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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instr	uctions to the Form 5500	-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	Identification Information	า				
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01	1/2014	and ending 10	0/22/20)14	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	x the final return/repor	rt			
		an amended return/report	x a short plan year retu	urn/report (less than 12 mo	onths)	_	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter desc	cription)				
Part II	Basic Plan Infor	rmation—enter all requested in	nformation				
1a Name						Γhree-digit	
BOWER MO	NTE & GREENE, PC 4	I01(K) PLAN				olan number	004
				-		PN)	001
					IC E	Effective date of 01/01/	
		dress; include room or suite numb	ber (employer, if for a singl	e-employer plan)	2b E		fication Number
BOWER MC	ONTE & GREENE, PC				(EIN) 27-33	86784
BVB B					2c S	Sponsor's telep 212-599	
1220 RXR P UNIONDALE				-	2 d ∃		(see instructions)
						54111	,
3a Plan a	dministrator's name an	d address XSame as Plan Spon	nsor Name Same as Pl	an Sponsor Address	3b A	Administrator's I	EIN
					3c A	Administrator's t	telephone number
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b E	ΞΙΝ	
	, EIN, and the plan num	plan sponsor has changed since nber from the last return/report.	e the last return/report filed	for this plan, enter the	4b E		
name, a Sponse	, EIN, and the plan num or's name			·			15
name, a Sponso 5a Total r	, EIN, and the plan num or's name number of participants	nber from the last return/report.			4c F		15
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year	f the plan year (defined be	nefit plans do not	4c F 5a 5b		
a Sponso 5a Total r b Total r c Number comple	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	f the plan year (defined ber	nefit plans do not	4c F 5a 5b 5c	PN	0
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Do	rt III Financial Information										
_ Pa			()5				4 > =				
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) En	d of Y		`	
_ <u>a</u>	Total plan assets	7a		0	-				(
<u>b</u>	Total plan liabilities	7b			-						
	Net plan assets (subtract line 7b from line 7a)	7c	79739	2					()	
8	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)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	1796	2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17962		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	81497	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	37								
<u></u>	Other expenses	8g		0							
<u>9</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							315354	1	
÷	Net income (loss) (subtract line 8h from line 8c)	8i							797392		
÷	Transfers to (from) the plan (see instructions)			0					101002		
, D-:		8j		U							
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	foaturo co	doe from the List of Plan Char	actorict	tic Co	odos in	the inetri	ıctione			
Ja	2A 2E 2F 2G 2J 2K 2T 3D	leature co	des nom the List of Flan Chan	aciensi	lic CC	Jues III	uie iiisuu	Cuons	·.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Coc	des in t	he instrud	ctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а				10a		X					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					0
					Χ					4500	
				10c						1500	00
d	or dishonesty?			10d		X					0
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					0
f				10f		Χ					0
g						Χ					
<u>9</u> h				10g							0
	2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the					Х					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		, ,					
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Yes	X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction	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 instru		and (enter th Day	ne date of	the le		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
						12b	I				0

Page	3	-	1	
гаус	J	_		

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		X Yes	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 ⊺r	ust's EIN		

Form 5500-SF

Ownarrows of the Treasury Street Revenue Senece

Decarrown or 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

OMB Nos. 1210-0113

	ATHER PERMITS SHEELERY ACCOUNTS TABOR	the inti	ernal Revenue Code (the Code)				is Open to Public
,	nsor Benefit Gulwaray Corporation	▶ Complete all entries in ac	cordance with the instructions to	the Form 55	500-SF	ln	spection
Par		l Identification Information					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Eot o	alendar pran year 2013 or f	iscal plan year beginning	1/1/2014 and	d ending	10	/22/2014	······································
A Ti	ns returnireport is for.	a single-employer plan	a multiple-employer plan (not m	nitiativania one		4	
	ns return/report is:	[] the first return/report	the final return/report	onicin picyci) [j a vile-paivo	pant plan
		an amended return/report	a short plan year return/report (ii	ner than 10 u	or as marks as t		
C or	neck box if filing under	☐ Form 5558	- mg	essunan iz n	nomns;		
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Part	II Control	special extension (enter descri					
	II Dasic Plan Info	rmation—enter all requested info	mation				
	ame of plan	Ma de la casa de la ca			1b 1	rree-digit	Contract Charles Assert Assert Contract
£2	lower Monte & Green	e. PC 401(k) Plan			1	an number	00°
						'N) 🕨	region and approximate advances
					1c Ef	fective date of	pian
2a 🖂	the bare arrea s'rokasett are	dress include room or suite number	and the same of th		<u></u>	1/1/19	***************************************
Sow	er Monte & Greene, F	C morace toget of some fumber	(employer, it for a single-employer p	ilan)	1		cation Number
(7):5	RXR Plaza				-	-	3386784
1221	ran riaza				2c Sp	onsar's teleph	
Linia	ndale	NY				212599	
1155		: A }			2d Bu		ee instructions)
		d address VSame as Plan Sponsor	S. S		<u> </u>	5411	
	The state of the s	address poame as Man Sponsor	Name Baine as Plan Sponsor A	ddress	3 b Adi	ministrator's E	IN
				-	2 m ()		· · · · · · · · · · · · · · · · · · ·
				1	au Mai	turistrator \$ te	lephone number
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				3			
4 11	e name androi EIN of the	plan sponsor has changed since the					
nar	ne. EIN and the plan numb	ber from the last return/report.	last returnizeport filed for this plan, i	enter the	4b EIN		
	nsors name			*	4c PN		
5a Tota	al number of participants at	The beginning of the plan year					
b Tota	al number of participants at	the end of the plan year		-	5a	1	
C. N. in	nner if nartiringnic with an	oriest hadrings as at the control of	toredress control to the second secon		5b	0	
con	ipiele this item)	count balances as of the end of the	olan year (defined benefit plans do r	iot	5c	0	
,	the same of the sa	uring the plan year invested in eligib	Secretary Control of the secretary s		<u> 56</u>		
b Are	võij čižemind a wawer of th	e annual examination and report of	re assers / (See instructions.)			/	Yes No
บกตั้ง	61 29 CFR 252C 1C4-467	See instructions on waiver eligibility:	an independent quarried public acco	ountant (IQP)	4)		
If yo	ou answered "No" to eithe	or line 6a or line 6b, the plan cann	of use Form 5500.55 and worse to				Yes No
C if the	tilan is a defined nenefit n	lan, is it covered under the PBGC in	or eser, orange state and must me	stead use ro	orm 5500	·	
							ot determinea
Caution:	A penalty for the late or i	incomplete filing of this return/rep	ort will be assessed unless reaso	nable cause	ls ostah	lished	. *************************************
onder bei	railles of penury and other	penalties set forth in the instructions	I declare that I have a summared in.		1 2 /		a Cetarida
	- Programme observation at 15 to	PROPERTY AND CHARGO DESIGNARY AND ONE	If as the electronic version of this ret	lum/report a	nd to the	best of my kno	r, e ou eucle redde and
ALLER N. FS	THE correct, and complete	e .		•		,	4 - M - 400 140
SIGN	Heren	Y	1.7		bun.		
HERE	64.7	4	17 m rain law	<u> </u>	www.		
	Signature of plan adm	mistrator	Date Enter name	of individual	signing a	s pian adminis	trator
SIGN			and the same of th				
IERE	Signature of employers	plan sponsor	Date Errer name	ا - د الساد درام می ا			
reparer s	name (including firm name	of applicable) and address, include	100m of suite againer regionals			s employer or	
			The state of the s	1 1	chaigi 2	lelephone nun	nec tabiousti
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				1			et/Aframes.
				 	-	***************************************	
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F	Part III Financial Information			*****		*************************************	
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year
	a Total plan assets	. 7a		797	392		(
	O Total plan liabilities	. 7b		*****	0		<u> </u>
	Net plan assets (subtract line 76 from line 7a,	7c		797	392		Ò
8	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
8	Contributions received or receivable from:					······································	**************************************
	(1) Employers (2) Farticipants.				-01	**********	
	(3) Others (including rollovers)	T			<u> </u>		
b	Other income (loss)	82(3) 8b		470	<u>n</u>	······································	
c		8c		179	62		
d		80					17962
************	to provide benefits)	8d		8149	79		
6	Certain deemed and/or corrective distributions (see instructions)	8e			0	***************************************	
f	Administrative service providers (salaries, fees, commissions)	8f		3	75	······································	
g	Other expenses	8g	**************************************		0	*********	\
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	***************************************	***************************************	<u> </u>		815354
j	Net income (loss) (subtract line 8h from line 8c)	8i				····	-797392
í	Transfers to (from) the plan (see instructions)	8j		······································	$\overline{\circ}$	······································	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Pa	rt IV Plan Characteristics	<u> </u>					
b	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2P 2G 2J 2K 2T 3D. If the plan provides welfare benefits, enter the applicable welfare fe.						
Pari	V Compliance Questions						
10	During the plan year			***************************************	Yes	No	Amount
******	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	iary Correc	tion Program)	10a		7	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	dude transactions reported	10b		1	
¢	Was the plan covered by a fidelity bond?			10c	✓		15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	delity bond	that was caused by fraud	10d	· · ·	7	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of	persons h	v an insurance carrier		-		
	instructions.)		o once ind plans (See	10e		✓	The state of the s
f	Has the plan failed to provide any benefit when due under the plan?			10f		√	
	Did the plan have any participant loans? (If "Yes," enter amount as o					,	
h	If this is an individual account plan, was there a blackout period? (So	e instruction	ons and 29 CFR	10g		<u>~</u> _	
i	If 10h was answered 'Yes,' check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2620.101-3	required no	tice or one of the	10h		· /	
Part \			* * * * * * * * * * * * * * * * * * * *	101]			<u> </u>
11	is this a defined benefit plan subject to minimum funding requirement 6500; and line 11a below)					ıle SE	3 (Form Yes $\sqrt{2}$ No
	Enter the unpaid minimum required contribution for current year from					1a	
	is this a defined contribution plan subject to the minimum funding req						COICAR TO VAN DIVI
-	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as	anniicabie	or decement with the Code :	್ ಕ€೮	iiUii Ji	JZ 01 1	ERISA7. Yes / No
a i	I a waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized in	this plan year see restrict	ions a	ind en		
If yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5	500), and skip to line 13			Day	Year
bε	nter the minimum required contribution for this plan year			·	1	2b	9
							0

Form 5500-SF 2013 Page 3 -					
C. Enter the amount contributed by the employer to the plan for this plan year	120	- 1	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	1	0		
Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	ΠY	es No Di NA		
Part VII Plan Terminations and Transfers of Assets					
13a: Has a resolution to terminate the plan been adopted in any plan year?		Yes	No		
If "Yes" enter the amount of any plan assets that reverted to the employer this year	13a	7			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?			M Yes □ No		
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to				
13c(1) Name of plan(s)	13¢(2) E	ilN(s)	13c(3) PN(s)		

Part VIII Trust Information (optional)					
14a Name of trust	14b T	14b Trust's EIN			
	**				