## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		<u> </u>	L_	<ul> <li>Complete all entries in</li> </ul>	accordar	nce with the instruc	ctions to the Form 5	000-5F.	1			
Par	t I	<b>Annual Report I</b>	lde	ntification Informatio	n							
For ca	alendar	r plan year 2013 or fis	cal	plan year beginning 01/0	01/2009		and ending	12/31/	2009			
A Th	nis retui	rn/report is for:	X	a single-employer plan	a	a multiple-employer plan (not multiemployer) a one-participant plan						
B Th	nis retui	rn/report is:		the first return/report	th	e final return/report						
				an amended return/report	as	short plan year returr	n/report (less than 12	months	)			
<b>C</b> C	C Check box if filing under: Form 5558 automatic extension							X DFVC program				
special extension (enter description)												
Par	t II	Basic Plan Info	rma	ation—enter all requested	informatio	on						
1a №	lame of	f plan						1b	Three-digit			
CONE	/ ISLAN	ND AVENUE, INC. PF	ROF	IT SHARING PLAN					plan number	000		
								10	(PN) Fffective data a	002		
								1c	Effective date o	•		
		onsor's name and add	dres	s; include room or suite num	nber (emp	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
CONL	I ISLAI	IND AVENUE, INC.						20	(EIN) 11-32 Sponsor's telep	210602 Shone number		
		SLAND AVE				LAND AVE			718-94			
BROO	KLYN, I	NY 11218-4333		BROO	KLYN, N	Y 11218-4333		2d	Business code (	(see instructions)		
<b>3a</b> F	lan adr	ministrator's name an	d ad	ddress XSame as Plan Spo	nsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
								3с	Administrator's	telephone number		
<b>4</b> H	f the na	ame and/or FIN of the	nlai	n snonsor has changed sind	e the last	return/report filed fo	or this plan, enter the	4h	EINI			
				n sponsor has changed sind r from the last return/report.	e the last	return/report filed fo	or this plan, enter the	4b	EIN			
ı	name, E				e the last	t return/report filed fo	or this plan, enter the		EIN PN			
<b>a</b> S	name, E Sponsor	EIN, and the plan nun r's name	nber					4c		3		
<b>a</b> S	name, E Sponsor Total nu	EIN, and the plan nun r's name umber of participants	nber at th	r from the last return/report.	r			4c 5a				
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
	Total plan assets						(b) Ella (		ai 62814		
	I plan liabilities								2011		
	Net plan assets (subtract line 7b from line 7a)	76 7c	22792	6				26	62814		
	Income, Expenses, and Transfers for this Plan Year	70					(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	Others (including rollovers)									
b	Other income (loss)	8b	3488	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	4888		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						3	34888		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Par	V Compliance Questions										
					Yes	No		<b>A</b>			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10c	X					251	000
d				100						23	500
	or dishonesty?	······		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		X					
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Von	V	No
44-	5500) and line 11a below)							Ш	Yes	^	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		.,		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a det : :				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e lett Year		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
b	Enter the minimum required contribution for this plan year					12b	1				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)				
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

	Part I Annual Report Identification Information	01/01/	0.00		10/01/000	
		01/01/	2009 and ending		12/31/200	9
Α	This return/report is for:	multiple	employer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retu	ırn/report			
	an amended return/report	short pla	an year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automat	ic extension		X DFVC progra	m
	special extension (enter description	on)				
F	art II Basic Plan Information—enter all requested inform			·····		
	Name of plan	iadon		1b	Three-digit	
	CONEY ISLAND AVENUE, INC. PROFIT SHARING	G PLAN		.~	plan number	
					(PN) •	002
				1c	Effective date of	
2.	Dian apanagra pama and address (application is the sixely and address (application)	1		24	01/01/1991	
2.0	Plan sponsor's name and address (employer, if for single-employer CONEY ISLAND AVENUE, INC.	r plan)			Employer Identif (EIN) 11-321	
						elephone number
	720 CONEY ISLAND AVE				(718)941-1	111
	DDOOM VII			2d	Business code (s	see instructions)
3:	BROOKLYN  Plan administrator's name and address (if same as Plan sponsor, e	ntor "San	NY 11218-4333	3h	Administrator's E	TINI
•	SAME	inter Gan	ie )	35	Auministrators	IIIV
				3с	Administrator's to	elephone number
	If the second se		WWW.074-11-11-11-11-11-11-11-11-11-11-11-11-11			
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor	st return/r or's name	eport filed for this plan, enter the	4b	EIN	
	The many and the plan manual from the tast retainineport. Openior	or o manne		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		3
b	Total number of participants at the end of the plan year			5b		3
С	Total number of participants with account balances as of the end of					
	complete this item)	· · · · · · · · · · · · · · · · · · ·		5c		3
	Were all of the plan's assets during the plan year invested in eligib					X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	endent qualified public accountant (IC	PA)		X Yes \ No
	If you answered "No" to either 6a or 6b, the plan cannot use F				***************************************	74 ies   140
P	art III Financial Information		e. una muet meteda dee i omi ee			
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year
а	Total plan assets	. 7a	227,92	6		262,814
b	Total plan liabilities					
С	Net plan assets (subtract line 7b from line 7a)	7c	227,92	6		262,814
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	
а	Contributions received or receivable from:					
	(1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	34,88	8		
C		8c				34,888
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i				34,888
i	Transfers to (from) the plan (see instructions)	8i				
J		, 0,		1,731,751,111		

Form	EEAA	0 [	2000

Page <b>2-</b>	
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<u> </u>	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feat $2\mathrm{E}-3\mathrm{D}$	ture codes from the	List of Plan Char	acteri	stic Co	des in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes from the	List of Plan Chara	cteris	stic Co	des in	the instructi	ons:		
Par	V Compliance Questions						***************************************			
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	ry Correction Progr	am)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	o not include trans	actions reported	10b		Х				
C	Was the plan covered by a fidelity bond?	***************************************		10c	Х			25,	. 00	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was	caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	persons by an insur e benefits under th	rance carrier, e plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of					Х				
_	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR	10g 10h		X				
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or or	ne of the	10ii						
Part				101	I	L			11/2/1/201	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Yes X	No	
12	ls this a defined contribution plan subject to the minimum funding requ							Yes X	No	
If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being ar granting the waiver	mortized in this pla	Mon d skip to line 13.	th		nter th Day	e date of th	e letter ruling Year		
	Enter the minimum required contribution for this plan year					12b		······································		
	Enter the amount contributed by the employer to the plan for this plan				<u> </u>	12c	***************************************			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d				
11.5	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No I	N/A	
Part		WAR AND ADDRESS OF THE PARTY OF								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	ır?					Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a				
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?							Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to			<b>Y</b>		
1	13c(1) Name of plan(s):					c(2) El	N(s)	13c(3) PN	l(s)	
	on: A penalty for the late or incomplete filing of this return/report									
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have to the electronic vers	examined this retu sion of this return/	ırn/rep report	oort, in i, and t	cluding to the b	g, if applicat est of my k	ole, a Schedu nowledge and	le 1	
6101	MIN DUIN	4/24/14	ALAN DALY	•						
SIGN		Date ,	Enter name of in	divid	ıal eigi	ning ea	nlan admir	vietrator		
	Man Held	11/2:11/11	ALAN DALY	iai viul	au siyi	my as	Pian aumil	noti atUI		
SIGN				ا دران						
	Signature of employer/plan sponsor Date Enter name of					Enter name of individual signing as employer or plan sponsor				