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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation Complete all er	ntries in accordance with the instruction	ons to the Form 5500-SF	·.
Part I	Annual Report Identification Info	rmation		
	ar plan year 2013 or fiscal plan year beginning		and ending 12/31	/2013
A This re	turn/report is for:	plan a multiple-employer plan	(not multiemployer)	a one-participant plan
B This re	turn/report is: the first return/repo	ort		
	an amended return	n/report a short plan year return/re	eport (less than 12 month	s)
C Check	box if filing under: Form 5558 special extension (automatic extension		DFVC program
Part II	Basic Plan Information—enter all re	, ,		
	1	quested information	11	Three-digit
1a Name COHEN GR	EVE & COMPANY, CPA, PC 401(K) PROFIT	SHARING PLAN	l i k	plan number
	, , , , , , , , , , , , , , , , , , , ,			(PN) ▶ 001
			10	Effective date of plan
22 Dlan a	nancer's name and address include room as	quite number (empleyer if for a single em	anlayer plan)	01/01/1996
	ponsor's name and address; include room or s EVE & COMPANY, CPA, PC	suite number (employer, il for a single-em	ipioyei pian)	Employer Identification Number (EIN) 11-3508893
485 JERICH	IO TPKE		20	Sponsor's telephone number 516-877-1900
MINEOLA, I			20	Business code (see instructions)
3a Plan a	dministrator's name and address XSame as	Plan Sponsor Name Same as Plan S	ponsor Address 3k	541211 Administrator's EIN
			30	Administrator's telephone number
4 If the	name and/or EIN of the plan sponsor has char	nged since the last return/report filed for the	his plan, enter the 4k	D EIN
name	, EIN, and the plan number from the last return			•
	or's name			PN T
_	number of participants at the beginning of the	•		
	number of participants at the end of the plan y			21
comp	er of participants with account balances as of lete this item)		5c	
	all of the plan's assets during the plan year in			X Yes No
b Are you	ou claiming a waiver of the annual examination 29 CFR 2520.104-46? (See instructions on w	n and report of an independent qualified p	oublic accountant (IQPA)	X Yes □ No
	answered "No" to either line 6a or line 6b,			
-	plan is a defined benefit plan, is it covered und	•	_	
Caution: A	A penalty for the late or incomplete filing of	this return/report will be assessed un	less reasonable cause i	s established.
	alties of perjury and other penalties set forth in			
	edule MB completed and signed by an enrolled true, correct, and complete.	d actuary, as well as the electronic versio	n of this return/report, and	d to the best of my knowledge and
SIGN	Filed with authorized/valid electronic signature	re.		
HERE	Signature of plan administrator	Date E	Enter name of individual s	igning as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date E	Enter name of individual s	igning as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and	address; include room or suite number (o	optional) Pre	eparer's telephone number (optional)

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Day	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Veg				(b) E ₂	d of Y		
a	Total plan assets	7a	(a) Beginning of Yea		+		(b) Ei		ear 022213	3
	Total plan liabilities	7a 7b							JEEL I	
	Net plan assets (subtract line 7b from line 7a)	7c	176053	8				20	022213	3
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(10)	Total		
	(1) Employers	8a(1)	1000	0						
	(2) Participants	8a(2)	19767	1						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	18651	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	394186	,
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13236	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	15	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13251	1
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							26167	5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2F 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ctions:		
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 Fidure)			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	X					150000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				100000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
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		X				
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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
112	Enter the unpaid minimum required contribution for current year fr					11a		·· L		
12					•		EDICAG		Yes	X No
14	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			UI SE	ะเเบท	JU∠ OT	ERISA?		163	/\ INU
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		⊔ay		_ 166	AI	
	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	

Form 5500-SF Department of the Treasury Internal Revenue Service Short Form Annual Return/Report of Small Employee Benefit Plan

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation 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.

> 2013 OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Preparer's	HERE	HERE	SIGN	Under pen SB or Schu belief, it is	Caution: /	c If the	under If you	6a Were	comp	b Total	5a Total	name a Spons	4 If the		3a Plan a	MINEOLA	> о л	2a Plans Cohe		Cohen G	1a Name of	Part II		C Check	B This re	A This re	Part I
name (including firm na	Signature of employer/plan sponsor	Signature of plan administrator	Clar	alties of perjury and oth edule MB completed an true, correct, and comp	A penalty for the late o	plan is a defined benefil	· 29 CFR 2520.104-46? I answered "No" to eit	eall of the plan's assets ou daiming a waiver of	er of participants with a	number of participants :	number of participants a	name, EIN, and the plan num Sponsor's name	name and/or EIN of the		idministrator's name an	OLY OLY		Plan sponsor's name and add		reve &	of plan	Basic Plan Info	¢	Check box if filing under:	This return/report is:	This return/report is for:	Part I Annual Report Identification Info
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	/er/plan sponsor	Iministrator	Trasper	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the be belief, it is true, correct, and complete.	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)500-SF and must instead use Form 5500.	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	Total number of participants at the end of the plan year	Total number of participants at the beginning of the plan year	name, EIN, and the plan number from the last return/report. Sponsor's name	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	d action (Action of Party Charles	Plan administrator's name and address XISame as Plan Sponsor Name			Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Cohen Greve & Company, CPA, PC		Company, CPA, PC 401(k)		Plan Information—enter all requested information	special extension (enter description)	Form 5558	the first return/report	X a single-employer plan	Annual Report Identification Information plan year 2013 or fiscal plan year beginning
dude room or suite number	Date	Date 7/17/14	,	tions, I declare that I have e	ਮੰreport will be assessed u	iC insurance program (see E	ility and conditions.)annot use Form 5500-SF a	ligible assets? (See instructi t of an independent qualified	the plan year (defined benef	***************************************	**************************************		the last return/report filed for	8		AN		er (employer, if for a single-e		Profit		ormation	ription)	automatic extension	the final return/report	a multiple-employer plan (not multiemployer)	01/01/2013
(optional)	Enter name of individual signing as	Enter name of individual signing as	ELLEN R TRA	xamined this return/rep ion of this return/report,	nless reasonable cau	RISA section 4021)?	nd must instead use I	ons.)(QF	fit plans do not				this plan, enter the	Position Francisco	XISame as Plan Sponsor Address	11501		mployer plan)						uebout fless men 17 me	franct flace than 12 mg	n (not multiemployer)	and ending
Preparer	al signing	al signing	TRAGESER	ort, includ and to th	e is esta	Yes	orm 550	À	50	56	5a	4c PN	4b EIN	2000	3b Adr	2d Bus 54		2b Em (Ell	1c Eff	(P)	6 답답		[nthe)		ы
	g as employer or plan sponsor	g as plan administrator	2	Jing, if applicable, a Schedule te best of my knowledge and	ablished.	s No Not determined)0. × Yes No	Yes]	21	19			Administrator's telephone number	Administrator's EIN	Business code (see instructions) 541211	Sponsor's telephone number (516) 877-1900	Employer Identification Number (EIN) 11-3508893	Effective date of plan 01/01/1996	(PN) ▼ 001	Three-digit		8	DFVC program		a one-participant plan	2/31/2013

	12b					h Enter the minimum required contribution for this plan year
				m 5500), and skip to line 13	e MB (Form 55	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.
enter the date of the letter ruling	enter th	and	uction	ed in this plan year, see instruction	ng amortiz	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, Month
				able.)	as applic	
ERISA? Yes 🛚 No		ection	e or s	ents of section 412 of the Coc	requireme	33
	11a	<u> </u>		dule SB (Form 5500) line 39	om Sched	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39
Form Yes X No	Schedule SB	Sche	mplete	Yes," see instructions and co	ents? (If "	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)
						Part VI Pension Funding Compliance
			<u>1</u>	d notice or one of the	ne required	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3
	×		亨	uctions and 29 CFR	(See instru	h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3)
	×		10g	end.)	s of year	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)
	×		10f		n?	f Has the plan failed to provide any benefit when due under the plan?
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	×		10e	other persons by an insurance carrier, all of the benefits under the plan? (See	er person of the bend	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)
	×		ig .	nd, that was caused by fraud	fidelity bo	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
150,000		×	10c	444444444444444444444444444444444444444		C Was the plan covered by a fidelity bond?
	×		10b	(Do not include transactions reported	? (Do not	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)
	×		10a	n the time period described in rection Program)	tions within	
Amount	N _O	Yes				10 During the plan year:
		1				Part V Compliance Questions
he instructions:		tic Co	acteris	es from the List of Plan Char	eature cod	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in t
the instructions:	Codes in	istic C	racter	des from the List of Plan Cha	feature co	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 2E 2G 2J 2K 2F 3D
						Part IV Plan Characteristics
					8;	j Transfers to (from) the plan (see instructions)
261,675		\dashv			81	i Net income (loss) (subtract line 8h from line 8c)
132,511		\dashv			8° 8°	h Total expenses (add lines 8d, 8e, 8f, and 8g)
		- 13	1		2 2	
		2 2 1	اد		8e	Certain deemed and/or corrective distributions
		61	32,3	<u></u>	8d	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)
394,186		╀		On American State of the State	80	c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)
		515	186,5	18	8b	b Other income (loss)
		0			8a(3)	(3) Others (including rollovers)
	C.	671	197,6	19	8a(2)	(2) Participants
		000	10,0		8a(1)	Contributions received or receivable from: (1) Employers
(b) Total		_		(a) Amount		8 Income, Expenses, and Transfers for this Plan Year
2,022,213		538	760,5	1,76	7c	c Net plan assets (subtract line 7b from line 7a)
					7b	Total plan liabilities
2,022,213		538		1,76	7a	a Total plan assets
(b) End of Year			ar	(a) Beginning of Year		⋟⊦
						Part III Financial Information

Sir or Madam:

Currently the plan is covered by a fidelity bond in the amount of \$250,000 notwithstanding the answer on line 10c. This is more than 10% of the value of the plan's assets as of the first day of the 2013 plan year.

The plan administrator was informed that the plan did not have an adequate bond and promptly took remedial action by securing a fidelity bond in the amount of \$250,000.

Thank you.