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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation		▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.		peotion		
Pa	art I	Annual Report	t Ide	entification Information				•			
For	calend	lar plan year 2010 or t	fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This re	turn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
		turn/report is for:		first return/report	final retur				•		
			X	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check	box if filing under:	Ī	Form 5558	automatic	extension	DFVC program				
		Ğ	Ī	special extension (enter description	on)			_			
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation						
		of plan	<u> </u>	ation one an requested inform	ation		1b	Three-digit			
		BENFANTE PENSIC	ON P	_AN				plan number	003		
								(PN) •	003		
							1c	Effective date of 01/20/2	•		
2a	Plan s	sponsor's name and a	ddre	ss (employer, if for single-employer	plan)		2b	Employer Identit			
JOSE	EPH R.	BENFANTE						(EIN) 13-4199			
225 E	BROAD	DWAY					2c	Plan sponsor's t	elephone number 7-4700		
		K, NY 10007					2d	Business code (
								541110			
		administrator's name a BENFANTE	and a	ddress (if same as Plan sponsor, e		e")	3b	Administrator's I			
0001	_1 11 IX.	BENTANIE		NEW YORK,			3c		elephone number		
								212-22	7-4700		
				sponsor has changed since the last from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN 13-4199	9535		
		BENFANTE	IIDEI	nom the last return report. Sponso	n s name		4c	PN 001			
5a	Total	number of participant	s at t	he beginning of the plan year			5a		2		
b	Total	number of participant	s at t	he end of the plan year			5b		1		
С				n account balances as of the end of		` .	5c				
62		•				(See instructions.)			X Yes No		
b		•		• • •		ident qualified public accountant (IQF					
-						ons.)			X Yes No		
				, i	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III	Financial Infor	rma	tion							
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End			
а	Total	plan assets			. 7a	113515	_		120492		
b		•			. 7b	0			0		
С		•		from line 7a)	. 7c	113515)		120492		
8		ne, Expenses, and Tra				(a) Amount		(b) T	otal		
а		ibutions received or re imployers		able from: 	. 8a(1)	0)				
	` '	•									
b	(3) Others (including rollovers) 8a(3) Other income (loss) 8b										
C		` ,		a(2), 8a(3), and 8b)					13414		
d				ollovers and insurance premiums			,				
	to pro	vide benefits)			. 8d	6437					
е				ve distributions (see instructions)			4				
f	Admir	nistrative service prov	riders	(salaries, fees, commissions)	. 8f		4				
g	Other	expenses			. 8g						
h	Total	expenses (add lines 8	8d, 8	e, 8f, and 8g)	. 8h				6437		
į		, , ,		8h from line 8c)					6977		
j	Trans	fers to (from) the plan	n (see	e instructions)	. 8j						

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

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

D	ir tn	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in 1	ine instri	uction	15:		
art	V	Compliance Questions								
0	Du	ring the plan year:		Yes	No		A	mount		
а		is 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					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X					
С	Wa	as the plan covered by a fidelity bond?	10c		X					
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?		X						
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X					
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	s X	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_	
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver								
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Ent	er the minimum required contribution for this plan year			12b					
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c					
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	l/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						X Ye	s	No
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year			13a					0
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?			ontrol			Ye	s X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify this chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to)					
1	3c(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/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
ВВ о	r Ścł	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retunded the completed and signed by an enrolled actuary, as well as the electronic version of this returns true, correct, and complete.								
	F	Filed with authorized/valid electronic signature. 09/22/2014 JOSEPH BENEA	NTF							

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

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Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110

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Р	ension Benefit Guaranty Corporation		the instructions to the Corre EEA	CE	Inspection				
n.		iance with	the instructions to the Form 5500)-SF.					
		1/01/2	010 and ending		12/31/2010				
	☑ cinale empleyer plan □		mployer plan (not multiemployer)	ſ	one-participant plan				
		final retur		A matternologery					
В			,	احمالا					
_	H H	-	year return/report (less than 12 mor	ııns) r	7 55.40				
C	Check box if filing under: Form 5558		extension	L	DFVC program				
	special extension (enter description	•							
Pa	rt II Basic Plan Information—enter all requested informa	ation							
	Name of plan				Three-digit plan number				
	JOSEPH R. BENFANTE PENSION PLAN				(PN) DO3				
					Effective date of plan				
					01/20/2005				
2a	Plan sponsor's name and address (employer, if for single-employer JOSEPH R. BENFANTE	plan)			Employer Identification Number				
	JOSEPH R. BENEANTE				(EIN) 13-4199535				
				2c	Plan sponsor's telephone number (212) 227-4700				
	225 BROADWAY				Business code (see instructions)				
	NEW YORK		NY 10007		541110				
	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	")	3b /	Administrator's EIN				
	SAME			2-	A to to to to be a few to the few				
				3c Administrator's telephone number					
4 (f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN13-4199535				
	name, EIN, and the plan number from the last return/report. Sponsor								
	JOSEPH R. BENFANTE				PN 001				
_	Total number of participants at the beginning of the plan year			5a					
þ	Total number of participants at the end of the plan year			5b					
С	Total number of participants with account balances as of the end of complete this item)		•	5c					
62	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
	Are you claiming a waiver of the annual examination and report of		•						
•	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		X Yes No				
5:50 -2 5	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
	rt III Financial Information	Izone en constante de	I	1					
7	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End of Year				
a	Total plan assets		113,51		120,49				
þ	Total plan liabilities	7b		0					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	113,51	.5	120,49				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	900000	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		o					
				7					
	(2) Participants	8a(2)							
h	Other income (loss)	8a(3) 8b	13,41	4					
b	` ,	8c	15,41	. – 1000000	13,41				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			13,41				
u	to provide benefits)	8d	6,43	7					
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)	8h		000	6,43				
i	Net income (loss) (subtract line 8h from line 8c)	8i			6,97				
i	Transfers to (from) the plan (see instructions)	-							

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Par	t IV	Plan	Charact	eristics	
9a	If the p	lan provi	des pensi	on benefits	, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
		1A	11	3D	
b	If the p	lan provi	des welfar	e benefits	enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:				Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		10b		Х				
С	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 fidelit or dishonesty?	aused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	nce carrier, plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	***************************************	10a	, ,	Х			
h	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)	instructions and 29	CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	10i		Х			
Part	VI Pension Funding Compliance		·					-	
11	ls this a defined benefit plan subject to minimum funding requirements?							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requi							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		•			,		_	_
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.						e date of the		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				_				
b	Enter the minimum required contribution for this plan year					12b			
C	Enter the amount contributed by the employer to the plan for this plan y				_	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount)				[12d			
е	Will the minimum funding amount reported on line 12d be met by the fu	inding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		<u>.</u>			X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	<u></u>			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?		•					Yes	X No
c	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify t	he pla	n(s) to	•			
	I3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
				-				-	
Cau	ion: A penalty for the late or incomplete filing of this return/report v	vill he assessed i	ınless reasonab	le ca	use is	establ	ished.	<u> </u>	
	er penalties of perjury and other penalties set forth in the instructions, I do							le, a Sche	edule
SBc	r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	the electronic vers	sion of this return	/repor	t, and	to the	best of my k	nowledge	and
SIG	N Joseph R. Ben lante	9/18/14	JOSEPH BEN	FAN'	ΤĖ			_	
HEF	70-911	Date	Enter name of i	ndivid	ual sic	ning a	s plan admir	istrator	
		-					•		
SIG	(22 C)	Date	Enter name of i	ndivid	ual sic	ınina a	s emplover o	r plan spo	nsor
<u>[[60,1]](6)</u>	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								