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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruc	tions to the Form 5500	0-SF.		peonon
Part I	Annual Report	Identification Information					
For calend	lar plan year 2013 or fis	scal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		x an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
David II	Desir Diese le Co	<u> </u>					
Part II		rmation—enter all requested information	ation	1	4.		T
1a Name					1b	Three-digit plan number	
BOWER MC	ONTE & GREENE, PC	401(K) PLAN				(PN)	001
						Effective date of	
					10	01/01	•
2a Plan s	enoneor's name and add	dress; include room or suite number (e	mployer if for a single-	employer plan)	2h		
	ONTE & GREENE, PC	dress, include room or suite number (e	imployer, ir for a single-	employer plan)		Employer Identification (EIN) 27-33	86784
						Sponsor's telep	
4000 DVD [21.474				20	212-599	
1220 RXR F UNIONDAL	E, NY 11556				2d		(see instructions)
	,				24	54111	
3a Plan a	administrator's name an	nd address XSame as Plan Sponsor N	lame	Sponsor Address	3h	Administrator's	
Ou Flaire	danimistrator s mame an	d address Abame as Fian oponsor N	idilic Dodilic do Fidil	Oponsoi Addiess	0.0	/ diffilliotrator of	LII v
					3с	Administrator's t	telephone number
							•
		plan sponsor has changed since the l	ast return/report filed fo	r this plan, enter the	4b	EIN	
	•	nber from the last return/report.			4 -		
	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		20
b Total	number of participants	at the end of the plan year			5b		15
		account balances as of the end of the p	•	•	5c		6
6a Were	e all of the plan's assets	during the plan year invested in eligib	le assets? (See instruct	tions.)			X Yes No
		the annual examination and report of					
		? (See instructions on waiver eligibility					X Yes No
-		ther line 6a or line 6b, the plan cann					_
C If the	plan is a defined benefi	it plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late o	or incomplete filing of this return/rep	oort will be assessed i	unless reasonable cau	se is o	established.	
		ner penalties set forth in the instruction					able a Schedule
		nd signed by an enrolled actuary, as we					
belief, it is	true, correct, and comp	olete.					
SIGN	Filed with authorized/\	valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	nie lei	ning as nlan adn	ninietrator
OLON	Orginature or plant at		Bate	Enter name of marvia	adi oig	riing as pian aan	innotrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address; includ	e room or suite number	r (optional)	Prepa	arer's telephone	number (optional)
				ħ			

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Day	t III. Financial Information						
	t III Financial Information						
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
-	Total plan assets	7a 		0	-		797392
	Total plan liabilities	7b _	195260		-		
	Net plan assets (subtract line 7b from line 7a)	7c		5	-		797392
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)	813	5			
	(3) Others (including rollovers)	8a(3)	569	6			
-	Other income (loss)	8b	27939	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					293228
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	143282	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e	1058	5			
f	Administrative service providers (salaries, fees, commissions)	8f	503	5			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1448441
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1155213
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics				ı		
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe						
Part	V Compliance Questions						
					Yes	No	A
10	During the plan year:	41	- 46 - 41		res	No	Amount
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X	0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	0
С	Was the plan covered by a fidelity bond?			40-	Χ		450000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10c		X	150000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d			U
E	insurance service, or other organization that provides some or all					V	
	instructions.)			10e		X	0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	0
g	Did the plan have any participant loans? (If "Yes," enter amount a	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 2520.10			10i		X	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
h	Enter the minimum required contribution for this plan year					12b	0

Page	3	- [1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			0
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			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	′es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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			
	13c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	·	

Form 5500-SF

Department of the *reasory Triernal Resense Service

Short Form Annual Return/Report of Small Employee Benefit Plan

2013

OMB Nos. 1210-0113

1219-0089

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). This Form is Open to Public É nakyee Benetis Security Administration Yeriskon Awaret Gowanty Carporanion Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning and ending a single-employer plan A This return/report is for a multiple-employer plan (not multiemployer) a one-participant plan B. This return/report is: the first return/report the final return/report an amended returnireport a short plan year return/report (less than 12 months) C Check box if filing under: Farm 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Bower Monte & Greene, PC 401(k) Plan plan number 001 (PN) 🕨 1c Effective date of plan 1/1/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Bower Monte & Greene, PC 273386784 2c Spansor's telephone number 1220 RXR Plaza 2125990900 Uniondale NV Business code (see instructions) 11556 541110 3a Plan administrator's name and address DSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plant sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name. EIN, and the plan number from the last return/report. a Sponsor's name Ar: 20 5a 15 C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not ô 6a. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... b. Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties 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 behalf, it is true correct, and complete SIGN HERE Signature of plan administrator Date Enter name of individual signing as plateaministrator SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name if applicable) and address, include room or suite number (optional) Preparer's telephone number (optional)

Part III Financial Information 7 Plan Assets and Clabilities					<u> </u>					
The state of the s		(a) Beginning of	**********			(b)	End o	of Yea	ar	
a Total plan assets	- 7a		1952			~~ ~~~	·······		7973	92
C Net plan assets (subtract line 7b from line 7a)	7b	· 		0						0
8 Income Expenses, and Transfers for this Plan Year	7c		1952	605	***************************************	······································	······		7973	3 2
a Completions received or receivable from.	6-41	(a) Amount	***************************************		***************************************		(b) To	tai	······································	
(2) Participants	1		~	_0						
(3) Others (including rollovers).	8a(2)			135			······································	· · · · · · · · · · · · · · · · · · ·		
b Other ricume (lass)	Ba(3)			396		····		······································		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		2790	197						
d Benefits paid (including direct reflevers and insurance premiums to provide benefits).		4	4328	24		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			9322	<u>8</u>
Certain deemed and/or corrective distributions (see instructions).	8e	<u> </u>	<u>4320</u> 105							
f Administrative service providers (salaries, fees, commissions)	81			35						
g Other expenses			JU		······	~··········				
h Total expenses (add lines 8d 8e 8f, and 8g).	8g 8h			0			··········	444	844	
i Net income (loss) (subtract line 8h from line 8c)	8i		~~~~			**************************************			*************	
I Transfers to (from) the plan (see instructions)				0				-115	5213	}
Part IV Plan Characteristics	8j					~~~~~~~~	*			
If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows.										
Part V Compliance Questions	·····				*********	*************************************		***********		
10 During the plan year				Yos	No	7	Δm	ount		
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduce).	iary Correcti	on Program)	102	****	/					•••••
D Were there any nonexempt transactions with any party-in-interest? on line 10a).	(Do not inclu	de transactions reported	10b		1	1		 		*****
C Was the plan covered by a fidelity bond?		**************************************	10c	✓			***************************************		150	3(1
d Did the plan have a loss, whether or not reimbursed by the plan's fit or disnonesty?	delity bond t	hast war anciend by terms	10d		· · ·					****
Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	r persons by	an insurance carner,	10e		<u> </u>				'''	(
${f f}$. Has the plan failed to provide any benefit when due under the plan?		*****				 		·····	·	
g Did the plan have any participant loans? (If "Yes," enter amount as o			10f		<u> </u>		····			
h If this is an individual account plan, was there a blackout period? (Se	or year end.).		10g	✓					~~~	-
i If 10h was answered 'Yes,' check the box if you either provided the			10h		1		***********	Professional acciden	· Amount company of the	
exceptions to providing the notice applied under 29 CFR 2520.101-3	required noti	ce or one of the	101							
	····									
5500) and line 11a below)					4e SB	i (Fonn	I_{\Box}	Yes	Ø N	G
11a Enter the unpaid minimum required contribution for current year from	Schedule Si	3 (Form 5500) line 39	· · · · · ·	. 1	1a	ĺ				
12 Is this a defined contribution plan subject to the minimum funding req	curements o	section 412 of the Code	orse¢	tion 30	2 of 8	ERISA7	III	Yes	Q N	0
(if fes complete line 12a or lines 12b, 12c, 12d, and 12e below as	annimania i									
If a warrer of the minimum funding standard for a prior year is being a granting the warver. If you completed the 12st co		MOON	ons a	ınd en	ler the Day	e date of t	he lette Year	er rulii	ny.	-
1. 700 completed line 12a, complete lines 3, 9, and 10 of Schedule Mil	B (Farm 550	0), and skip to line 13.								
b Enter the minimum required contribution for this plan year	*/<******			1:	2b					_

******	Form 5500-SF 2013	Page 3 - [•••	
c	Enter the amount contributed by the employer to	the plan for this plan year	12¢	
	Subtract the amount in line 12c from the amount	in line 12b. Enter the result (enter a minus sign to the left of a	12d	
e		se 12d be met by the funding deadline?		Yes No N/A
Part	VII Plan Terminations and Transfe	rs of Assets		
13a	Has a resolution to terminate the plan been adopted	i in any pian year?	X Yeı	s No
*************************************	if 'Yes' enter the amount of any plan assets that	it reverted to the employer this year	13a	(
b		ts or beneficiaries, transferred to another plan, or brought under t	ne control	☐ Yes 🖺 No
С	If during this plan year, any assets or liabilities wi which assets or habilities were transferred. (See	ere transferred from this plan to another plan(s), idenlify the plan(instructions.)	(s) to	
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)			magamentalistical and a second control of the contr
	lame of trust		14b Trus	ts EIN