Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			/ee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			Э	2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.	Inspection		
Part I		entification Information		and anding 1	0/04/	2012		
	ar plan year 2013 or fisca	7 · · · · · ·		.	2/31/2			
				an (not multiemployer)		a one-participant plan		
B This ref	turn/report is:		ne final return/report	verset (less then 10 m	the a			
	h and if filling and and		utomatic extension	n/report (less than 12 mo	onths) DFVC program		
C Check	box if filing under:							
Part II	Basia Blan Inform	special extension (enter description)						
1a Name		nation —enter all requested information	on		1h	Three-digit		
	BISCOTTI COMPANY				10	plan number		
						(PN) ▶ 001		
					1c	Effective date of plan		
	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 11-3452788		
					2c	Sponsor's telephone number 631-669-0824		
BABYLON,	ARK AVENUE NY 11702				2d			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b			
						Administrator's telephone number		
4 If the	name and/or EIN of the n	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	<u>4</u> h	EIN		
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 					PN			
· · ·		the beginning of the plan year			5a	7		
b Total	number of participants at	the end of the plan year			5b			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					F •			
					5c	2 V Xaa 🗌 Na		
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No								
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
				,				
		incomplete filing of this return/report penalties set forth in the instructions						
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.	05/28/2014	THOMAS DESTEFAN	0			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
SIGN								
HERE	Signature of employe		Date			ning as employer or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone number (optional)		

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 85/57 190319 b Total plan assets (subtract line 7b from line 7a) 7c 85/57 190319 c Net plan assets (subtract line 7b from line 7a) 7c 85/57 190319 a Contributions received or receivable from 8a(1) 6665 1000000000000000000000000000000000000	Part III Financial Information									
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11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Month Day Year	 b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount and h If this is an individual account plan, was there a blackout period? 	tions within t iciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X			9000	
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C	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?	Ye	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 c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Tru	ust's EIN				