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

Pensic	in Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identif						
For caler	ndar plan year 2013 or fiscal pla			and ending 12/31/2	2007		
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or			
		x a single-employer plan;	a DFE (specify)			
B This	return/report is:	the first return/report;	the final	return/report;			
		an amended return/report;	a short	olan year return/report (less ti	nan 12 mo	onths).	
C If the	plan is a collectively-bargained	plan, check here				→ □	
	k box if filing under:	Form 5558;		ic extension;	_	е DFVC program;	
	special extension (enter description)						
Part	I Basic Plan Informa	ation—enter all requested informa	ation				
1a Nam	ne of plan	'			1b	Three-digit plan	002
CONEY	ISLAND AVENUE INC PROFIT	SHARING PLAN			10	number (PN) ▶	
						Effective date of pla 01/01/1991	
	sponsor's name and address; i	include room or suite number (emp	oloyer, if for a single	e-employer plan)	2b	Employer Identifica Number (EIN) 11-3210602	ition
SOMETIOE WE AVENUE INC					2c	Sponsor's telephon number 718-941-1111	
	NEY ISLAND AVE LYN, NY 11218		EY ISLAND AVE		2d	Business code (see	
BROOKI	_YN, NY 11218	BROOKLY	YN, NY 11218	instructions) 238100			
Caution	A penalty for the late or inco	omplete filing of this return/repor	t will be assessed	unless reasonable cause i	s establis	shed.	
		nalties set forth in the instructions, I the electronic version of this return					
SIGN HERE	Filed with authorized/valid elec	tronic signature.	05/08/2014	ALAN DALY			
	Signature of plan administra	ator	Date	Enter name of individual s	igning as	plan administrator	
SIGN HERE							
TILKE	Signature of employer/plan	sponsor	Date	Enter name of individual s	idual signing as employer or plan sponsor		
SIGN HERE							
HEKE	Signature of DFE		Date	Enter name of individual s	igning as	DFE	
Preparer	's name (including firm name, if	f applicable) and address; include r	oom or suite numb		eparer's f ptional)	telephone number	

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).	mation		Inspection	
For calendar plan year 20	13 or fiscal pla	n year beginning 01/01/2007	an	d ending 12/31	1/2007		
A Name of plan CONEY ISLAND AVENUE	E INC PROFIT	SHARING PLAN		hree-digit plan number (PN)	•	002	
C Plan sponsor's name a CONEY ISLAND AVENUE		ne 2a of Form 5500		mployer Identificati -3210602	on Number (EIN)	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
PHOENIX HOME LIFE IN	NS CO						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		Policy or co		
(b) EIN	code	identification number	policy or contract year	(f) F	rom	(g) To	
06-0493340	67814	VARIOUS	3	01/01/2007	٠	12/31/2007	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List in lin	e 3 the agents, br	okers, and ot	ther persons in	
(a) Total a	amount of com		(k) Total amount of	fees paid		
		0				0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all person	s).			
	(a) Name	and address of the agent, broke	r, or other person to whom comr	missions or fees w	ere paid		
	1					T	
(b) Amount of sales ar			ees and other commissions paid				
commissions pa	Id	(c) Amount	(d) Purpose			(e) Organization code	
	(a) Name	and address of the agent, broke	r, or other person to whom comr	missions or fees w	ere paid		
(b) Amount of sales ar	nd base		ees and other commissions paid				
commissions pa	id	(c) Amount	(d) Pur	pose		(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) / tinodin	(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 sales 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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contra	octs 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)			
		>				
		(F) Total doductions			7e(5)	
	f	(5) Total deductions				
	- 1	Datable at the end of the current year (Subtract line 1e(3) from line 1d)		•••••	/ 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	ı(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

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 01/01/200	and ending 12/	/31/2007				
A Name of plan CONEY ISLAND AVENUE INC PROFIT SHARING PLAN	B Three-digit plan number (PN)	002				
		•				
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification	ion Number (EIN)				
CONEY ISLAND AVENUE INC	11-3210602					
Complete Schedule I if the plan covered fewer than 100 participants as of small plan under the 80-120 participant rule (see instructions). Complete S		olete Schedule 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 plant 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/fror insurance carriers. Round off amounts to the nearest dollar.						
1 Plan Assets and Liabilities:	(a) Beginning of Year	(b) End of Year				

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	249490	277035
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	249490	277035
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	15000	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	12545	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		27545
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		27545
	Transfers to (from) the plan (see instructions)	. 2I		

3 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		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	art II	Compliance Questions							
4	Durir	ng the plan year:		Yes	No			Amoui	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	e 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				
m	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 "Ye:	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		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)?	П	Yes	No	Not	determined
Par		Trust Information (optional)		,	Ц		<u> П</u>	<u> </u>	
_	Name c	`` '			6b Tr	ust's E	ΞIN		

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

						inspection	
Part		ication Information					
_	endar plan year 2013 or fiscal plar				/2007		
A This	return/report is for:	a multiemployer plan;	∐ a multip	le-employer plan; or			
		a single-employer plan;	∐ a DFE (s	specify)			
B This	return/report is:	the first return/report;	the final	return/report;			
	•	an amended return/report;	a short p	plan year return/report (less	than 12 m	onths).	
C If the	e plan is a collectively-bargained p	plan, check here	_			▶ □	
	ck box if filing under:	Form 5558;	,,,,,	ic extension;	_	ப e DFVC program;	
	·	special extension (enter des	<u></u>	·	ш		
Part	II Basic Plan Informat	ion—enter all requested inform					
	me of plan				1b	Three-digit plan	T
CONE	'ISLAND AVENUE INC PROFIT	SHARING PLAN			į	number (PN) ▶	002
					1c	Effective date of pi	an
	n sponsor's name and address; in ' ISLAND AVENUE INC	nclude room or suite number (em	ployer, if for a single	-employer plan)	2b	Employer Identifica Number (EIN) 11-3210602	ation
					2c	Sponsor's telephor number 718-941-111	
	720 CONEY ISLAND AVE BROOKLYN, NY 11218 720 CONEY ISLAND AVE BROOKLYN, NY 11218 BROOKLYN, NY 11218				2d Business code (see instructions) 238100		
Under p	: A penalty for the late or incomenalties of perjury and other penalties and attachments, as well as the	Ities set forth in the instructions.	I declare that I have	examined this return/report	including	accompanying sche	dules,
SIGN	Marild	1	uhylly	Alua No	11		•
HERE			-1/ // /	1/10/1/1901	7		
	Signature of plan administrate	or //	Date	Enter name of individual	signing as	plan administrator	
SIGN	JM DA	1	4/24/19	Alan L	11/9		
HERE	Signature of employer/plan sp	onsor	Date	Enter name of individual	signing as	emplover or plan sp	onsor
						· · · · · · · · · · · · · · · · · · ·	
SIGN HERE							
	Signature of DFE		Date	Enter name of individual s	signing as	DFE	
Preparer	's name (including firm name, if a	pplicable) and address; include r	oom or suite numbe	r. (optional)		elephone number	

	Form 5500 (2013)	Page	2		
3a	Plan administrator's name and address Same as Plan Sponsor Name	Same as Plan	Sponsor Address	3b Ad	ministrator's EIN
					ministrator's telephone mber

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 EI	N
а	Sponsor's name			4c PN	l
5	Total number of participants at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5	3
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	2
b	Retired or separated participants receiving benefits			. 6b	
C	Other retired or separated participants entitled to future benefits			. 6c	1
d	Subtotal. Add lines 6a, 6b, and 6c.			. 6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to	receive benefits		6e	
f	Total. Add lines 6d and 6e.			. 6f	3
g	Number of participants with account balances as of the end of the plan year complete this item)			. 6g	3
h	Number of participants that terminated employment during the plan year w less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (onli				
8a	If the plan provides pension benefits, enter the applicable pension feature α 2E $_{\odot}$ 3D	codes from the Li	st of Plan Characteristics Coc	les in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature co	odes from the List	t of Plan Characteristics Code	s in the i	nstructions:
9a	Plan funding arrangement (check all that apply)	9b Plan ben	efit arrangement (check all th	at apply)	
	(1) X Insurance	(1)	X Insurance		
	Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)	insuranc	e contracts
	(3) X Trust	(3)	X Trust		
10	(4) General assets of the sponsor	(4)	General assets of the s	•	had (Can instructions)
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	attached, and, w	nere indicated, enter the num	ber allac	ned. (See instructions)
а	Pension Schedules	b General	Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform	nation -	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X _1 A (Insurance Info		· · · · · · · · · · · · · · · · · · ·
	actuary	(4)	C (Service Provid		ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participal	ing Plan	Information)
***************************************	Information) - signed by the plan actuary	(6)	G (Financial Tran	saction S	ichedules)

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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007									
A Name of plan CONEY ISLAND AVENUI		B Three-digit plan number (PN) 002							
C Plan sponsor's name as shown on line 2a of Form 5500 CONEY ISLAND AVENUE INC D Employer Identification Number (Ell 11-3210602						•			
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:									
(a) Name of insurance ca									
PHOENIX HOME LIFE IN	NS CO								
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate n		Po	licy or co	contract year		
(D) CIIY	code	identification number	persons covered a		(f) From		(g) To		
06-0493340	67814	VARIOUS		3	01/01/2007		12/31/2007		
2 Insurance fee and com descending order of the	mission infom amount paid	nation. Enter the total fees and	total commissions paid. L	ist in line 3	the agents, broker	s, and of	ther persons in		
(a) Total a	amount of con	nmissions paid		(b) To	otal amount of fees	paid			
		()				0		
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).					
	(a) Name	and address of the agent, brok	er, or other person to who	m commiss	ions or fees were p	oaid			
	······								
(b) Amount of sales ar			ees and other commissions paid				(a) One of a first		
commissions paid (c) Amount (d) Purpose (e) Organization code					(e) Organization code				
	(a) Name	and address of the agent, brok	er, or other person to who	m commiss	ions or fees were p	oaid			
(b) Amount of sales and base Fees and other commissions paid									
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code		

Schedule A (Form 5500) 2	013	Page 2 - 1	
(a) Nam	e and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
communication para	(o) / inoun	(u) i uipose	code
(a) Nam	e and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base	(-) \ \	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Namo	e and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(2) Commission is
commissions paid	(c) Amount	(d) Purpose	(e) Organizatior code
(a) Name	e and address of the agent, I	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

P	Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each c				av he treated as a u	nit for numbers of
		this report.				mit for purposes of
4	Cu	rent value of plan's interest under this contract in the general account at yea	r end		4	
5	Cu	rent value of plan's interest under this contract in separate accounts at year	end	***************************************	5	
b		ntracts With Allocated Funds:				
	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 contention of the contract or policy and a process of the contract or policy and a process of the contract of the contract or policy and a process of the contract of the contra	onnection wit	h the acquisition or	6d	
		retention of the contract or policy, enter amount		• • • • • • • • • • • • • • • • • • • •	··LL	
		openly flature of costs				
	е	Type of contract: (1) individual addition (2)				
	C	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a term	inating plan, o	check here		
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts m				
	а			ion guarantee		
		(3) guaranteed investment (4) other		•		
		(o) Gallanteed investment (4) Galler				
	b	Balance at the end of the provious year				
	c	Balance at the end of the previous year		***************************************	. 7b	····
	Ŭ	(2) Dividends and credits				
		(3) Interest credited during the year				
		(5) Other (specify below)				
		b	7c(5)			
	ı.	(6)Total additions		•••••		
		Total of balance and additions (add lines 7b and 7c(6)).	·····		. 7d	
	е	Deductions:		***************************************		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account		- m-constant		
		(4) Other (specify below)	. 7e(4)			
		>				
		(5) Total deductions	L		7e(5)	***************************************
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		***************************************	76(3)	
		, (******************************		

Schedule A	A (Form	5500	2013
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P	а	a	е	4

Part	Welfare Benefit Contract Information If more than one contract covers the same group of information may be combined for reporting purposes the entire group of such individual contracts with each	if such contracts	are experie	ence	e-rated as a unit. Wh	ere contracts	loyee organizations(s), the scover individual employees,
8 Be	nefit and contract type (check all applicable boxes)						
а	Health (other than dental or vision) b	Dental	С	: [Vision	(d Life insurance
е	Temporary disability (accident and sickness) f	Long-term disabilit	у д	ıП	Supplemental unemp	oloyment I	h Prescription drug
i		HMO contract	_		PPO contract	•	Indemnity contract
m				Ц			
						· · · · · · · · · · · · · · · · · · ·	
-	perience-rated contracts:	r					
а	Premiums: (1) Amount received		9a(1)		**************************************		
	(2) Increase (decrease) in amount due but unpaid		9a(2)	_			
	(3) Increase (decrease) in unearned premium reserve	ı.				·	
	(4) Earned ((1) + (2) - (3))			·····		9a(4)	
b	0 ()	*			W-1-1-		
	(2) Increase (decrease) in claim reserves	•		丄		T	
	(3) Incurred claims (add (1) and (2))					9b(3)	
	(4) Claims charged		•••••		•••••	9b(4)	
С	Remainder of premium: (1) Retention charges (on an ac						
	(A) Commissions	- F	9c(1)(A)		······································		_
	(B) Administrative service or other fees	F	9c(1)(B)				
	(C) Other specific acquisition costs	F -	9c(1)(C)				
	(D) Other expenses	ł-	9c(1)(D)				
	(E) Taxes	<u> </u>	9c(1)(E)				
	(F) Charges for risks or other contingencies		9C(1)(F))			•
	(G) Other retention charges						
	(H) Total retention					9c(1)(H)	
_	(2) Dividends or retroactive rate refunds. (These amoun	ts were paid in	cash, or	cr	edited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount	nt held to provide b	penefits aft	ter r	etirement	9d(1)	
	(2) Claim reserves					9d(2)	
	(3) Other reserves					9d(3)	
<u>e</u>	Dividends or retroactive rate refunds due. (Do not include	le amount entered	in line 9c((2) .)		9e	
	onexperience-rated contracts:						
а	Total premiums or subscription charges paid to carrier					10a	
b	If the carrier, service, or other organization incurred any retention of the contract or policy, other than reported in					10b	
S	pecify nature of costs	anti, iirie z above	s, report ai	HIOU		100	
O _i	becily flature of costs						
Part I	V Provision of Information						
11 Di	d the insurance company fail to provide any information ne	ecessary to comple	te Schedu	ule A	Λ?	Yes	No
	he answer to line 11 is "Yes," specify the information not p					L	
: am	no another to mile it is ites, specify the information not p	noviucu. F					

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

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

Total Control Control	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2007	and ending 12/31/2007
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.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	249490	277035
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	249490	277035
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	15000	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	12545	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		27545
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		27545
i	Transfers to (from) the plan (see instructions)	21		

3 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
a	Partnership/joint venture interests	3a		Х	
b	Employer real property	3b		X	
C	Real estate (other than employer real property)			Х	
d	Employer securities			Х	
е	Participant loans	3e		Х	

Page	2 -	Г
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Schedule I (Form 5500) 2013

			Yes	No		Amour	nt
3f	Loans (other than to participants)	3f		Χ			
g	Tangible personal property	3g		Х			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amou	nt
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		×			
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		×			
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			
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		X			
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		X			
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		X			
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		X		****	
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			
i	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х			
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		×			
5a			s 🛛 N		Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify 1	he plar			s or liabilit	1
	5b(1) Name of plan(s)	-	5b(2) EIN(s)			5b(3) PN(s)	

	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?	· []	Yes No	Not	t determined
	t III Trust Information (optional)			6h ⊤-	ust's EIN		
6a Name of trust				ון עט	ust s Eliv		