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

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	tions to the Form 5500	0-SF.	-	peonon			
Part	I Annual Report I	dentification Information								
For cal	endar plan year 2013 or fis			and ending 1	2/31/2	013				
	s return/report is for:			an (not multiemployer)		a one-partici	pant plan			
B This	s return/report is:	the first return/report	he final return/report							
		an amended return/report	short plan year return	/report (less than 12 mo	2 months)					
C Che	eck box if filing under:	Form 5558 : : : : : : : : : : : : : : : : :	automatic extension			DFVC progra	am			
Dout	II Dania Dian Infor	<u> </u>								
Part		rmation—enter all requested informa	ion		41-		1			
	me of plan	EIT OLIABINO BLAN				Three-digit plan number				
MICHAE	L S. DAIELL KEOGH PRO	FIT SHARING PLAN				(PN)	001			
						Effective date o				
					. •	01/01	•			
	an sponsor's name and add	dress; include room or suite number (en	pployer, if for a single-	employer plan)			fication Number			
						Sponsor's telep	hone number			
1401 OCEAN AVENUE						718-33				
SUITE LA					2d	Business code ((see instructions)			
BROOKI	LYN, NY 11230					54111	10			
3a Pla	an administrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN			
					3c	Administrator's	telephone number			
							·			
		plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b	EIN				
	•	nber from the last return/report.			4c	DN				
	onsor's name	at the beginning of the plan year			-	T				
_		at the beginning of the plan year			5a		1			
	·	at the end of the plan year			5b		1			
		account balances as of the end of the pl	• '	•	5c		1			
		during the plan year invested in eligible					X Yes No			
		the annual examination and report of a					V Voc □ No			
		(See instructions on waiver eligibility a					X Yes No			
	•	•					1			
C If t	ne pian is a defined benefit	t plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?.	🔲	Yes No	Not determined			
Cautio	n: A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is e	established.				
		er penalties set forth in the instructions								
	Schedule MB completed an t is true, correct, and comp	d signed by an enrolled actuary, as wel	I as the electronic vers	sion of this return/report	, and to	o the best of my	knowledge and			
bellet, t	is true, correct, and comp	nete.								
SIGN	Filed with authorized/v	valid electronic signature.	07/12/2014	MICHAEL S DAIELL						
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ministrator			
	Filed with outhorized/		07/12/2014	MICHAEL S DAIELL						
SIGN	Filed with authorized/v	valid electronic signature.	07/12/2014	WICHALL S DAILLE						
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu						
HERE Prepare	Signature of employer's name (including firm na	-	Date	Enter name of individu			er or plan sponsor number (optional)			
Prepare MICHAE	Signature of employer's name (including firm na	yer/plan sponsor	Date	Enter name of individu			number (optional)			
Prepare MICHAE MICHAE 1401 O	Signature of employer's name (including firm nate S DAIELL S DAIELL PC CEAN AVE STE LA	yer/plan sponsor	Date	Enter name of individu		arer's telephone	number (optional)			
Prepare MICHAE MICHAE 1401 O	Signature of employer's name (including firm nattle S DAIELL EL S DAIELL PC	yer/plan sponsor	Date	Enter name of individu		arer's telephone	number (optional)			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	l of Y	ear	
a	Total plan assets	7a	41798				(8) 2		48615!	 5
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	41798	1					48615	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(6)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7264	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72640)
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	446	6						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							446	6
ī	Net income (loss) (subtract line 8h from line 8c)	8i							6817	4
j	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Par	t V Compliance Questions									
	•				V	NI-	l			
10	During the plan year:	tiono within	a the time period described in		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corr	ection Program)	10a		X				
U	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
						X				
				10c						
d	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 plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR			X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h						
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	· ·	1.0.4510			0.1					
11 —	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		T -		
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,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of	the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1		ı			
b	Enter the minimum required contribution for this plan year					12b				

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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2013

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	· · · · · · · · · · · · · · · · · · ·								
Part I	Annual Report Identification Information								
For cale	endar plan year 2013 or fiscal plan year beginning	а	nd ending						
A Thi	s return/report is for: X a single-employer plan	a multiple-employer	plan (not multiemploye	er)	a one-	participant plan			
B Thi	s return/report is: the first return/report	the final return/repo		, [
	an amended return/report		turn/report (less than 1	months)					
C Che	eck box if filing under: X Form 5558	automatic extension		-	DEVIC	Drograma			
0 011									
Part II	special extension (enter description								
		rmation							
	ame of plan				1b	Three-digit plan			
N	MICHAEL S. DAIELL KEOGH PROFIT SHARING	PLAN				number (PN) ▶ 001			
			1c	Effective date of plan					
						01/01/1981			
2a P	lan sponsor's name and address; include room or suite number	(employer, if for a si	ngle-employer plan)		2b	Employer Identification No.			
	CHAEL S DAIELL		, , , , , , , , , , , , , , , , , , ,			(EIN) 11-2694450			
				ŀ	2c				
14	01 OCEAN AVENUE				20	Sponsor's telephone number			
	ITE LA			-	0.1	718-338-7555			
					2d	Business code (see instr.)			
BR	OOKLYN NY 11230								
11.00						541110			
3a P	lan administrator's name and address ื X Same as Plan Spon	sor Name Sar	ne as Plan Sponsor Ad	dress	3b	Administrator's EIN			
				İ	3c	Administrator's			
				3	50				
				1	telephone number				
				- 1					
A 10	u u en ca	3 7 20 7 20 10 10		-					
	the name and/or EIN of the plan sponsor has changed since the last return	/report filed for this plan,	enter the name, EIN,		4b	EIN			
ar	d the plan number from the last return/report. a Sponsor's name	- 100 s			4b 4c	EIN PN			
ar 5a To	nd the plan number from the last return/report. a Sponsor's name otal number of participants at the beginning of the plan year				1000				
ar 5a To	nd the plan number from the last return/report. a Sponsor's name otal number of participants at the beginning of the plan year				4c	PN 1			
5a To	nd the plan number from the last return/report. a Sponsor's name otal number of participants at the beginning of the plan year otal number of participants at the end of the plan year				4c 5a 5b	PN 1 1			
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Form 5500-SF 2013

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Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginn	ing of	Year	(b) End of Year
a	Total plan assets	7a			7981	486155
b	Total plan liabilities	7b				
c	Net plan assets (subtract line 7b from line 7a)	7c		41'	7981	486155
_8	Income, Expenses, and Transfers for this Plan Year		(a) Ar	nount		(b) Total
a	Contributions received or receivable from:					martin and the
	(1) Employers	a(1)				以我们还有什么 在
	(2) Participants 8	a(2)				
	(3) Others (including rollovers) 8:	a(3)				
b	Other income (loss)	8b		72		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				72,640
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d				
e	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f		4	466	
<u>g</u>	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4,466
i	Net income (loss) (subtract line 8h from line 8c)	8i				68,174
i		8j		ALL CONTRACTOR OF THE PARTY OF		
	t IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of PI 2E 3B 3D	lan C	haracteristic	Code	es in th	e instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Ch	aracteristic	Codes	in the	instructions:
Pai	t V Compliance Questions					
10	During the plan year:			Yes	No	Amazınt
a	Was there a failure to transmit to the plan any participant contributions within the time period descri	ibod	in T	162	NO	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions rep				1	
	on line 10a.)				x	
C	Was the plan covered by a fidelity bond?		10b		x	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by				- 22	
0.000	or dishonesty?	iiauc	10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie	or	10u	_	- 22	
	insurance service, or other organization that provides some or all of the benefits under the plan? (S					
	instructions.)	,,,,	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?		10f		х	
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		10g			
	2520.101-3.)		10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the		1011			Company of the control of the contro
	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i			
Par	t VI Pension Funding Compliance		1 101 1			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a	and c	omplete Sch	nedule	SB	
	Form 5500) and line 11a below)		ompioto coi	loudic	. 05	Yes X No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line	e 39			11a	. 100 22 110
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section		of FRISA?			Yes X No
**************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				·····	. 103 as 140
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	e inst	ructions an	d ente	r the c	late of the letter ruling
	granting the waiver.		Month	Da		Year
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	ine 1				1.001
b	Enter the minimum required contribution for this plan year				12b	

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MIC	CHAEL	S DAIELL	11-2694450	D 2					
		Form 5500-SF 2013		Page 3-					
					_				
c	Enter th	ne amount contributed by the	employer to the plan for this plan year		12	С			
d	Subtrac	ct the amount in line 12c from	the amount in line 12b. Enter the result (enter a minus sig	in to the left of a					
	negativ	e amount)		*************	12	d			
е			ported on line 12d be met by the funding deadline?			Ye	es	No	N/A
Part			d Transfers of Assets						
13a	Has a r	esolution to terminate the plar	n been adopted in any plan year?		\prod	Ye	es X	No	
	If "Yes,	enter the amount of any plan	assets that reverted to the employer this year		13	a			
b		II the plan assets distributed to	o participants or beneficiaries, transferred to another plan		trol			Yes	X No
С		g this plan year, any assets or essets or liabilities were transfe	liabilities were transferred from this plan to another plan(serred. (See instructions.)	s), identify the plan(s) to					
1	3c(1) N	lame of plan(s):		13c(2)	EIN(s)	1	13c(3)	PN(s)
			_						

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form **5558**

(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Pa	art I Identification							
Α	Name of filer, plan administrator, or plan sponsor (see instructions) MICHAEL S DAIELL	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX)						
	Number, street, and room or suite no. (If a P.O. box, see instructions) 1401 OCEAN AVENUE	Social security	number (SSN) (9 dig	its XXX-YX-YXYY				
	City or town, state, and ZIP code BROOKLYN NY 11230		113 XXX-XXXX)	,				
C	Plan name	Plan		Plan year endin	a –			
		number	MM	DD	YYYY			
	MICHAEL S. DAIELL KEOGH PROFIT SHARING PLAN	001		L2/31/201	3			
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form	n 8955-SSA						
1	Check this box if you are requesting an extension of time on line 2 to file the first in Part I, C above.	Form 5500 series re	eturn/report for t	he plan listed	-/			
2	I request an extension of time until 10/15/14 to file Form 5500 series (see Note. A signature IS NOT required if you are requesting an extension to file Form 55	ee instructions). 00 series.		00				
	I request an extension of time until to file Form 8955-SSA Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA Note.							
į.	The application is automatically approved to the date shown on line 2 and/or line 3 the normal due date of Form 5500 series, and/or Form 8955-SSA for which this exter and/or line 3 (above) is not later than the 15th day of the third month after the normal	nsion is requested, a	orm 5558 is file nd (b) the date	d on or before on line 2				
	t III Extension of Time To File Form 5330 (see instructions)							
	I request an extension of time until to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the norm	al due date of Form	5330.					
a l	Enter the Code section(s) imposing the tax	▶ L	a	¥				
b l	Enter the payment amount attached		.	b				
c l	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ameno State in detail why you need the extension:	dment date		С				
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5030				*******				
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der ne	nalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are tn							
orepare	e this application.	ue, correct, and complete,	and that I am author	rized				
gnati	ure ▶	Date >						
	e .			Form	5558 (Rev. 8-2012)			