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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pen	sion Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.		spection
Par	t I	Annual Report I	Identification Information					
For ca	alenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B In	ııs reti	urn/report is:	the first return/report	the final return/report	./	41 \		
_			an amended return/report	님	n/report (less than 12 mo	ontns)		
C Ch	neck b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Part	· 11	Racic Plan Infor	rmation—enter all requested info	,				
		of plan	mation—enter an requested into	IIIIauoii		1h	Three-digit	
		DI PIAIT HORTBREAD, INC. RI	ETIREMENT PLAN			10	plan number	
***		HORTBREAD, INC. RI	ETHEMEITT EAT				(PN) ▶	001
						1c	Effective date o	f plan
							01/01	/1997
		oonsor's name and add SHORTBREAD, INC.	dress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-38	fication Number 36419
170 CC	MMF	RCE DRIVE				2c	Sponsor's telep	
HAUPF	AUG	E, NY 11788				2d	Business code ((see instructions)
3a P	lan ad	dministrator's name and	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
A 14	thon	ome and/or FINI of the	nlan anancar has abangad since th	a last ratura/rapart filed fo	r this plan optor the	415		
			plan sponsor has changed since the nber from the last return/report.	ie iast return/report filed fo	ir this plan, enter the	4D	EIN	
		or's name				4c	PN	
5a ⊺	otal r	number of participants a	at the beginning of the plan year			5a		25
b T	otal n	number of participants a	at the end of the plan year			5b		28
C N	lumbe	er of participants with a	account balances as of the end of th	ne plan year (defined bene	fit plans do not	_	1	
_		•	during the plan year invested in eli			5c		X Yes □ No
_		·	the annual examination and report	•	•			M 100 [] 110
			(See instructions on waiver eligibili					X Yes No
ŀ	f you	answered "No" to eit	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.	
C If	the p	lan is a defined benefit	t plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Cauti	on: A	nonalty for the late o	or incomplete filing of this return	roport will be assessed a	inlace raceanable cau	eo ie	ostablished	
			or incomplete filing of this return/ ner penalties set forth in the instructi					eable a Schodule
SB or	Sche		id signed by an enrolled actuary, as					
SIGN		Filed with authorized/v	valid electronic signature.					
HERE	•	Signature of plan ad	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN								
HERE		Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual sic	ining as employe	er or plan sponsor
Prepa	rer's i		ame, if applicable) and address; inc					number (optional)

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea)r			(b) End	of V	nar.		-
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		'15560)	_
b	Total plan liabilities	7a 7b		0				- 01	(_
	Net plan assets (subtract line 7b from line 7a)	7c	288028					37	15560)	_
8	,	70		•			(b) 7		.0000		_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) 1	otai			
	(1) Employers	8a(1)	10137	2							
	(2) Participants	8a(2)	17859	6							
	(3) Others (including rollovers)	8a(3)	687	4							
b	Other income (loss)	8b	62614	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	12983		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7770	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							77704	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						8	35279)	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					372000)
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	of the ben	efits under the plan? (See			X					
	instructions.)			10e		X					_
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					_
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X					38180)
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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	•		10i							
Part	VI Pension Funding Compliance										_
11											
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							-			
а	a 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 ruling granting the waiver. Month Day Year										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- ~ <u>y</u>					_
	b Enter the minimum required contribution for this plan year										

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?	🔲 🐪	res X N	lo				
	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 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) to which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) F	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust KERS SHORTBREAD, INC. RETIREMENT		rust's EIN 13575759					

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 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

F	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instru	ctions to the Form 5500	o-SF.	11 (:	spection			
P	art I Annual Report I	dentification Information			- L					
For	calendar plan year 2013 or fisc	cal plan year beginning	01/01/2013	and ending	12/	/31/2013				
Α	This return/report is for:	🕱 a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	ant plan			
В	This return/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C	Check box if filing under:	Form 5558	automatic extension		ĺП	DFVC progra	m			
_		special extension (enter descrip	otion)			. •				
	artill Basic Plan Info	rmation enter all requested in	,							
_	Name of plan	Ination enter all requested in	normation	!	1b т	hree-digit				
•	•				p	lan number				
	Walkers Shortbread,	Inc. Retirement Plan				PN) ► Effective date o	001			
						1/01/1997	i pian			
		dress; include room or suite numbe	er (employer, if for a single	e-employer plan)			fication Number			
	Walkers Shortbread,	Inc.		·		EIN) 13-383				
						ponsor's telepi				
	170 Commerce Drive					(631) 273-0011				
						Susiness code (:11800	(see instructions)			
	Hauppauge	NY 11788 nd address X Same as Plan Spor	noar Nama 🗆 Sama aa l	Dian Changer Address		dministrator's	EINI			
Ja	Plan administrators name at	id address [X] Same as Plan Spor	nsor Name Same as r	Plan Sponsor Address	JD A	ummistrators	EIIA			
					2					
					3c Administrator's telephone number					
4		e plan sponsor has changed since t	the last return/report filed t	for this plan, enter the	4b ∈	:IN				
	-	nber from the last return/report.								
_	Sponsor's name				4c P	'N I				
		at the beginning of the plan year			5a 5b		25 28			
b		at the end of the plan yearaccount balances as of the end of the			30	<u> </u>				
_					5c	<u> </u>	28			
	·	during the plan year invested in eli	•	***************************************	**********	***************************************	X Yes No			
b	-	the annual examination and report		ed public accountant (IQ	PA)		₩ □v.			
		(See instructions on waiver eligibil					X Yes No			
С	•	ther line 6a or line 6b, the plan ca ît plan, is it covered under the PBG			_		Not determined			
	·						/ Rot determined			
		or incomplete filing of this return	<u> </u>							
		ther penalties set forth in the instruc and signed by an enrolled actuary, a								
	elief, it is true, correct, and com						, ,			
i c	SIGN GASIBLE V	Judal St	6-12-2014	Joseph Gadaleta						
	ERE Signature of plan adm	inistrator -	Date	Enter name of individua	al signin	a as plan adm	inistrator			
SIGN Gave Gadaleta 6-12-2014 Joseph Gadaleta										
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							or plan sponsor			
10000-100		name, if applicable) and address; ir					number (optional)			
		, ,		, , ,	'	•	,,			
					-/					
						Aleks 2.5				

Par	III Financial Information							<u> </u>							
	lan Assets and Liabilities		(a) Beginning of Year		1		(b) End of Y	ear							
	otal plan assets	7a	2,880,28					,715,560							
	otal plan liabilities	7b		0				0							
C N	et plan assets (subtract line 7b from line 7a)	7с	2,880,28	31			3	,715,560							
8 in	come, Expenses, and Transfers for this Plan Year	業権でも	(a) Amount				(b) Tota								
	ontributions received or receivable from:	8a(1)	101,37	12											
) Employers	8a(2)	178,59		3.00 A		1000 (1000年) 2世 (1000年)								
	3) Others (including rollovers)	8a(3)	6,87		11.										
	ther income (loss)	8b	626,14		1.4										
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					****	912,983							
d B	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	77,70)4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
e c	ertain deemed and/or corrective distributions (see instructions)	8e		0	常體										
f A	dministrative service providers (salaries, fees, commissions)	8f		0				的於原法							
g 0	ther expenses	8g		0		121	1000 17474								
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						77,704							
<u>i</u> N	et income (loss) (subtract line 8h from line 8c)	8i		(学)	THE STREET	mails 0:5% about 6.h	a. K. p. E. C. (Standard V. I. J. Dr. Sandar at J. Sandar	835,279							
MARKET PROTECTION	ransfers to (from) the plan (see instructions)	8j		0			建建筑								
Par	IV Plan Characteristics														
9a If	the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Code	es in t	the instruction	s:							
	2A 2E 2F 2G 2J 2T 3D														
b If	the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	in th	e instructions:								
Par	V Compliance Questions							•							
10	During the plan year:				Yes	No	Am	ount							
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)			10a		x									
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			**									
	on line 10a.)		***	10b		x	272 00								
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's			10c	Х		372,∝	350,000							
	or dishonesty?	**************		10d		х									
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all														
	instructions.)			10e		Х	<u> </u>								
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		Х									
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	х			38,180							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	-		10h		×									
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i	:										
Part	VI Pension Funding Compliance			•	·	٠	700								
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If	"Yes " see instructions and com	nlete	Scher	iule S	SB (Form								
	5500) and line 11a below)	***************************************						Yes X No							
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						_ =								
_12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	02 of	ERISA?	Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below														
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver	-						letter ruling Year							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.												
b	Enter the minimum required contribution for this plan year	***************************************	······································	******		12b									

	Form 5500-SF 2013 Page	e 3					
	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 minu negative amount)	s sign to the left of a	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	_	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?				Yes X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)	<u> </u>	•				
14a Name of trust							
Walkers Shortbread, Inc. Retirement					11-3575759		