (from) the plan (see instructions)	. 2I		

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Р	'age	2	-

Schedule I (Form 5500) 2013

			r			1			
				Yes	No			Amoun	t
3f	Loans	(other than to participants)	3f		X				
g	Tangib	le personal property	3g		Χ				
Pa	rt II	Compliance Questions							
4	Durir	ng the plan year:		Yes	No			Amour	nt
а	Was th	here a failure to transmit to the plan any participant contributions within the time period oped in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully sted. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			7	-
b	Were a	any loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the plant's account balance.	4b		X				
С	Were a	any leases to which the plan was a party in default or classified during the year as ectible?	4c		X				
d		here any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a.)	4d		X				
е	Was th	ne plan covered by a fidelity bond?	4e	X					25000
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	4f		X				
g		e plan hold any assets whose current value was neither readily determinable on an established a nor set by an independent third party appraiser?	4g		X				
h		e plan receive any noncash contributions whose value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4h		X				
i		e plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		X				
j		all the plan assets either distributed to participants or beneficiaries, transferred to another plan, ught under the control of the PBGC?	4j		X				
k	accour	u claiming a waiver of the annual examination and report of an independent qualified public ntant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ent. (See instructions on waiver eligibility and conditions.)	4k		X				
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X				
	If this i	s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X				
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X				
5a 5b	If "Yes	resolution to terminate the plan been adopted during the plan year or any prior plan year? s," enter the amount of any plan assets that reverted to the employer this yearring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideferred. (See instructions.)		s 🔀 N he plar		Amou which a		or liabilit	ies were
	5b(1)	Name of plan(s)			5b(2	e) EIN(s)		5b(3) PN(s)
5c	If the	plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?		Yes	No	Not	determined
Par	t III	Trust Information (optional)							
6a 1	Name c	f trust			6b Tr	ust's E	EIN		
					l				

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part		ication Information			
	endar plan year 2013 or fiscal plar				/2006
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or	
		X a single-employer plan;	∐ a DFE (s	pecify)	
		1 th a firmt water water	П., е.,		
B This	return/report is:	the first return/report;		return/report;	
0		an amended return/report;	-	lan year return/report (less	,
	plan is a collectively-bargained p				
D Chec	ck box if filing under:	Form 5558;	J	c extension;	X the DFVC program;
	A. (1)	special extension (enter des			
Part		ion—enter all requested informa	ation		
	ne of plan TISLAND AVENUE INC PROFIT	CHADING DI ANI		'	1b Three-digit plan number (PN) ▶ 002
CONL	IDEAND AVENUE INC PROFIT	SHAKING PLAN			1c Effective date of plan
					01/01/1991
2a Plai	n sponsor's name and address; in	clude room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identification
CONEY	ISLAND AVENUE INC				Number (EIN) 11-3210602
CONLI	IOD WAD AVEIVOE WO				2c Sponsor's telephone
					number
	NEY ISLAND AVE	720 CONE	EY ISLAND AVE		718-941-1111
BROOK	LYN, NY 11218	BROOKLY	/N, NY 11218		2d Business code (see instructions)
					238100
Caution	: A penalty for the late or incon	plete filing of this return/repor	t will be assessed	unless reasonable cause	is established.
Under pe	enalties of perjury analother pena	Ities set forth in the instructions. I	declare that I have	examined this return/report	including accompanying schedules
stateme	nts and attachments as well as the	e electronic version of this return	report, and to the b	est of my knowledge and be	elief, it is true, correct, and complete.
	Malla	UA	Marthu	Milan Mario	/
SIGN HERE	1/1/1/1/10	<u> </u>	4/24/14	Manpay	
	Signature of plan, administrate	o /	Date	Enter name of individual	signing as plan administrator
CICN	MM MM	j	11 halus	Alan NA	
SIGN HERE	Joen July		9/99/9	mangey	
	Signature of employer/plan s	oonsor	Date	Enter name of individual s	signing as employer or plan sponsor
SIGN					
HERE					
Droporor	Signature of DFE		Date	Enter name of individual	
Preparer	's name (including firm name, if a	pplicable) and address; include r	oom or suite number		Preparer's telephone number optional)
				,	

	Form 5500 (2013)	P	age 2					
3a	Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address					3b Administrator's EIN		
						ator's telephone		
					number			
4	If the name and/or EIN of the plan sponsor has changed since the last retu EIN and the plan number from the last return/report:	rn/report filed	for this	plan, enter the name,	4b EIN			
а	Sponsor's name				4c PN			
5	Total number of participants at the beginning of the plan year				5			
6	Number of participants as of the end of the plan year (welfare plans complete	ete only lines (6a, 6b,	6c, and 6d).				
а	Active participants				6a	-		
b	Retired or separated participants receiving benefits				6b	WAR 100 100 100 100 100 100 100 100 100 10		
С	Other retired or separated participants entitled to future benefits				6c	1		
d	Subtotal. Add lines 6a, 6b, and 6c.				6d			
е	Deceased participants whose beneficiaries are receiving or are entitled to re			•	6e	I I		
f	Total. Add lines 6d and 6e.				6f	3		
a						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
9	Number of participants with account balances as of the end of the plan year complete this item)		CONTI	oution plans	6g	3		
h	Number of participants that terminated employment during the plan year wit less than 100% vested	th accrued be	nefits th	nat were	6h	0		
7	Enter the total number of employers obligated to contribute to the plan (only	y multiemploye	er plans	complete this item)	7			
	If the plan provides pension benefits, enter the applicable pension feature c 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature co							
9a	Plan funding arrangement (check all that apply)	9b Plan b	enefit a	arrangement (check all tha	it apply)			
	(1) X Insurance	(1)	X	Insurance				
	(2) Code section 412(e)(3) insurance contracts	(2)	Ц	Code section 412(e)(3) i	insurance contra	ıcts		
	(3) X Trust	(3)	X	Trust				
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4)	whore	General assets of the sp		oo instructions)		
					Jei allacileu. (S	ee instructions)		
а	Pension Schedules	b Gene	ral Sch	edules				
	(1) R (Retirement Plan Information)	(1)		H (Financial Inform	nation)			
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	$\overline{\mathbf{x}}$	I (Financial Inform	ation – Small Pl	an)		
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X			,		
	actuary	(4)	H	C (Service Provide	•			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	H	D (DFE/Participatin	•	ion)		
	Information) - signed by the plan actuary	(6)	H	G (Financial Trans	=	•		

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the infe

OMB No. 1210-0110

2013

This Form is Open to Public

			ERISA section 103(a)(2).	morma	lion	Inspection
For calendar plan year 20)13 or fiscal pla			and en	iding 12/31/2006	
A Name of plan CONEY ISLAND AVENU	SHARING PLAN		B Thre	e-digit number (PN)	002	
		minguistics.				
C Plan sponsor's name a CONEY ISLAND AVENU		ne 2a of Form 5500		D Emplo 11-321	oyer Identification Number 10602	(EIN)
on a separa		ning Insurance Contract Individual contracts grouped as				
1 Coverage Information:			·			
(a) Name of insurance ca	ırrier					
PHOENIX HOME LIFE II	NS CO					
	(a) NAIC	(d) Contract or	(e) Approximate num	ber of	Policy or o	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at e policy or contract y	end of	(f) From	(g) To
06-0493340	67814	VARIOUS	3		01/01/2006	12/31/2006
2 Insurance fee and com descending order of the	mission inform amount paid.	nation. Enter the total fees and to	tal commissions paid. List	in line 3	the agents, brokers, and o	other persons in
(a) Total	amount of com			(b) To	otal amount of fees paid	
		0				0
3 Persons receiving com		fees. (Complete as many entries		······································		
	(a) Name	and address of the agent, broker,	, or other person to whom	commiss	ions or fees were paid	
(b) Amount of sales ar commissions pa			es and other commissions			(-) (
commissions pa	lu	(c) Amount	<u>(a</u>) Purpose	.	(e) Organization code
				MS-901-3888		
	(a) Name a	and address of the agent, broker,	or other person to whom	commiss	ions or fees were paid	
(b) Amount of sales ar	nd base	Fee	es and other commissions	paid		
commissions pai		(c) Amount	(d) Purpose	•	(e) Organization code
For Paperwork Reductio	n Act Notice a	and OMB Control Numbers, see	e the instructions for Fo	m 5500.	Sche	dule A (Form 5500) 2013

Schedule A (Form 5500) 2013	Page 2 - 1	
(a) N	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paic	1
			·
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) N	ame and address of the agent, bro	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ime and address of the agent, brok	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
(a) Na	me and address of the agent, brok	Ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

4 Cu	this report.	I		4	
	rrent value of plan's interest under this contract in the general account at year rrent value of plan's interest under this contract in separate accounts at year e				
	ntracts With Allocated Funds:	na		3	
a	State the basis of premium rates PER INS CO RATE BOOKS				
-	State the basic of promitin rates y				
b	Premiums paid to carrier			6b	
С	Premiums due but unpaid at the end of the year			6c	
d	If the carrier, service, or other organization incurred any specific costs in co			6d	
	retention of the contract or policy, enter amount.			<u> </u> • • • • • • • • • • • • • • • • • • •	
	Specify nature of costs				
е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	(3) other (specify)				
f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check he	ere 🕨 🗌		
7 Col	ntracts With Unallocated Funds (Do not include portions of these contracts ma				
а		ate participation gua			
	(3) guaranteed investment (4) other				
	(e) [] additional integrations (i) [] error i				
b	Balance at the end of the previous year			7b	
C	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	1			
	(3) Interest credited during the year				
	(4) Transferred from separate account				
	(5) Other (specify below)	7c(5)	· · · · · · · · · · · · · · · · · · ·		
		The state of the second and the seco			
	(6)Total additions			7c(6)	24 (1) M. 13 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
d	(6)Total additions			7c(6)	
	(6)Total additions			7c(6) 7d	
	Total of balance and additions (add lines 7b and 7c(6)).				
	Total of balance and additions (add lines 7b and 7c(6)) Deductions:	7e(1)			
	Total of balance and additions (add lines 7b and 7c(6)) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) . 7e(2)			
	Total of balance and additions (add lines 7b and 7c(6))	7e(1) 7e(2)			
	Total of balance and additions (add lines 7b and 7c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account.	7e(1) . 7e(2) . 7e(3)			
	Total of balance and additions (add lines 7b and 7c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account.	7e(1) . 7e(2) . 7e(3)			
	Total of balance and additions (add lines 7b and 7c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account.	7e(1) . 7e(2) . 7e(3)			
	Total of balance and additions (add lines 7b and 7c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account.	7e(1) . 7e(2) . 7e(3) . 7e(4)			

Schedule	Δ.	(Form	5500	201	3
Ochledule	\sim	(1 01111	JJUU.	<i>-</i> 201	v

Page 4

Part III Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting purpose the entire group of such individual contracts with	up of employees of the	are experience	e-rated as a unit. Where	contracts	loyee organizations(s), the scover individual employees,
8 Benefit and contract type (check all applicable boxes)					
a Health (other than dental or vision)	Dental	с	Vision		d Life insurance
e Temporary disability (accident and sickness)	Long-term disabili	ty g \Box	Supplemental unemploy	ment I	h Prescription drug
i Stop loss (large deductible)	HMO contract	, s⊟ k∏	PPO contract		I Indemnity contract
m Other (specify)		^ _	11 O contract		I I moenting contract
III Utilei (specify)					
9 Experience-rated contracts:					
a Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpaid					
(3) Increase (decrease) in unearned premium reser					
(4) Earned ((1) + (2) - (3))		<u> </u>		9a(4)	
b Benefit charges (1) Claims paid				34(4)	
(2) Increase (decrease) in claim reserves		· · · · · · · · · · · · · · · · · · ·			
(3) Incurred claims (add (1) and (2))				9b(3)	
(4) Claims charged				9b(4)	
C Remainder of premium: (1) Retention charges (on a		• • • • • • • • • • • • • • • • • • • •		30(4)	
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs		9c(1)(C)			
(D) Other expenses		9c(1)(D)			
(E) Taxes		9c(1)(E)			
(F) Charges for risks or other contingencies		9c(1)(F)			
(G) Other retention charges	1	9c(1)(G)			
(H) Total retention	,		90	:(1)(H)	ARRON CONTROL
(2) Dividends or retroactive rate refunds. (These ar				9c(2)	
d Status of policyholder reserves at end of year: (1) A				9d(1)	
(2) Claim reserves	•		 	9d(2)	
(3) Other reserves				9d(3)	
e Dividends or retroactive rate refunds due. (Do not i				9e	
10 Nonexperience-rated contracts:			,		
a Total premiums or subscription charges paid to carr	ier		F	10a	CENTRAL
b If the carrier, service, or other organization incurred				100	
retention of the contract or policy, other than reporte	ed in Part I, line 2 above	e, report amo	unt	10b	
Specify nature of costs •		•	L	•	
Part IV Provision of Information					
11 Did the insurance company fail to provide any informati	on necessary to comple	ete Schedule	A? Yes	3	No
12 If the answer to line 11 is "Yes," specify the information	not provided.				

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2006	and ending 12/31/2006
A Name of plan CONEY ISLAND AVENUE INC PROFIT SHARING PLAN	B Three-digit 002
C Plan sponsor's name as shown on line 2a of Form 5500 CONEY ISLAND AVENUE INC	D Employer Identification Number (EIN) 11-3210602

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1115	urance carriers. Round off amounts to the hearest dollar.			
1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	208671	249490
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	208671	249490
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	40820	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		40820
е	Benefits paid (including direct rollovers)	2e		
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		40820
ı	Transfers to (from) the plan (see instructions)	21		
2				

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		Х	
b	Employer real property	3b		Х	
	Real estate (other than employer real property)	1		Х	
d	Employer securities	3d		Х	
	Participant loans	3e		Х	

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			Yes	No	1	Amount
3f	Loans (other than to participants)	3f		Х		
g	Tangible personal property	3g		Х		
P	art II Compliance Questions			***************************************		***************************************
4	During the plan year:		Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		x		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		Х		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		х	1255555555	
е	Was the plan covered by a fidelity bond?	4e	Х			25000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		х		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		х		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		х		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		Х		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		x		
l	Has the plan failed to provide any benefit when due under the plan?	41		Х		
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		х		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s 🛛 N	o A	Amount:	
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which ass transferred. (See instructions.)						liabilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)
CONTRACTOR OF THE PARTY OF THE	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ction 4	4021)?		Yes No [Not determined
Pari			——			
Sa Name of trust				6b Tru	ıst's EIN	