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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	Complete all entries in accordance	ance with the instruc	tions to the Form 550	0-SF.			
Part I	Annual Report I	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013		
A This ret	turn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan	
B This return/report is: the first return/report the final return/report								
		an amended return/report	short plan year returi	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter description	1)					
Part II	Basic Plan Infor	mation—enter all requested informa	tion					
1a Name					1b	Three-digit		
KLEIN & FOI	LCHETTI PC ATTORNI	EYS AND COUNSELORS AT LAW 40°	1(K) PROFIT SHARIN	G PLAN		plan number		
						(PN) ▶	001	
					1c	Effective date of	f plan	
						01/01	/2007	
		lress; include room or suite number (en EYS AND COUNSELORS AT LAW	nployer, if for a single-	employer plan)			fication Number 48827	
22 SEMINAF	DV I ANIE				2c	Sponsor's telep		
	PRINGS, NY 10527				2d	`	(see instructions)	
30 Diam -		d address Moses as Blancos as Na	По Ві	. O A .d.d	2h	54111		
3a Plan a	aministrator's name and	d address XSame as Plan Sponsor Na	ameSame as Plar	Sponsor Address	30 /	Administrator's l	EIN	
					3c /	Administrator's t	telephone number	
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN		
name,	, EIN, and the plan num	plan sponsor has changed since the lander from the last return/report.	st return/report filed fo	or this plan, enter the				
name, a Sponse	, EIN, and the plan num or's name		·	·	4c		4	
a Sponso	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					4	
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		4	
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b 5c	PN	-	
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name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	4	
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	fit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	4 X Yes No	
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.)	4c 5a 5b 5c PA) Form 9 Ise is eport, inc., and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	4 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)	

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Vec				(h) End of Voor		
_ <u>'</u> _a		70	(a) Beginning of Yea		+		(b) End of Year 326222		
<u>a</u>	Total plan liabilities	ra					0		
	Net plan assets (subtract line 7b from line 7a)		231725			326222			
8	, ,	7c							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	296	3					
	(2) Participants	8a(2)	4730	0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	4428	4					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					94547		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	8f	5	0					
g	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50		
÷	Net income (loss) (subtract line 8h from line 8c)						94497		
÷	Transfers to (from) the plan (see instructions)			0			04401		
, D-:	, , , , , , ,	8j		U					
9a	If the plan provides pension benefits, enter the applicable pension	foaturo co	doe from the List of Plan Char	actorio	etic Co	doc in	the instructions:		
Ja	2A 2E 2G 2J 2T 3D	leature co	des nom the List of Flan Chan	actens	Sile Ce	iues III	the mstructions.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10					Yes	No	Amazint		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione within	n the time period described in		162	NO	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X	0		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	0		
	·					X			
C				10c			0		
a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	0		
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	0		
f				10f		Χ	0		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		0		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J		X			
	2520.101-3.)			10h					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i		X			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fr					11a	0		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ ~ J			
		•	•			12b	0		

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		0	
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		0	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1			
		fiscal plan year beginning	1/1/2013	and ending	12/31/2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer)	a one-particip	oant plan
_	turn/report is:	the first return/report	the final return/re	port		
		an amended return/report	a short plan year r	eturn/report (less than 12 m	nonths)	
C Check I	box if filing under:	☐ Form 5558	automatic extensi	ion	DFVC progra	ım
O Check	DOX II IIIII g allaoi.	special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name					1b Three-digit	
		TPC ATTORNEYS AND CO	UNSELORS AT LA	AW 401(k)	plan number (PN) ▶	001
PRO	FIT SHARING P	PLAN			1c Effective date of	l f plan
					1/1/2	•
2a Plans	ponsor's name and a	address; include room or suite numb	er (employer, if for a sin	ngle-employer plan)	2b Employer Identi	
KLEIN	& FOLCHETTI P	C ATTORNEYS AND COUN	ISELORS AT LAW	1		74448827
22 SEM	IINARY LANE				2c Sponsor's telep 914934	
00411	TE ODDINGO	NY			2d Business code (
10527	TE SPRINGS	INI			1	110
	dministrator's name	and address Same as Plan Spon	sor Name Same as	Plan Sponsor Address	3b Administrator's	EIN
					3c Administrator's f	talanhana numbar
					3C Administrators	lelephone number
		he plan sponsor has changed since	the last return/report fil	led for this plan, enter the	4b EIN	
name	e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report fil	led for this plan, enter the	4b EIN 4c PN	
name a Spons	e, EIN, and the plan n sor's name				4c PN	4
a Spons 5a Total	e, EIN, and the plan n sor's name number of participan	umber from the last return/report.			4c PN	4
name a Spons 5a Total	e, EIN, and the plan noor's name number of participan number of participan	number from the last return/report.			4c PN 5a 5b	4
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Pa	till Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
<u>.</u>	Total plan assets	7a		3172	5		326222
	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	2:	3172	5		326222
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Ť		(b) Total
	Contributions received or receivable from:		(a) Amount				
u	(1) Employers	8a(1)		296	3		
***************************************	(2) Participants	8a(2)	•	4730	0		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b	4	4428	4		And the second s
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					94547
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		5	0		
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i					94497
j	Transfers to (from) the plan (see instructions)	8i		() ·		
Pa	rt IV Plan Characteristics	<u></u> 7					
Teleforential Freday	98(AVV5RV95)	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		1	0
k	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		1	O
	Was the plan covered by a fidelity bond?			10c		1	0
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		1	0
	• Were any fees or commissions paid to any brokers, agents, or ot			100		<u> </u>	
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		✓	C
f				10f		1	0
_				-	1	l ·	
- F	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h	<u> </u>	1	
i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the				
Par	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance	/1-3		10i		L	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						3 (Form Yes / No
118	Enter the unpaid minimum required contribution for current year f					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? ☐ Yes ☑ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	-					
a		ing amortiz	ed in this plan year, see instru	ctions	, and	enter ti Day	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu						
	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013 Page 3 -						
			12c				
	Enter the amount contributed by the employer to the plan for this plan year			-			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?.			Ye	es 📗	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?			Yes [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 anothe of the PBGC?		contro			Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	r plan(s), identify the plan(s)	to				
1	I3c(1) Name of plan(s):	•	3c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)	·······					
14a	Name of trust		14b	Trust's	EIN	WIII.	