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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		7 Complete un chime	s ili accordant	e with the monde	tions to the Form 5	, iC-00		
Part I	Annual Report	t Identification Informa	ation					
For cale	ndar plan year 2013 or f	fiscal plan year beginning	01/01/2013		and ending	12/31/	2013	
A This	return/report is for:	X a single-employer plan	am	nultiple-employer pl	an (not multiemploye	-)	a one-particip	pant plan
B This	return/report is:	the first return/report	the	final return/report				
		an amended return/repo	ort 🗌 a sh	ort plan year returr	n/report (less than 12	months)	
C Chec	k box if filing under:	Form 5558		omatic extension			DFVC progra	am
• Once	ik box ii iiiing under.	special extension (enter						••••
Don't II	Dania Dian Info	` <u>`</u>	· · · · · ·					
Part II		ormation—enter all reques	sted information	1		1h	There dies	I
	ne of plan	RP. PROFIT SHARING PLAI	N			ID	Three-digit plan number	
William Or	DEVELOT MENT OO	TO THOST OF MAIN OF EACH	•				(PN) ▶	003
						1c	Effective date o	f plan
							01/01	/2004
	sponsor's name and ac	ddress; include room or suite	number (emplo	oyer, if for a single-	employer plan)	2b	Employer Identi	fication Number 78018
						20	(=::-1)	
5044 EVE	DECC DDIVE COUTU					20	Sponsor's telep	
	RESS DRIVE SOUTH KOMA, NY 11779					2d	Business code (
						- 4	54160	
3a Plar	administrator's name a	and address Same as Plan	Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's	
VHITFORE	DEVELOPMENT COR	(P. 5014	4 EXPRESS DE	RIVE SOUTH		20		378018
		RON	NKONKOMA, N	IY 11779		30	Administrator's 1	telephone number 1-7711
4 If th	e name and/or EIN of th	ne plan sponsor has changed	since the last r	eturn/report filed fo	or this plan, enter the	4b	EIN	
		ne plan sponsor has changed umber from the last return/rep		return/report filed fo	or this plan, enter the		EIN	
nar a Spo	ne, EIN, and the plan nunsor's name	umber from the last return/rep	ort.			4c	EIN PN	
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Form 5500-SF 2013 Page **2**

Do	rt III Financial Information									
_ Pa			(a) Beginning of Yea				<i>(</i>) =			
	Plan Assets and Liabilities			22351			(b) End of Year			
<u>а</u> b	Total plan assets	7a		0					04	
	Net plan assets (subtract line 7b from line 7a)								641	
8	Income, Expenses, and Transfers for this Plan Year	7c	2235			+				
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	14	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							142	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2058	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	127	1						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21852	2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-21710)
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coo	des in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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	Χ					60000
d		fidelity bo	nd, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ					
	instructions.)			10e		X				16
	Has the plan failed to provide any benefit when due under the plan	n?		10f	.,	^				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					0
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 2520.101			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fro					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>	-	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	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 Tressury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee

OMB Nos. 1210-0110 1210-0089 2013

Department of Lebor Employee Benefits Cocurity Administration	Retirement Income Security Act the Intern	of 1974 (ERISA), and se nal Revenue Code (the (This form is c	Open to Public			
Penalon Benefit Gueranty Corporation	0-8F.	ection						
	dentification Information							
For calendar plan year 2013 or fisc		01/01/2013	and ending	12/31/2013				
C time taleutingbott in inc.	X a single-employer plan		ilan (not multiemployer)	a one-participar	nt plan			
B This return/report is:	the first return/report	the final return/report						
· ·	an amended return/report	=	n/report (less than 12 m	· <u> </u>				
C Check box if filing under:	21 Form 5558	automatic extension		DFVC program				
Constitution Programmes	special extension (enter descrip							
	mation—enter all requested infor	ITHUO!	 	1b Three-digit				
1a Name of plan WHITFORD DEVELOPMENT	CORP. PROFIT SHARING	PLAN		plan number	03			
				1c Effective date of pi 01/01/2004	lan			
2a Plan sponsor's name and add WHITFORD DEVELOPMENT	ress; include room or suite number CORP.	(employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 20-4878018				
5014 EXPRESS DRIVE SO	איייני			2C Sponsor's telephol 631~471-771				
JULY MAINESS BALVE S	5 5 1 1 1			2d Business code (se				
RONKONKOMA	NY 11779			541600				
	address Same as Plan Sponsor	Name Same as Plan	n Sponsor Address	3b Administrator's EIN 20-4878018	1			
WHITFORD DEVELOPMENT	CORP.			3C Administrator's tele	phone number			
5014 EXPRESS DRIVE SO	OUTH			631-471-771	•			
RONKONKOMA	NY 11779							
4 If the name and/or EIN of the p name, EIN, and the plan num	plan aponsor has changed since the	: last return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name	an mariful at a series section (about			4c PN				
5a Total number of participants at	t the beginning of the plan year	*	****	5a	6			
b Total number of participents a	t the end of the plan year	***********************	*************	5b	2			
	count belences as of the end of the			5c	2			
6a Were all of the plan's assets of	- , -	•	•		X Yes No			
	he annual examination and report o (See instructions on waiver eligibility				▼ Yes □ No			
	er line 6a or line 6b, the plan can				B []			
C if the plan is a defined benefit (plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?.	Yes No N	ot determined			
Caution: A penalty for the late or	incomplete filing of this return/re	port will be assessed	unices reasonable cau	se is established.				
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete	signed by an enrolled actuary, as v	ns, I declare that I have well as the electronic ven	examined this return/report sion of this return/report	ort, including, if applicable, and to the best of my known	e, a Schedule owledge and			
eigh / 1	(w)	10-13-14	Victor Irizari	у				
HERE Signature of plan adm	ninistrator	Date		sal signing as plan admini	strator			
SIGN								
HERE Signature of employe		Date	Enter name of individu	al signing as employer or	plan sponsor			
Preparer's name (including firm name	ne, if applicable) and address; inclu	de room of sulte numbe	(optional)	Preparer's telephone nur				
			ļ	omenik pii yek padalik baya sasi Malakatik sasik pinak kabago				
For Paperwork Reduction Act Notice a	ind OMB Control Numbers, see the in	structions for Form 5500-f			n 5500-SF (2013)			

10-13-14;17:12 ;From:d

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Par	t III Financial Information				_		(I) Ford of Voca
7	Plan Assets and Liabilities		(a) Beginning of Year	2251	-		(b) End of Year
a	Total plan assets	7a	2:	2351	+		041
	Total plan liabilities	7b	2	2251	1-		641
С	Net plan assets (subtract line 7b from line 7a)	7c		2351	-		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	8a(1)		(
	(1) Employers	8a(2)		(0		
	(2) Participants	8a(3)		(0		
	(3) Others (including rollovers)	8b		142	2		
	Other income (loss)	8c					142
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	1		050			
u	to provide benefits)	. 8d		0583	1		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		107	1		
f	Administrative service providers (salaries, fees, commissions)	. 8f		127	0		
g	Other expenses	. 8g			0		21852
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						-21710
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			0		
j	Transfers to (from) the plan (see instructions)	· 8j			0		
b		feature code	es from the List of Plan Charac	teristi	c Cod	es in th	e instructions:
Par					Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contrib	utions within	n the time period described in			х	
	29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fig.	ductary Corr	ection Frogram)	10a		21	
t	h Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions reported	10b		X	
	on line 10a.)				X		60000
(C Was the plan covered by a fidelity bond?			10c			
	d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	
(e Were any fees or commissions paid to any brokers, agents, or commissions.	III OI LITE DEI	ielita dildei tile piari. (ess	10e	Х		16
	instructions.)	lon?		10f		Х	
1	f Has the plan failed to provide any benefit when due under the p			_	Х		(
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	21		
	h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х	
	i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the require	d notice or one of the	10i			
Pai	+ M Bansian Funding Compliance					11.0-	7/5
11	Is this a defined benefit plan subject to minimum funding require					dule St	Yes No
11	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a	
12	ls this a defined contribution plan subject to the minimum fundi	ng requirem	nents of section 412 of the Cod	e or s	ection	302 of	ERISA? Yes X NO
	10 - 10 - 10 - 10 120 12d and 12a half	w as annli	cable)				
	a If a waiver of the minimum funding standard for a prior year is b	eing amortiz	zed in this plan year, see ilistit	1000	s, and	enter ti Day	Year
	If you completed line 12a, complete lines 3, 9, and 10 of Sched	lule MB (Fo	orm 5500), and skip to line 13			12b	
	b Enter the minimum required contribution for this plan year					1 44 10	

" whitford Pew. Cop. Projet Sharing Plan

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of Profit and Pension Planners ("Service Provider") to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 10-13-14 By: ____