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

	nefit Guaranty Corporation		cordance with the insti	ructions to the Form 5500	0-SF.		
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)		
C Check b	oox if filing under:	X Form 5558	automatic extension	1		DFVC progra	am
		special extension (enter descri	iption)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation				
1a Name	of plan				1b	Three-digit	
SOBEL, ROS	SS, FLIEGEL & STIEGL	ITZ LLP 401(K) PROFIT SHARIN	IG PLAN			plan number	
					4.0	(PN) •	002
					1C	Effective date of 01/01/	
2a Plan er	oneor's name and addr	ress; include room or suite number	er (employer if for a sing	le-employer plan)	2h		
	SS, FLIEGEL & STIEGL		er (employer, ir for a sing	ie-employer plan)	20	Employer Identification (EIN) 13-41	48787
					2c	Sponsor's telep	hone number
150 BROAD	WAY, SUITE 1206					212-230	
NEW YORK					2d	Business code ((see instructions)
						54111	10
3a Plan ad	dministrator's name and	l address XSame as Plan Sponso	or Name Same as P	lan Sponsor Address	3b	Administrator's I	EIN
					20	A duninintuntuut ava	talambana mumaban
					30	Administrators	telephone number
4 If the r	name and/or FIN of the r	nlan anangar has abangad since t					
T		vian sponsoi nas changeu since u	the last return/report filed	I for this plan, enter the	4b	EIN	
name,	EIN, and the plan numl	ber from the last return/report.	the last return/report filed	I for this plan, enter the			
name, a Sponso	EIN, and the plan number's name	ber from the last return/report.	·	· 	4b 4c		
name, a Sponso	EIN, and the plan number's name		·	· 			7
name, a Sponso 5a Total r	EIN, and the plan number's name number of participants a	ber from the last return/report.			4c		7 6
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan number's name number of participants a number of participants a er of participants with ac	t the beginning of the plan year the the end of the plan year count balances as of the end of the	he plan year (defined be	nefit plans do not	4c 5a 5b		
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year CCOUNT balances as of the end of the	he plan year (defined be	enefit plans do not	4c 5a 5b 5c	PN	6
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name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan number of participants a number of participants are of participants with acete this item)	ber from the last return/report. In the beginning of the plan year In the end of the plan year In the end of the plan year In the end of the plan year invested in elication in the plan year invested in elication in the annual examination and report (See instructions on waiver eligibil ther line 6a or line 6b, the plan caplan, is it covered under the PBGC or incomplete filing of this return/	he plan year (defined be ligible assets? (See instr t of an independent qual lilty and conditions.) annot use Form 5500-S IC insurance program (so	uctions.)	4c 5a 5b 5c	PN 5500. Yes No established.	6 X Yes No X Yes No Not determined
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Do	rt III Financial Information								
7_	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End o		4
	Total plan assets	. 7a	12293	0.1				83672	4
	Total plan liabilities	. 7b _	72293	4				836724	1
	Net plan assets (subtract line 7b from line 7a)	- 7c		0.1					+
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1749	9					
	(2) Participants	8a(2)	1910	0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	9171	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						128312	2
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	394	7					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	1057	2					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1451	9
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						11379	3
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3B 3D	feature co	odes 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 for	eature cod	des from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ns:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а				10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		X			
С				100	X				100000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud	10c		X			100000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d					
е	insurance service, or other organization that provides some or all					V			
	instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?					X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Χ				20620
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	he require	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	nlete	Scher	lule SF	3 (Form		
	5500) and line 11a below)	······			<u>.</u>		•	Yes	X No
	Enter the unpaid minimum required contribution for current year fr		, ,			11a	<u> </u>		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oti	0:5-1	n4== 41	o deta -f+		line
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	Day		e letter ru 'ear	iing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				I	405	I		
b	Enter the minimum required contribution for this plan year					12b	Ī		

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	

SIGN NERE Under pensities of perjury and other pensities 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 betief, it is true, correct, and complete. 63 Caution: A penalty for the late or incomplete filing of this returnireport will be assessed unless reasonable cause is established. 4 Preperer's name (including firm name, if applicable) and address; include room or suite number (optional) 50 32 23 O W D 1a Name of plan For calendar plan year 2013 or fiscal plan year beginning O o 0 T 敛 Part Part Department of Labor Employee Benefits Socurity Administration Sobel, Sobel, Profit Check box if filing under Pension Benefit Guaranty Corporation 150 This return/report is for: If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Sobel, Ross, Fliegel & Stieglitz This return/report is: Plan administrator's name and address Are you daiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520-104-46? (See instructions on waiver eligibility and conditions.)..... If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Number of participants with account balances as of the end of the plan year (defined benefit plans do not Total number of participants at the beginning of the plan year If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... Form 5500-SF Department of the Treasury Internal Revenue Service YORK BROADWAY, Basic Plan Information—enter all requested information Annual Report Identification Information Signature of employer/plan sponsor Signature of plan administrator Ross, Fliegel Sharing Plan Swite 1206 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 internat Revenue Code (the Code). special extension (enter description) an amended return/report a single-employer plan Short Form Annual Return/Report of Small Employee 21 Stieglitz শ্ৰিSame as Plan Sponsor Name LLP 401(k] a short plan year return/report (less than 12 months) 01/01/2013 Benefit Plan automatic extension the final return/report a multiple-employer plan (not multiemployer) Date Date 10/8/14 Same as Plan Sponsor Address NY 10038 Enter name of individual signing as employer or plan sponsor (optional) Preparer's telephone number (optional) Enter name of individual signing as plan administrator BRUCE GLICKMAN and ending 56 50 45 မှ 6 20 ð 7 2d Business code (see instructions) ☐ Yes Sponsor's telephone number (212) 233-0350 Employer Identification Number (EIN) 13-4148787 띺 Administrator's telephone number DFVC program Z Administrator's EIN 541110 Effective date of plan Three-digit a one-participant plan 01/01/2001 (PN) pian number 2/31/20 This Form is Open to Public No Inspection 2013 OMS Nos. 1210-0110 1210-0089 Not determined \times \mathbb{Z} Yes Yes S 20 (h

The second secon	97.1	L			***************************************	b Enter the minimum required contribution for this plan year
				n 5500), and skip to line 13.	MB (Forn	\sim
e date of the letter ruling Year	enter Ih Day	PUE	ctions,	d in this plan year, see instru	ıg amortize	а 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. ————————————————————————————————————
			-	ble.)	as applica	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.
RISA7 Yes 🗵 No	302 of E	ction	or se	nts of section 412 of the Code	requiremen	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?
1	414	L		ule SB (Form 5500) line 39	am Sched	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form
8 (Form Yes 🗵 No	Schedule SB (Form	Sche	plete	es," see instructions and con	ents? (If "Y	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)
						14
			10 <u>i</u>	notice or one of the	ie required	
	×		10h	ctions and 29 CFR	See instruc	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
20,620		×	10g	nd.)	s of year ea	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)
	×	***************************************	Î			f Has the plan failed to provide any benefit when due under the plan?
	×		10e	or other persons by an insurance carrier, or all of the benefits under the plan? (See	er persons of the benef	agents, s some
	×		10d	id, that was caused by fraud	fidelity bon	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
100,000		×	10c		.,	C Was the plan covered by a fidelity bond?
	×		105	nclude transactions reported	? (Da not ir	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)
AND REAL PROPERTY OF THE PROPE	×		10a	ection Program)	tions within	a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)
Amount	Z o	Yes				10 During the plan year:
						Part V Compliance Questions
the instructions:		ie Co	cteristi	es from the List of Plan Chara	ature code	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in
the instructions:	odes in	ii O	acteris	is from the List of Plan Char	feature coo	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2U 3B 3D
		and the second s				Part IV Plan Characteristics
					8	j Transfers to (from) the plan (see instructions)
113,793					8	i Net income (lass) (subtract line 8h from line 8c)
14,519					8h	
			***************************************		80	Q Other expenses.
		N	10,572		8f 2	f Administrative service providers (sataries, fees, commissions)
		C			Rp.	Certain deemed and/or corrective distributions (see instructions)
		7	3,947		8c	Benefits paid (inctuding direct rollovers and insurance to provide benefits)
128,312					80	1
		₩ GG	91,713	9	8,5	b Other income (loss)
		0			8a(3)	
		Ö	9,100	1	8a(2)	
		99	17,49	ļ.·l	8a(1)	Contributions received or receivable from: (1) Employers
(b) Total		-		(a) Amount		8 Income, Expenses, and Transfers for this Plan Year
836,724		;÷	2,931	722,	7c	C Net plan assets (subtract line 7b from line 7a)
					7b	b Total plan liabilities
836,724			2,931	722,9	7a	a Total plan assets
(b) End of Year			*	(a) Beginning of Ye		7 Plan Assets and Liabilities
			02000000			Part III Financial Information
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14a Name of trust	Part VIII Trust Information (optional)	13c(1) Name of plan(s):	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.)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC7.	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a Has a resolution to terminate the plan been adopted in any plan year?	Part VII Plan Terminations and Transfers of Assets	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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).	Enter the amount contributed by the employer to the plan for this plan year	Form 5500-SF 2013 130118
1		13c(2) E	lan(s) to	er the con	+						
14b Trusi		2) EIN(\$)		troj.	13a	Yes		5	12d	12c	
rust's EIN		\$)				No No		Yes			
II ALIANA		13				ō		8			
	TA LITE AND A SECURE AND A SECURE ASSESSMENT OF THE SECURITY O	13c(3) PN(s)		Yes 🖾 No		200		N/A			