Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be fi		nd 4065 of the Employee	2	2013			
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).							
Pension B	enefit Guaranty Corporation	tions to the Form 5500)-SF.	If	spection				
Part I		entification Information							
For calend	ar plan year 2013 or fisca)13	and ending 12	2/31/20	013			
	 A This return/report is for: a single-employer plan B This return/report is: the first return/report a multiple-employer plan (not multiemployer) the first return/report 					a one-participant plan			
		an amended return/report	/report (less than 12 mo	onths)					
C Check	C Check box if filing under:						ram		
	[special extension (enter descrip	tion)						
Part II	Basic Plan Inform	nation—enter all requested infor	mation				-		
1a Name FRED SICA	of plan CPA PC 401(K) P/S PLA	Ν				Three-digit plan number (PN) ▶	001		
					1c	Effective date	of plan 1/1998		
2a Plan s FRED SICA		ess; include room or suite number	(employer, if for a single-	employer plan)		2b Employer Identification Number (EIN) 11-3310337			
1400 WANT	AGH AVE			_	2c Sponsor's telephone number 516-409-9090				
SUITE 101 WANTAGH,	NY 11793				2d Business code (see instructions) 541211				
	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b /	Administrator's	EIN 310337		
	FRED SICA, CPA, PC 1400 WANTAGH AVE SUITE 101 WANTAGH, NY 11793					3c Administrator's telephone number 516-409-9090			
name	, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b				
	or's name	the beginning of the plan year			4c	PN			
		the end of the plan year		_	5a		9		
		· ·			5b		9		
		count balances as of the end of the			5c	5c			
		uring the plan year invested in elig					🗙 Yes 🗌 No		
under	29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibilit	y and conditions.)				🗙 Yes 🗌 No		
-		er line 6a or line 6b, the plan car					¬		
C If the	blan is a defined benefit p	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined		
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/r penalties set forth in the instruction signed by an enrolled actuary, as te.	ons, I declare that I have e	examined this return/rep	ort, ind	cluding, if appli			
SIGN	Filed with authorized/va	lid electronic signature.	06/23/2014	FRED SICA					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite number	r (optional)	Prepa	arer's telephon	e number (optional)		

a Total plan labellities 7a 961467 701823 b Total plan labellities 7b 0 0 0 c Net plan sassets (subtract line 7b from line 7a) 7c 061467 701823 8 Incone, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 2 Ontbuiltoins received or recoluble from: 8a(1) 0 0 0 (2) Partogents 8a(2) 0 0 0 0 2 Others (including nellowers) 8a(3) 0 96251 0	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
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 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)	 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 Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X		Amount		
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 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 X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 MB (Form 5500), and skip to line 13. 	 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 Fide 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 pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X		Amount		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 MB (Form 5500), and skip to line 13.	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 Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 uents? (If "Yes	the time period described in ion Program)	10a 10b 10c 10d 10d 10g 10h 10j 10h	Yes X	No X X X X X X X	(Form	Amount	18461	
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.	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 Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	the time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Schec	No X X X X X X Lule SB	(Form	Amount	18461	
granting the waiver	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 Fide 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 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 find	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule	e time period described in ion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X	No X X X X X X X Iule SB	(Form	Amount	1846 ⁻	
	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 29 CFR 2510.3-102? (See instructions with any party-in-interest on line 10a.) 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 glid the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 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 fit 12 Is this a defined contribution plan subject to the minimum funding	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule requirements	the time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X	No X X X X X X X Iule SB	(Form	Amount	100000 18461	
	Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements , as applicable ng amortized	the time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i 0 plete	Yes X Schec	No X X X X X X X X Iule SB 11a 302 of E	(Form ERISA?	Amount	18461	
	 Part V Compliance Questions 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 Fide 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Pension Funding Compliance Is this a defined benefit plan subject to the minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 bein granting the waiver. 	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ents? (If "Yes rom Schedule requirements , as applicable ng amortized e MB (Form st	the time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10f 10g 10h 10i 0 cor see	Yes X X Schec	No X X X X X X X X Iule SB 11a 302 of E	(Form ERISA?	Amount	184(

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					