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

Pensio	on Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identif						
For cale	ndar plan year 2013 or fiscal pla			and ending 12/31/2	2008		
A This	return/report is for:	a multiemployer plan;	a multip	tiple-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;		olan year return/report (less th			
		plan, check here	_		_	L	
D Chec	k box if filing under:	Form 5558;		ic extension;	X the	e DFVC program;	
_		special extension (enter desc	. ,				
Part		ation—enter all requested informa	ation		141		
	ne of plan ISLAND AVENUE INC PROFIT	CSHARING PLAN			16	Three-digit plan number (PN) ▶	002
CONLI	TOLAND AVENUE INOT KOTT	OHARINO I LAIV			1c	Effective date of pla	an
						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	tion
001121	ion in province in c				2c	2c Sponsor's telephone number	
720 CO	NEY ISLAND AVE	720 CONF	EY ISLAND AVE			718-941-1111	
	LYN, NY 11218		N, NY 11218 2d Business code instructions) 238100			,	Э
Caution	: A penalty for the late or inco	omplete filing of this return/repor	t will be assessed	unless reasonable cause is	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			
TILIXL	Signature of plan administra	ator	Date	Enter name of individual s	igning as	plan administrator	
SIGN							
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual s	igning as	employer or plan sp	onsor
SIGN							
HERE	Signature of DFE		Date	Enter name of individual s	igning as	DFE	
Preparei	's name (including firm name, if	f applicable) and address; include r	oom or suite numb	er. (optional)		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.

OMB No. 1210-0110

2013

This Form is Open to Public

For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 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 CONEY ISLAND AVENUE INC D Employer Identification Number (EIN) 11-3210602			o ERISA section 103(a)(2).	e imormation	1	Inspection			
CONEY ISLAND AVENUE INC PROFIT SHARING PLAN plan number (PN) D Employer Identification Number (EIN)	For calendar plan year 2013 or fisc	For calendar plan year 2013 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008							
					•	002			
						lumber (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:	1 Coverage Information:								
(a) Name of insurance carrier PHOENIX HOME LIFE INS CO	•								
(a) NAIC (d) Contract or (e) Approximate number of Policy or contract year	FIIOLINIA HOME LIFE INS CO		(a) Approximate pur	mbor of	Poli	icy or contract year			
(b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To	(b) FIN ' '		persons covered at	end of					
06-0493340 67814 VARIOUS 3 01/01/2008 12/31/2008	06-0493340 67814	VARIOUS		3	01/01/2008	12/31/2008			
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.			total commissions paid. Lis	st in line 3 the	e agents, brokers	s, and other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid				(b) Total	amount of fees	paid			
0		0				(0		
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	3 Persons receiving commissions	and fees. (Complete as many entri-	es as needed to report all p	ersons).					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	(a) N	me and address of the agent, broke	er, or other person to whom	commission	s or fees were p	paid			
(b) Amount of sales and base Fees and other commissions paid	(b) Amount of sales and base	F	ees and other commission	s paid					
		(c) Amount	(d) Purpose			(e) Organization code	9		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(b) Amount of sales and base Fees and other commissions paid									
commissions paid (c) Amount (d) Purpose (e) Organization con	commissions paid	(c) Amount	(d) Purpose		(e) Organization code	Э		

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, profit	.,				
		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) Name and address of the agent, broker, or other person to whom commissions or fees were 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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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 ⊨	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration 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	8 and ending 12/31/	2008					
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	Number (EIN)					
CONEY ISLAND AVENUE INC	11-3210602	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					

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	277035	227926
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	277035	227926
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	-49109	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-49109
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		-49109
	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	

Ρ	age	e 2	-

Schedule I (Form 5500) 2013

			Ì	Yes	No		lan a rint
2f	Loone (other than to participants)	24	res	No X		Amount
		e personal propertye	3f				
g —	Tangibi	e personal property	3g		X		
Pa	art II	Compliance Questions					
4	Durin	g the plan year:		Yes	No	,	Amount
а	describ	ere a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ed. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	year or	ny 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 ant's account balance.	4b		X		
С	Were a	ny leases to which the plan was a party in default or classified during the year as ctible?	4c		X		
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions d on line 4a.)	4d		X		
е	Was the	e plan covered by a fidelity bond?	4e		Χ		
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		X		
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X		
h		plan receive any noncash contributions whose value was neither readily determinable on an hed market nor set by an independent third party appraiser?	4h		X		
i		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		If the plan assets either distributed to participants or beneficiaries, transferred to another plan, and the control of the PBGC?	4j		X		
k	account	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ont. (See instructions on waiver eligibility and conditions.)	4k		X		
ı		plan failed to provide any benefit when due under the plan?	41		X		
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X		
n	If 4m w	as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a 5b	If "Yes If, duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide		es 🔀 N he plar		Amount: hich assets or	liabilities were
		erred. (See instructions.)			Eb/2\	EIN(a)	5b/2) DN(a)
	3D(1)	Name of plan(s)			JU(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)?	П	Yes No	Not determined
	rt III	Trust Information (optional)		,	<u> </u>	<u> </u>	
	Name of				6b Tru	ust's EIN	

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								
For cal	endar plan year 2013 or fiscal pla			and ending 12/31/	2008			
A This	s return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or				
		a single-employer plan;	a DFE (s	specify)				
			housed					
B This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/report;	a short p	olan year return/report (less t	nan 12 months).			
C If the	e plan is a collectively-bargained	plan, check here			П			
_	ck box if filing under:	Form 5558;		c extension;	X the DFVC program;			
	ū	special extension (enter des			program,			
Part	II Basic Plan Informa	ation—enter all requested inform						
	me of plan	istori cinci di requested intomi	auon		1b Three-digit plan			
CONE	Y ISLAND AVENUE INC PROFIT	SHARING PLAN			number (PN) ▶ 002			
					1c Effective date of plan 01/01/1991			
. 2a Pla	n sponsor's name and address; i	include room or suite number (em	ployer, if for a single	employer plan)	2b Employer Identification			
CONE	Y ISLAND AVENUE INC				Number (EIN) 11-3210602			
OOIVE	TIOCHIND AVEINGE ING	· ·						
					2c Sponsor's telephone number			
	NEY ISLAND AVE	720 CONEY ISLAND AVE			718-941-1111 2d Business code (see			
BROOK	KLYN, NY 11218		BROOKLYN, NY 11218					
					238100			
Caution	n: A penalty for the late or inco	mplete filing of this return/repo	rt will be assessed	unless reasonable cause is	s established.			
Under p stateme	enalties of perjury and other pen nts and attachments, as well as	alties set forth in the instructions, the electronic version of this return	I declare that I have n/report, and to the b	examined this return/report, est of my knowledge and bel	including accompanying schedules, lief, it is true, correct, and complete.			
	MAA VI	NAA	Marily	Alex Oak	4			
SIGN	1/1/1/1/	W	4/21/14	ISTAN DOTT				
HERE	Signature of plan administra	tori	Date	Enter name of individual si	gning as plan administrator			
	11/11/1	11 111	allowhile	11/1/11	1.1.			
SIGN	1720014	100 912419 14101 2			1014			
HERE	Signature of employer/plan s	sponsor	Date	Enter name of individual si	gring as employer or plan sponsor			
SIGN								
HERE	Signature of DFE	Signature of DFE Date Enter name of individual sign						
Preparei	r's name (including firm name, if	applicable) and address; include r	room or suite numbe	r. (optional) Pr	eparer's telephone number			
				(O	ptional)			

	Form	n 5500 (2013)		Pa	ige 2			
3a	Plan admir	nistrator's name and address XSame as Plan Sponsor Name	San	ne as Pl	an Spo	onsor Address	3b A	dministrator's EIN
							3c A	dministrator's telephone
							n	umber
4	If the name	e and/or EIN of the plan sponsor has changed since the last retule le plan number from the last return/report:	n/rep	ort filed	or this	s plan, enter the name,	4b E	IN
а		•					4c P	N
5	Total numb	per of participants at the beginning of the plan year					5	
6	Number of	participants as of the end of the plan year (welfare plans comple	te onl	y lines 6	a, 6b,	6c, and 6d).		
а	Active parti	icipants					6a	
b	Retired or s	separated participants receiving benefits			• • • • • • • • • • • • • • • • • • • •	•••••	6b	
С	Other retire	ed or separated participants entitled to future benefits					6с	
d	Subtotal. A	Add lines 6a, 6b , and 6c					6d	
е	Deceased p	participants whose beneficiaries are receiving or are entitled to re	eceive	benefit	3		6e	
f	Total. Add	lines 6d and 6e.					6f	3
g	Number of p	participants with account balances as of the end of the plan year	(only	defined	contri	bution plans	6g	
h	Number of p	participants that terminated employment during the plan year wit	h acci	ued ber	nefits tl	hat were		
7	Enter the to	00% vestedotal number of employers obligated to contribute to the plan (only	multi	employe	r plans	s complete this item)	6h	
8a	If the plan p	provides pension benefits, enter the applicable pension feature c					, -	instructions:
	2E 3D							
b	If the plan p	provides welfare benefits, enter the applicable welfare feature co	des fro	om the L	ist of F	Plan Characteristics Co	des in the	instructions:
9a		g arrangement (check all that apply)	9b	Plan b	enefit :	arrangement (check all	that apply)
	(1) X	Insurance		(1)	X	Insurance	· · · ·	
	(2) (3) X	Code section 412(e)(3) insurance contracts Trust		(2)	X	Code section 412(e)	(3) insuran	ce contracts
	(4)	General assets of the sponsor		(3) (4)	뷔	Trust General assets of the		
10		pplicable boxes in 10a and 10b to indicate which schedules are a	attach		where	V		ched. (See instructions)
	Pension Sc							,
u	(1)	R (Retirement Plan Information)	Ŋ		ai oci	hedules		
	·-/ 📋			(1)		H (Financial Int	formation)	
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Inf	ormation –	Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan		(3)	×	1 A (Insurance Ir	formation)	
		actuary		(4)		C (Service Pro	vider Inforn	nation)
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Particip	oating Plan	Information)
	_	Information) - signed by the plan actuary		(6)	П	G (Financial Tr	ansaction S	Schedules)

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

		pursuant to E	RISA section 103(a)(2).	on man on		Inspection	
For calendar plan year	2013 or fiscal pla	n year beginning 01/01/2008	а	nd ending 1	2/31/2008		
A Name of plan CONEY ISLAND AVEN	NUE INC PROFIT	SHARING PLAN	В	Three-digit plan number (l	PN) 🕨	002	
C Plan sponsor's nam CONEY ISLAND AVEN	ne as shown on lin NUE INC	e 2a of Form 5500		Employer Identif 1-3210602	ication Numbe	r (EIN)	
Part I Informa	ation Concern arate Schedule A.	ing Insurance Contract (Individual contracts grouped as	Coverage, Fees, and Cause of the control of the con	ommission e reported on a	S Provide info	rmation for each contract le A.	
1 Coverage Information	on:						
(a) Name of insurance							
	(-) NAIG	(0.0-1-1	(e) Approximate number	of	Policy or	contract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end policy or contract year	of	f) From	(g) To	
06-0493340	67814	VARIOUS	3	3 01/01/2008		12/31/2008	
descending order of	the amount paid.	ation. Enter the total fees and total				other persons in	
(a) lot	al amount of comr	missions paid 0		b) Total amoun	t of fees paid	0	
Persons receiving co		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker,	or other person to whom com	imissions or fee	s were paid		
(b) Amount of sales	and base	Fee	s and other commissions paid	<u> </u>			
commissions	1	(c) Amount	(d) Purpose			(e) Organization code	
	(a) Name ar	nd address of the agent, broker,	or other person to whom com	missions or fee	s were paid		
(b) Amount of sales	and base	Fees	s and other commissions paid	l			
commissions p		(c) Amount	(d) Pu	rpose		(e) Organization code	
or Paperwork Reduct	ion Act Notice ar	nd OMB Control Numbers, see	the instructions for Form 5	500.	Sch	 edule A (Form 5500) 2013	

Schedule A (Form 550	0) 2013	Page 2 - 1	
(a) N	lame and address of the agent,	broker, or other person to whom commissions or fees were pa	id
(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,	broker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent. I	proker, or other person to whom commissions or fees were pai	iri
(b) Amount of sales and base commissions paid	(c) Amount	(e) Organization code	
(a) Na	ame and address of the agent, b	oroker, or other person to whom commissions or fees were pai	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
,	(G) / WHO SAIR	(a) i uipose	Code
(a) Na	ime and address of the agent in	proker, or other person to whom commissions or fees were pai	d
(2)	mie und address of the agent, b	noker, or other person to whom commissions or lees were par	u
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part	Where individual contracts are provided, the entire group of such individual	vidual contracts with each carrie	r may be treated as a unit f	or purposes of
4 Cur	this report.			
5 Cur	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	r end	4	
6 Cor	ntracts With Allocated Funds:	enu	3	
а	State the basis of premium rates PER INS CO RATE BOOKS			
	, , , , , , , , , , , , , , , , , , ,	,		
b	Premiums paid to carrier		6b	C
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	onnection with the acquisition or	64	
	retention of the contract or policy, enter amount.		du	
	Specify nature of costs			
е	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 termin	nating plan, check here		
7 Con	ntracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
а	F1	ate participation guarantee		
	(3) guaranteed investment (4) other	•		
	(,,) 3			
b	Balance at the end of the previous year		7b	
С	Additions: (1) Contributions deposited during the year			
	(2) Dividends and credits			
	(3) Interest credited during the year			
	(4) Transferred from separate account			
	(5) Other (specify below)			
)			
	(6)Total additions		7c(6)	
d	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)		
	(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	Balance at the end of the current year (subtract line 7e(5) from line 7d)		76(0)	

Page 4

F	art l						
		If more than one contract covers the same ginformation may be combined for reporting p the entire group of such individual contracts.	urposes if such contracts	are experienc	e-rated as a unit. Wh	ere contract	oloyee organizations(s), the s cover individual employees,
8	Ber	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	сП	Vision		d Life insurance
	e	Temporary disability (accident and sickness)	f ☐ Long-term disabili		Supplemental unem	nlovment	h Prescription drug
	i [Stop loss (large deductible)	. 🖯			pioyment	
	• [······································	j	k 📗	PPO contract		I Indemnity contract
	m	Other (specify)					
- q	Evn	erience-rated contracts:				Annual manner of many	
Ĭ		Premiums: (1) Amount received		9a(1)		***************************************	\dashv
	-	(2) Increase (decrease) in amount due but unpaid					\dashv
		(3) Increase (decrease) in unearned premium res					1
		(4) Earned ((1) + (2) - (3))		<u> </u>		9a(4)	12597 or 4 12 14 14 14 15 15 14 14 14 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	b	Benefit charges (1) Claims paid				04(4)	
		(2) Increase (decrease) in claim reserves					1
		(3) Incurred claims (add (1) and (2))				9b(3)	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		(4) Claims charged				9b(4)	
	Ç`	C Remainder of premium: (1) Retention charges (on an accrual basis)					
		(A) Commissions	•	9c(1)(A)			1
		(B) Administrative service or other fees	***************************************				1
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			1
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies					
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid ir	cash, or 🗌 c	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2) .)	9e	
1	0 No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	
		If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	unt	10b	
	Sp	ecify nature of costs					
					,		
P	art IV	Provision of Information					
1		the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	No
	-	ne answer to line 11 is "Yes," specify the informati					
• •	_ // //		providou.				

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A Name of plan

d

For calendar plan year 2013 or fiscal plan year beginning

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.

01/01/2008

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

000

12/31/2008

and ending

Three-digit

Yes

3a

3d

No

Х

Х

Х

X

В

JUI	NEY ISLAND AVENUE INC PROFIT SHARING PLAN		plan number (PN)	b 002
	Plan sponsor's name as shown on line 2a of Form 5500 NEY ISLAND AVENUE INC		D Employer Identification 11-3210602	Number (EIN)
Co	mplete Schedule I if the plan covered fewer than 100 participants as of all plan under the 80-120 participant rule (see instructions). Complete s	the beginn	ning of the plan year. You may also complete	e Schedule I if you are filing as a
	art I Small Plan Financial Information	ochedule i	Threporting as a large plant of Dr L.	
Re ass ber ins	port below the current value of assets and liabilities, income, expens sets held in more than one trust. Do not enter the value of the portion nefit at a future date. Include all income and expenses of the plan incurance carriers. Round off amounts to the nearest dollar.	of an insu	rance contract that guarantees during this	plan year to pay a specific dollar
1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	277035	227926
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	277035	227926
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	-49109	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		-49109
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		-49109
1	Transfers to (from) the plan (see instructions)	21		1///////
3	Specific Assets: If the plan held assets at anytime during the plan year remaining in the plan as of the end of the plan year. Allocate the value of by-line basis unless the trust meets one of the specific exceptions described.	the plan's	interest in a commingled trust containing the a	er the current value of any assets assets of more than one plan on a line-

Partnership/joint venture interests

Real estate (other than employer real property).....

Employer securities

Employer real property

Amount

			Yes	No			Amou	nt
3f	Loans (other than to participants)	3f		Х			******	***************************************
g	Tangible personal property	3g		х				
P	art II Compliance Questions							7
4	During the plan year:		Yes	No			Amou	ınt
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	is said	x				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x				
е	Was the plan covered by a fidelity bond?	4e		Х	1			
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		×				
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		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		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				
l	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		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 XN	lo	Amou	nt:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)				which	assets (or liabilit	ties were
	5b(1) Name of plan(s)			5b(2	!) EIN(s)		5b(3) PN(s)
		ļ						
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ction 4	1021)?		Yes	No	☐ Not	t determined
	lame of trust		ī	Gh =				
ra I	idilio di liual			() (10	ust's [ziN		