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

					tions to the Form 5				
Part	Annual Report	Identification Infor	mation						
For cale	ndar plan year 2013 or fis	scal plan year beginning	01/01/2013		and ending	12/31/	2013		
A This	return/report is for:	X a single-employer pla	an 🗌 a n	nultiple-employer pl	an (not multiemploye	r)	a one-partici	pant plan	
B This	return/report is:	the first return/report	the	final return/report					
		an amended return/r	eport 🗌 a st	nort plan year return	/report (less than 12	months)		
C Che	ck box if filing under:	X Form 5558	n	tomatic extension			DFVC progra	am	
One	ck box if filling drider.	special extension (er							
Dowt I	I Dania Dian Info	<u> </u>							
Part I		rmation—enter all requ	uested information	n		16	There a 10 a 14	1	
	ne of plan Y FUNDING, LLC PROFI	T SHADING DI AN				ID	Three-digit plan number		
ODTOOL	T T ONDING, LLC T KOTT	TOTAKINOTEAN					(PN) ▶	002	
						1c	Effective date o	of plan	
								/2012	
	n sponsor's name and add Y FUNDING, LLC	dress; include room or su	ite number (empl	oyer, if for a single-	employer plan)	2b Employer Identification Number (FIN) 13-4127143			
OBTOOL	T T ONDING, LLO					0-	(=::+)		
						2C	Sponsor's telep		
	ESTNUT STREET 2ND F IURST, NY 11516	L				24			
0227						Zu	52229	(see instructions)	
3a Pla	n administrator's name ar	nd address XSame as PI	an Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN	
						30	Administrator's	telephone number	
						00	Administrator 3	telephone number	
4 If th	ne name and/or EIN of the	nlan enoneor hae chang	ad aines the last						
				return/report filed fo	r this plan, enter the	4b	EIN		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7							(b) End of Year			
	Total plan assets	(a) Beginning of Y					226901		1	
	Total plan liabilities						•			
	Net plan assets (subtract line 7b from line 7a)	9	1			22690	1			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)	11610	1						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)									
b	Other income (loss)	8b	-13	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11596	2	
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								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i						11596	2	
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 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a	Was there a failure to transmit to the plan any participant contribu					X		inount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a						
	on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		. ,	40-		X				
	instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X				
h		•		10h		X				
	2520.101-3.)									
•	exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part	VI Pension Funding Compliance									
11 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)										
112										
12										
14										
a	(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.	-			u	Day		ear	9	
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b Enter the minimum required contribution for this plan year										

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	14b Trust's EIN			

Form 5500-SF (2013)		Form 5500-SF	e the instructions t	otice and OMB Control Numbers, se	For Paperwork Reduction Act M		
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er's telephone number (optional)	Prepar	et (optional)	dmun effus no moor	me, If applicable) and address; include	Preparer's name (including firm na		
g as employer or plan sponsor	gningis li		Date		Signature of employer		
10170GHUUNDT URD GO		1412) 44	H1/8/01	M	Signature of plan spain		
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9	8G			the beginning of the plan year	•		
N	d 37			· · · · · · · · · · · · · · · · · · ·	S Sponsor's name		
N	3 q t	4 If the name and/or EllV of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EllV, and the plan number from the last return/report.					
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					•		
ninistrator's felephone number	3c ∀						
VI3 stotstrainimb	3p ∀	lan Sponsor Address	as ems2 🔲 ems4	saddress X Same as Plan Sponsor i	Sa Plan administrator's name and		
25252			•	NX TIETE	US Cedarhurst		
(817–0700 (817) (817) (817)				Snd FL	475B Chestnut Street		
consor's telephone number		-					
riployer Identification Number III) 13-4127143		Sa Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Odyssey Funding, LLC					
fective date of plan							
N) ► 002	4)	1		Profit Sharing Plan	Odysaey Funding, LLC		
rigib-een	ī dī		Hom	amrofni betseuper IIIs retne noitsn	18 Name of plan		
			aoja	special extension (enter description)	Triplin Rasic Plan Inform		
DFVC program	П		nolanatic extension		C Check box if filing under:		
	(sqtud	or St nsdt (less than 12 mc	short plan year return	an amended return/report			
			tinal return/report		B This return/report is:		
21/2013 a one-participant plan		and ending not multiemployer)	01/01/2013	→ .	For calendar plan year 2013 or fisca A This return/report is for:		
31 / 201 3		J. J		entification information	The second secon		
Inspection	-SF.			Complete all entries in accordan	Pension Benefit Guaranty Corporation		
This Form is Open to Public		ction 6057(b) and 6058(Retirement Income Security Act of 1	Department of Labor Employee Benefits Security Administration		
2013	_	Department of the Treasury Integration of the Treasury Integration of the Treasury This form is required to be filled under sections 104 and 4065 of the Employee					
OMB Nos. 1210-0110 1210-089	96	Form 5500-SF Short Form Annual Return/Report of Small Employee					