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

2011

This Form is Open to Public Inspection

	Complete an entries in accor	uance with	i the manachons to the Form 550	U-3F.	l				
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is: the first return/report	the final r	eturn/report						
	X an amended return/report	a short pla	an year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m			
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan			1b	Three-digit				
JOSE	EPH R. BENFANTE PENSION PLAN				plan number	000			
					(PN)	003			
				10	Effective date of 01/01/	•			
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif				
JOSI	EPH R. BENFANTE			((EIN) 13-419	99535			
				2c :	Sponsor's teleph				
225 E	BROADWAY				212-227				
NEW	YYORK, NY 10007			2d 1	Business code (s 54111)		
32	Plan administrator's name and address (if same as plan sponsor, e	ntor "Como	,"\	3h					
	EPH R. BENFANTE 225 BROAD\	VAY	;)	3b Administrator's EIN 13-4199535					
	NEW YORK,	NY 10007		3c /	Administrator's to		er		
4		212-227-4700							
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN 13-419	99535			
а	Sponsor's nameJOSEPH R. BENFANTE			4c	PN (001			
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the			0.0					
	complete this item)			5c					
6a	Were all of the plan's assets during the plan year invested in eligib		,			X Yes	No		
b	3			· · · · · · · · · · · · · · · · · · ·					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•		•••••				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	. 7a	120492			0			
b	Total plan liabilities		0			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	120492			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		0						
	(1) Employers	` '	0	_					
	(2) Participants	. 8a(2)		_					
	(3) Others (including rollovers)	. 8a(3)	0205	_					
b	Other income (loss)	. 8b	6325			6325			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>				0325			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	126817						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	_				126817			
i	Net income (loss) (subtract line 8h from line 8c)					-120492			
i	Transfers to (from) the plan (see instructions)	. 8j							

		\circ	004
Form	5500	-8-	ンロココ

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Part IV	Plan	Charac	eteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

11 3

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10		ng the plan year:		Yes	No		Δn	nount	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		All	iount	
b	Were	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Χ				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance		•	•				
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
	(If "Y If a w grant	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Mon	ctions	, and e	enter th	ne date	of the I		
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	Ū	he minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes	, П	No	N/A
Part		Plan Terminations and Transfers of Assets						<u></u>	
		a resolution to terminate the plan been adopted in any plan year?			XY	es	No		
		es," enter the amount of any plan assets that reverted to the employer this year	_						0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol		5	Yes	∏ No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			L		
1		Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Unde	r pena	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/re _l	port, ir	cluding	g, if app	olicable	, a Sch	edule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/22/2014	JOSEPH BENFANTE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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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

2011

This Form is Open to Public Inspection

		Identification Information			0000					
For	calendar plan year 2011 or fis		01/01/2	011	and ending		12/31/201	.1		
Α	This return/report is for:	a single-employer plan	a multiple	e-employer pla	an (not multiemployer)		a one-partici	oant plan		
В	This return/report is:	the first return/report	the final i	eturn/report						
		☒ an amended return/report	a short pla	an year return	report (less than 12 m	onths)				
С	Check box if filing under:	Form 5558	automati	extension			DFVC progra	ım		
		special extension (enter descri	ption)							
Pa	ırt II Basic Plan Info	rmation—enter all requested info	rmation	***************************************	***************************************			***************************************		
1a	Name of plan						Three-digit	1		
	JOSEPH R. BENFANT!	E PENSION PLAN					plan number (PN)	003		
	•						Effective date o			
							01/01/200			
2a	· · · · · · · · · · · · · · · · · · ·	dress; include room or suite number	r (employer, i	for a single-e	mployer plan)		Employer Identi			
	JOSEPH R. BENFANTI	ដ					(EIN) 13-419			
							Sponsor's telep (212) 227-			
	225 BROADWAY							see instructions)		
	NEW YORK			NY	10007		541110	acc mandonona)		
3a		d address (if same as plan sponsor	, enter "Same			3b	Administrator's l	ΞIN		
	SAME	•				30	Administratorio de			
						3c Administrator's telephone numb				
4	If the name and/or EIN of the	plan sponsor has changed since the	ne last return/	report filed for	this plan, enter the	4b EIN 13-4199535				
а	name, EIN, and the plan number from the last return/report. Sponsor's name JOSEPH R. BENFANTE					4c PN 001				
	`	at the beginning of the plan year	***************************************			5a				
b						5b	***************************************			
C	Number of participants with a	account balances as of the end of the	ne plan year (defined benef	it plans do not	02				
	complete this item)			••••••••••	***************************************	5c				
		during the plan year invested in eli		-	•		*******	X Yes No		
D	under 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibil	ot an indeper	ident qualified ions.)	public accountant (IQI	PA)		X Yes No		
	If you answered "No" to ei	ther 6a or 6b, the plan cannot use								
Pa	rt III Financial Inform	nation	80000000000000000000000000000000000000	γ						
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End	of Year		
	Total plan assets		<u>7a</u>		120,49	2		(
b	•				100 40	0		(
<u>c</u>		7b from line 7a)	7с		120,49					
8 a	Income, Expenses, and Tran Contributions received or rec				(a) Amount		(b) 1	'otal		
u			8a(1)			0		문화가를 가능하는 것으로 나타하는 것을 받는다.		
	(2) Participants		8a(2)							
	(3) Others (including rollover	rs)	8a(3)							
b	Other income (loss)		8b		6,32	5				
C), 8a(2), 8a(3), and 8b)						6,325		
d		t rollovers and insurance premiums			126,81	7				
е		ctive distributions (see instructions)				\dashv				
f		ers (salaries, fees, commissions)						20		
g						1				
b h		, 8e, 8f, and 8g)					<u>i in wajere rigure 1889, ke aku e</u>	126,817		
i		ne 8h from line 8c)						(120,492)		
j		see instructions)		,	<u> </u>					
				<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ellen har vak bassin 1990			

Pa	rt IV Plan Characteristics									~
9a	If the plan provides pension benefits, enter the applicable pension fe 1I 3D	eature codes from the	E List of Plan Chara	cteris	stic Co	des in	the ins	truction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charac	terist	ic Cod	les in t	he instr	ructions	:	
Par	tV Compliance Questions				•					
10	During the plan year:				Yes	No		An	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 Fiducions)			10a		Х			• • • • • • • • • • • • • • • • • • • •	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?			10d		Х				
е	insurance service or other organization that provides some or all of	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.)								
f	Has the plan failed to provide any benefit when due under the plan?	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 as	of year end.)		10g		Х		-		
h		ee instructions and	29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	f 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								
lart	VI Pension Funding Compliance	J		10i						
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see in	structions and comp	plete	Sched	ule SE	(Form	 ' Г	Yes	No
12	Is this a defined contribution plan subject to the minimum funding re								Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	ble.)						_	-	 J
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this pla	n year, see instruc	tions,	and e	nter th	e date	of the I	etter ru	ling
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule I			h		Day		Ye	ar	
	Enter the minimum required contribution for this plan year	•	•		Γ	12b				
	Enter the amount contributed by the employer to the plan for this plan					12c				
d		ne result (enter a mir	nus sign to the left o	of a	Γ	12d				·
e	Will the minimum funding amount reported on line 12d be met by the						Yes	s []	No	N/A
art	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u></u>		XY	es [No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		1	3a					Ó
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	******						<u>[</u> 2	Yes	∏ No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify th	e pla	n(s) to					
	13c(1) Name of plan(s):				13	c(2) El	N(s)		13c(3	PN(s)
		·								
Caut	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable	e cau	se is	<u>establ</u>	ished.			
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete	I declare that I have	examined this retu	rn/rep	oort, in	cludine	g, if app	plicable my kno	, a Sch wledge	edule and
SIG	N Joseph Denflirts	9/18/14	JOSEPH BENE	TANT	ſΕ					
HER		Date	Enter name of inc	divid	ıal sinı	nina as	nlan a	dminie	trator	

Date

Enter name of individual signing as employer or plan sponsor

Page 2 -

Form 5500-SF 2011

SIGN HERE

Signature of employer/plan sponsor