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

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 5500	0-SF.		pedilon
Part I	Annual Report I	dentification Information				•	
For calend	dar plan year 2013 or fisc			and ending 1	2/31/2	2013	
	eturn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This re	eturn/report is:	the first return/report th	e final return/report				
		an amended return/report as	short plan year return	/report (less than 12 mo	onths))	
C Check	box if filing under:	片	utomatic extension			DFVC progra	am
		special extension (enter description)					
Part II	•	mation—enter all requested information	on				T
1a Name JAMES J. V	•	K PROFIT SHARING PLAN AND TRUS	Т		1b	Three-digit plan number (PN)	002
					1c	Effective date o	f plan
	sponsor's name and add	lress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi	
46 FOX ST	REET				2c	Sponsor's telep	
	EPSIE, NY 12601				2d	Business code ((see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
name		plan sponsor has changed since the last other from the last return/report.	return/report filed fo	r this plan, enter the	4b 4c	EIN	
		at the beginning of the plan year			5a		5
_							
	·	at the end of the plan year			5b		5
comp	olete this item)	account balances as of the end of the plan			5с		5
		during the plan year invested in eligible a					X Yes No
unde	r 29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and	d conditions.)				X Yes No
-		ther line 6a or line 6b, the plan cannot to plan, is it covered under the PBGC insu					Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/repor	t will be assessed u	ınless reasonable cau	se is	established.	
Under per SB or Sch	nalties of perjury and other	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
Preparers	s name (including tirm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone	number (optional)
Ī							

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Do	rt III Financial Information									
7			() 5				<i></i>			
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End			
	Total plan assets	7a							0	
	Total plan liabilities	7b		0 1416305				150		
	Net plan assets (subtract line 7b from line 7a)	7c		5			1582483			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	2720	4						
	(2) Participants	8a(2)	2857	5						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	12603	5						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18	1814	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	1563	6						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	5636	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						16	6178	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
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 instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in					7.11100	4111	
	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				
	Was the plan covered by a fidelity bond?			10c	X				2	65000
d	Did the plan have a loss, whether or not reimbursed by the plan's					X				.00000
	or dishonesty?			10d		**				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form			
44-	5500) and line 11a below)								Yes	X No
	Enter the unpaid minimum required contribution for current year fr		, , , , , , , , , , , , , , , , , , ,			11a	5 010 : 5	$\overline{}$	V	V A1.
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ĿRISA?	Ц	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	and -	ntor th	no data of "	10 lot	or ruli	20
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	Day	e date of the	ne lett Year	er ruill	ig ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				ı	12b	Ī			
h	Enter the minimum required contribution for this plan year				1	1/0	•			

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				

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor

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

2013

OMB Nos. 1210-0110

1210-0089

Employee I	Employee Benefits Security Administration the Internal Revenue Code (the Code). Inspection						
Pension 8	Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.	1,12	
Part I		dentification information	······································				
For calend	dar plan year 2013 or fisc		/01/2013	and ending		12/31/201	.3
A This re	eturn/report is for.	🛮 a single-employer plan 📗 a	s multiple-employer	plan (not multiemployer)	[a one-particip	ent plan
B This re	eturn/report is:	the first return/report t	he final return/report	l			
	·	an amended return/report a	short plan year retu	m/report (less than 12 m	onths)		
C Chack	box if filing under:		automatic extension	,	ŗ	DFVC progra	m
C CHECK	box ir ning under.	special extension (enter description		. ,	L	_ = o p.og	•••
Down II	T Pagia Diam Inform	<u> </u>	<u> </u>				
Part II		mation—enter all requested informat	ion		45	Three-digit	
1a Name	•	v ppe			1	plan number	
	ES J. WILLOUGHB	I, DDS G PLAN AND TRUST			ļ.	(PN) ▶	002
1011	A LIGHT SIPHON	O THAT AND THEE			1c	Effective date of	plan
			`			01/01/1990)
	sponsor's name and add ES J. WILLOUGHB	ress; include room or suite number (em Y, DDS	ployer, if for a single	employer plan)		Employer Identif (EIN) 14-166	
					2c	Sponsor's telepi	none number
46 0	Pau Chanat					(845) 471-	
40 1	Fox Street				2d	Business code (see instructions)
	ghkeepsie			12601	<u> </u>	621210	
3a Plan	administrator's name and	i address 🏿 Same as Plan Sponsor Na	me Same as Pla	in Sponsor Address	3b.	Administrator's E	in .
					30	و ماسيدهم ومانية	-tb
					3C	Administrator s t	elephane number
					}		
4 If the	name and/or FIN of the	plan sponsor has changed since the las	st return/report filed	for this plan, enter the	4b	EIN	
		ber from the last return/report.	at returnineport injec	or this plant, chief the	40	Elin	
a Spons	sor's name				4c	PN	
5a Total	number of participants a	t the beginning of the plan year		IPPEE) ELEIDIGO ***************************	5a		5
b Total	number of participants a	it the end of the plan year		, Pl +4+++=================================	5b		5
C Numi	ber of participants with addete this item)	ccount balances as of the end of the pla	an year (defined ben	efit plans do not	5c	,; <u>-</u> :	 5
		during the plan year invested in eligible				1	X Yes No
		he annual examination and report of er				••••••••	₽ .∞ □
unde	r 29 CFR 2520 104-46?	(See instructions on waiver eligibility ar	nd conditions.)	******************************			X Yes No
If you	и алswered "No" to eith	her line 6a or line 6b, the plan cannot	t use Form 5500-Si	and must instead use	Form !	5500.	
C If the	plan is a defined benefit	plan, is it covered under the PBGC inst	urance program (sei	ERISA section 4021)?	П	Yes No	Not determined
Cautions	A non-lity for the lete of	r incomplete filing of this return/repo	et udil be googgest				
		er penalties set forth in the instructions,					11 . 0-1 . 1 .
SB or Sch	raines of perjury and office redule MB completed and	is penales set form in the histochors, I signed by an enrolled actuary, as well	as the electronic ve	resion of this return/rep	oort, inc . and to	auding, it applice the best of my	ible, a Schedule knowledge and
	true, correct, and comple			· · · · · ·	,		
	10°	1 1 00 0.	10/2/2	JAMES J. WILLO	VICUE		- ,
SIGN HERE	Jane /	willings -	10/9/14	DAMES O. WILLE	JUGHE	01	
III.	Signature of plan add	ministrator	Date	Enter name of individu	ual sign	ning as plan adm	inistrator
SIGN	Y		İ				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sion	ing as employer	or plan sponsor
Preparer's		me, if applicable) and address; include					number (optional)
•	. •				, –	•	, , , , , , , ,
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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear	
_	Total plan assets	7a	1,416		5		(2) 2.114		L,582	,483
-	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c	1,416,305			1,582,48				
_	Income, Expenses, and Transfers for this Plan Year	. •	(a) Amount				(b) T	otal		
	Contributions received or receivable from:		`				(2) .	ota.		
	(1) Employers	8a(1)		7,20						
	(2) Participants	8a(2)	28	3,57	5					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	126	5,03	5					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							181	,814
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f	15	5,63	6					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								,636
i	Net income (loss) (subtract line 8h from line 8c)	8i							166	,178
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3B 3D	feature code:	s from the List of Plan Chara	acteris	stic Co	odes in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	des in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а			-							
		ciary Correct	tion Program)	10a		X				
b	· · · · · · · · · · · · · · · · · · ·	? (Do not inc	lude transactions reported	10a 10b		X				
	on line 10a.)	? (Do not inc	lude transactions reported	10b	X				265	5.000
	on line 10a.)	? (Do not inc	lude transactions reported that was caused by fraud	10b 10c	Х				265	5,000
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	? (Do not inc	that was caused by fraud	10b	X	Х			265	5,000
c d	on line 10a.)	? (Do not inc	that was caused by fraud y an insurance carrier,	10b 10c	X	х			265	5,000
c d e	on line 10a.)	? (Do not inc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	X	Х			265	5,000
c d e	on line 10a.)	? (Do not inc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	х			265	5,000
c d e	on line 10a.)	? (Do not inc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	Х	X			265	5,000
c d e	on line 10a.)	fidelity bond, ner persons b of the benefits n? us of year enc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	X	X X X			265	5,000
c d e	on line 10a.)	fidelity bond, ner persons b of the benefits n? us of year enc (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x x x			265	5,000
c d e f g h	on line 10a.)	fidelity bond, ner persons b of the benefits n? us of year enc (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x x x			265	5,000
c d e	on line 10a.)	fidelity bond, ner persons b of the benefits n? (See instruction ne required notes)	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Adule SE			265	
c d e f g h i	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond, ner persons bof the benefits n? s of year end (See instructione required notes)	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sche	X X X X X Adule SE				
c d e f g h i Part 11 11a	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year finding the plan subject to minimum for current year finding the unpaid minimum required contribution for current year finding the plan subject to minimum for current year finding the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond, ner persons b of the benefits n? us of year enc (See instruction ne required notes and the second s	that was caused by fraud y an insurance carrier, s under the plan? (See 1.) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Adule SE			Yes	
c d e f g h i	on line 10a.)	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required notes and the second se	that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Adule SE			Yes [X No
c d e f g h i Part 11 11a 12	on line 10a.)	fidelity bond, ner persons b of the benefits n? s of year enc (See instructi ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i plete	Schee	X X X X X Author SE 11a 302 of	ERISA?		Yes -	X No
c d e f g h i 11a 11a 12	on line 10a.)	fidelity bond, her persons bof the benefits n? s of year end (See instruction he required notes of the service	that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i plete	Schee	X X X X X A X A A A A A A A A A A A A A	ERISA?	he le Yea	Yes -	X No

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	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 of the PBGC?			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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			<u> </u>	
14a	Name of trust	14b ⊤r	ust's EIN		