## 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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| Р        | ension Benefit Guaranty Corporation                       | ▶ Complete all entries in accor         | dance witl                   | h the instructions to the Form 5500    | 0-SF.                                               |                                                       |              |          |  |
|----------|-----------------------------------------------------------|-----------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------------|-------------------------------------------------------|--------------|----------|--|
|          |                                                           | dentification Information               |                              |                                        |                                                     |                                                       |              |          |  |
| For      | calendar plan year 2009 or fisc                           | al plan year beginning 01/01/200        | 9                            | and ending 1                           | 2/31/                                               | 2009                                                  |              | -        |  |
| Α -      | This return/report is for:                                | X single-employer plan                  | multiple-e                   | employer plan (not multiemployer)      |                                                     | one-participa                                         | ant plan     |          |  |
| В -      | This return/report is for:                                | first return/report                     | final retur                  | n/report                               |                                                     | _                                                     |              |          |  |
|          | ·                                                         | an amended return/report                | short plan                   | n year return/report (less than 12 mor | nths)                                               |                                                       |              |          |  |
| C        | Check box if filing under:                                |                                         | -                            | extension                              |                                                     | DFVC progra                                           | am           |          |  |
|          | oncok box ii iiiiig undor.                                | special extension (enter description    | Į.                           |                                        |                                                     |                                                       |              |          |  |
| Do       | ert II   Pacia Plan Infor                                 |                                         | · ·                          |                                        |                                                     |                                                       |              |          |  |
|          | art II   Basic Plan Information Name of plan              | mation—enter all requested inform       | ation                        |                                        | 1h                                                  | Three-digit                                           |              | -        |  |
|          |                                                           | ISCHOFF 401(K) PROFIT SHARING           | PI AN                        |                                        | 10                                                  | plan number                                           |              |          |  |
|          |                                                           |                                         | , <u> </u>                   |                                        |                                                     | (PN) <b>•</b>                                         | 001          |          |  |
|          |                                                           |                                         |                              |                                        | 1c                                                  | Effective date of                                     |              |          |  |
|          |                                                           |                                         |                              |                                        |                                                     | 01/01/1                                               |              |          |  |
|          | •                                                         | ess (employer, if for single-employer   | plan)                        |                                        | 2b                                                  | Employer Identi                                       |              | mber     |  |
| STEI     | NBERG, FINEO, BERGER & F                                  | ISCHOFF                                 |                              |                                        | (EIN) 11-3089681  2c Plan sponsor's telephone numbe |                                                       |              |          |  |
| 40 CI    | ROSSWAYS PARK DRIVE                                       |                                         |                              |                                        | 20                                                  |                                                       | 7-1136       | lumber   |  |
|          | DBURY, NY 11797                                           |                                         |                              |                                        | 2d                                                  | Business code                                         | (see instruc | ctions)  |  |
|          |                                                           |                                         |                              |                                        |                                                     | 541110                                                |              |          |  |
|          | Plan administrator's name and<br>NBERG, FINEO, BERGER & F | address (if same as Plan sponsor, e     |                              |                                        | 3b                                                  | Administrator's                                       |              |          |  |
| STEI     | NDERO, FINEO, BEROER & F                                  | WOODBURY                                | AYS PARK DRIVE<br>, NY 11797 |                                        |                                                     | 11-3089681 <b>3c</b> Administrator's telephone number |              |          |  |
|          |                                                           |                                         |                              |                                        | ,                                                   |                                                       | 7-1136       | Idilibei |  |
|          |                                                           | an sponsor has changed since the la     |                              | port filed for this plan, enter the    | 4b                                                  | EIN                                                   |              |          |  |
| ı        | name, EIN, and the plan numbe                             | er from the last return/report. Sponso  | r's name                     |                                        | 10                                                  | PN                                                    |              |          |  |
| 5a       | Total number of participants as                           | t the beginning of the plan year        |                              |                                        | 5a                                                  |                                                       |              | 20       |  |
| _        |                                                           | t the end of the plan year              |                              | ł                                      |                                                     |                                                       |              | 38       |  |
|          | , ,                                                       | rith account balances as of the end o   |                              | ļ                                      | 5b                                                  |                                                       |              | 35       |  |
| С        |                                                           |                                         |                              |                                        | 5c                                                  |                                                       |              | 27       |  |
| 6a       | Were all of the plan's assets of                          | during the plan year invested in eligib | le assets?                   | (See instructions.)                    |                                                     |                                                       | X Yes        | No No    |  |
|          | Are you claiming a waiver of the                          | he annual examination and report of     | an indeper                   | ndent qualified public accountant (IQF | PA)                                                 |                                                       |              | _        |  |
|          |                                                           |                                         |                              | ions.)                                 |                                                     |                                                       | × Yes        | i ∐ No   |  |
| Da       |                                                           |                                         | orm 5500-                    | SF and must instead use Form 550       | 00.                                                 |                                                       |              |          |  |
|          | rt III   Financial Inform                                 | ation                                   |                              | T                                      | 1                                                   |                                                       |              |          |  |
| 7        | Plan Assets and Liabilities                               |                                         |                              | (a) Beginning of Year                  | _                                                   | (b) End                                               | of Year      | 000000   |  |
|          | Total plan assets                                         |                                         | . 7a                         | 458335                                 |                                                     |                                                       |              | 693686   |  |
| b        | ·                                                         |                                         |                              | 0                                      |                                                     |                                                       |              | 0        |  |
| <u>C</u> |                                                           | 7b from line 7a)                        | . 7c                         | 458335                                 | )                                                   |                                                       |              | 693686   |  |
| 8        | Income, Expenses, and Trans                               |                                         |                              | (a) Amount                             |                                                     | (b)                                                   | Total        |          |  |
| а        | Contributions received or rece  (1) Employers             | ivable from:                            | . 8a(1)                      | 0                                      |                                                     |                                                       |              |          |  |
|          | ., .,                                                     |                                         | 1                            | 144932                                 | 2                                                   |                                                       |              |          |  |
|          | • •                                                       | s)                                      | 1                            | 0                                      |                                                     |                                                       |              |          |  |
| b        | , ,                                                       | ,                                       | 1                            | 92496                                  | _                                                   |                                                       |              |          |  |
| С        | ` ,                                                       | 8a(2), 8a(3), and 8b)                   |                              |                                        |                                                     |                                                       |              | 237428   |  |
| d        | , , , ,                                                   | rollovers and insurance premiums        |                              |                                        |                                                     |                                                       |              |          |  |
| -        |                                                           |                                         | . 8d                         | 72                                     | 2                                                   |                                                       |              |          |  |
| е        | Certain deemed and/or correct                             | tive distributions (see instructions)   | . 8e                         | 0                                      | )                                                   |                                                       |              |          |  |
| f        | Administrative service provide                            | rs (salaries, fees, commissions)        | . 8f                         | 0                                      | )                                                   |                                                       |              |          |  |
| g        | Other expenses                                            |                                         | . 8g                         | 2005                                   | 5                                                   |                                                       |              |          |  |
| h        | Total expenses (add lines 8d,                             | 8e, 8f, and 8g)                         | . 8h                         |                                        |                                                     |                                                       |              | 2077     |  |
| i        | Net income (loss) (subtract line                          | e 8h from line 8c)                      | . 8i                         |                                        |                                                     |                                                       |              | 235351   |  |
| j        | Transfers to (from) the plan (se                          | ee instructions)                        | . 8i                         | 0                                      |                                                     |                                                       |              |          |  |

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|-------------------|------------------|
|-------------------|------------------|

| Part IV | Plan | Charac | teristics |
|---------|------|--------|-----------|
|         |      |        |           |

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| art          | V Compliance Questions                                                                                                                                                                                                                                                                                                   |        |         |          |            |     |        |                |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|------------|-----|--------|----------------|
| 0            | During the plan year:                                                                                                                                                                                                                                                                                                    |        | Yes     | No       |            | An  | ount   |                |
| а            | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)                                                                                                                     | 10a    |         | X        |            |     |        |                |
| b            | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)                                                                                                                                                                                                    | 10b    |         | X        |            |     |        |                |
| С            | Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                 | Χ      |         |          |            |     | 100000 |                |
| d            | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                                                 | 10d    |         | X        |            |     |        |                |
| е            | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)                                                                                                | 10e    | Χ       |          |            |     |        | 3232           |
| f            | Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                                                      | 10f    |         | X        |            |     |        |                |
| g            | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)                                                                                                                                                                                                                                        | 10g    | Χ       |          |            |     |        | 3124           |
| h            | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                                            | 10h    |         | X        |            |     |        |                |
| i            | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3                                                                                                                                                     | 10i    |         |          |            |     |        |                |
| art          | VI Pension Funding Compliance                                                                                                                                                                                                                                                                                            |        |         |          |            |     |        |                |
| 1            | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))                                                                                                                                                                                                      |        |         |          |            | . [ | Yes    | X No           |
| 12           | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code                                                                                                                                                                                                               | or se  | ction 3 | 302 of E | RISA?.     | . [ | Yes    | X No           |
|              | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.  Montlou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. |        |         |          |            |     |        |                |
|              | Enter the minimum required contribution for this plan year                                                                                                                                                                                                                                                               |        | Γ       | 12b      |            |     |        |                |
|              | Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                              |        |         | 12c      |            |     |        |                |
|              | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)                                                                                                                                                                                         | of a   |         | 12d      |            |     |        |                |
| е            | Will the minimum funding amount reported on line 12d be met by the funding deadline?                                                                                                                                                                                                                                     |        |         |          | Yes        |     | No     | N/A            |
| art          | VII Plan Terminations and Transfers of Assets                                                                                                                                                                                                                                                                            |        |         |          |            |     |        |                |
| 3a           | Has a resolution to terminate the plan been adopted during the plan year or any prior year?                                                                                                                                                                                                                              |        |         |          |            |     | Yes    | 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 u of the PBGC?                                                                                                                                                                                            |        |         | ntrol    |            |     | Yes    | X No           |
| С            | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)                                                                                                                                   | e plar | n(s) to |          |            |     |        |                |
| 1            | 3c(1) Name of plan(s):                                                                                                                                                                                                                                                                                                   |        | 130     | c(2) EII | V(s)       |     | 13c(3  | <b>)</b> PN(s) |
|              |                                                                                                                                                                                                                                                                                                                          |        |         |          |            |     |        |                |
|              |                                                                                                                                                                                                                                                                                                                          |        |         |          |            |     |        |                |
| Cauti        | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable                                                                                                                                                                                                                 | e cau  | se is   | establi  | shed.      | l   |        |                |
| Jnde<br>SB o | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/resit is true, correct, and complete.                                                     | rn/rep | ort, in | cluding  | , if appli |     |        |                |
| 01           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                    |        |         |          |            |     |        |                |

| SIGN | Filed with authorized/valid electronic signature. | 08/31/2010 | STUART M. STEINBERG                                          |
|------|---------------------------------------------------|------------|--------------------------------------------------------------|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN | Filed with authorized/valid electronic signature. | 08/31/2010 | STUART M. STEINBERG                                          |
| HERE | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

## 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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| P   | ension Benefit Guaranty Corporation  Complete all entries in accord                                                                 | lance with   | n the instructions to the Form 550  | 0-SF.        |                                 | •                       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|--------------|---------------------------------|-------------------------|
| Pa  | rt I Annual Report Identification Information                                                                                       |              |                                     |              |                                 |                         |
| For | calendar plan year 2009 or fiscal plan year beginning 0                                                                             | 1/01/2       | 009 and ending                      |              | 12/31/200                       | ) 9                     |
| A 1 | his return/report is for: X single-employer plan                                                                                    | multiple-e   | employer plan (not multiemployer)   |              | one-participa                   | nt plan                 |
| В   | This return/report is for:     first return/report                                                                                  | final retur  | n/report                            |              |                                 |                         |
|     | an amended return/report                                                                                                            | short plan   | year return/report (less than 12 mo | nths)        |                                 |                         |
| C ( |                                                                                                                                     |              | extension                           |              | ☐ DFVC progra                   | ım                      |
| •   | special extension (enter description                                                                                                |              |                                     |              |                                 |                         |
| Da  | rt II Basic Plan Information—enter all requested informa                                                                            |              |                                     |              |                                 |                         |
|     | Name of plan                                                                                                                        | 1011         |                                     | 1h           | Three-digit                     |                         |
|     | Name of plant<br>STEINBERG, FINEO, BERGER & FISCHOFF 401()                                                                          | K)           |                                     | "            | plan number                     |                         |
|     | PROFIT SHARING PLAN                                                                                                                 |              |                                     |              | (PN)                            | 001                     |
|     | FROTTI BIRKTNO FIRM                                                                                                                 |              |                                     | 1c           | Effective date o                |                         |
|     |                                                                                                                                     |              |                                     | -            | 01/01/199                       |                         |
| 2a  | Plan sponsor's name and address (employer, if for single-employer<br>STEINBERG,FINEO,BERGER & FISCHOFF                              | plan)        |                                     | 26           | Employer Identi<br>(EIN) 11-308 | fication Number<br>9681 |
|     |                                                                                                                                     |              |                                     | 2c           |                                 | elephone number         |
|     | 40 CROSSWAYS PARK DRIVE                                                                                                             |              |                                     |              | (516)747-                       |                         |
|     | TO CHOODWILD TIME DICEVE                                                                                                            | ę.ev         |                                     | 2d           |                                 | (see instructions)      |
|     | WOODBURY                                                                                                                            | -1 "C        | NY 11797                            | 2h           | 541110<br>Administrator's       | EINI                    |
| зa  | Plan administrator's name and address (if same as Plan sponsor, $\operatorname{er}_{\operatorname{SAME}}$                           | nter Same    | e )                                 | 30           | Administrators                  | EIN                     |
|     |                                                                                                                                     |              |                                     | 3с           | Administrator's                 | telephone number        |
|     |                                                                                                                                     |              |                                     |              |                                 |                         |
| 4   | f the name and/or EIN of the plan sponsor has changed since the last                                                                | st return/re | port filed for this plan, enter the | 4b           | EIN                             |                         |
| 1   | name, EIN, and the plan number from the last return/report. Sponsor                                                                 | i s name     |                                     | 4c           | PN                              |                         |
| 5a  | Total number of participants at the beginning of the plan year                                                                      |              |                                     | 5a           |                                 | 38                      |
| _   | Total number of participants at the end of the plan year                                                                            |              |                                     | 5b           |                                 | 3.5                     |
|     | Total number of participants with account balances as of the end of                                                                 |              |                                     | - 00         |                                 |                         |
|     | complete this item)                                                                                                                 |              | •                                   | 5c           |                                 | 27                      |
| 6a  | Were all of the plan's assets during the plan year invested in eligible                                                             | le assets?   | (See instructions.)                 |              |                                 | X Yes   No              |
| b   | Are you claiming a waiver of the annual examination and report of                                                                   |              |                                     |              |                                 | X Yes No                |
|     | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo |              |                                     |              |                                 | ы 100 П 110             |
| Pa  | rt III Financial Information                                                                                                        | 3111 3300-   | or and must mistead use i only o    | <del> </del> |                                 |                         |
| 7   | Plan Assets and Liabilities                                                                                                         | l            | (a) Beginning of Year               | T            | (b) End                         | of Year                 |
| -   | Total plan assets                                                                                                                   | 7a           | 458,33                              | 3.5          | (3) 2.114                       | 693,686                 |
| b   | Total plan liabilities                                                                                                              | 7b           |                                     | o            |                                 | 0                       |
| C   | Net plan assets (subtract line 7b from line 7a)                                                                                     | 7c           | 458,33                              | 3.5          |                                 | 693,686                 |
| 8   | Income, Expenses, and Transfers for this Plan Year                                                                                  | 70           | (a) Amount                          |              | (b) <sup>-</sup>                | Total                   |
| а   | Contributions received or receivable from:                                                                                          |              | (a) Amount                          |              |                                 |                         |
| _   | (1) Employers                                                                                                                       | 8a(1)        |                                     | 0            |                                 |                         |
|     | (2) Participants                                                                                                                    | 8a(2)        | 144,93                              | 32           |                                 |                         |
|     | (3) Others (including rollovers)                                                                                                    | 8a(3)        |                                     | 0            |                                 |                         |
| b   | Other income (loss)                                                                                                                 | 8b           | 92,49                               | 96           |                                 |                         |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                | 8c           |                                     |              |                                 | 237,428                 |
| d   | Benefits paid (including direct rollovers and insurance premiums                                                                    |              | -                                   | , ]          |                                 |                         |
|     | to provide benefits)                                                                                                                | 8d           | ,                                   | 72           |                                 |                         |
| е   | Certain deemed and/or corrective distributions (see instructions)                                                                   | 8e           |                                     | <u></u>      |                                 |                         |
| f   | Administrative service providers (salaries, fees, commissions)                                                                      |              |                                     | 의            |                                 |                         |
| g   | Other expenses                                                                                                                      | 8g           | 2,00                                | )5           |                                 |                         |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                       | 8h           |                                     |              |                                 | 2,075                   |
| į   | Net income (loss) (subtract line 8h from line 8c)                                                                                   | 8i           |                                     |              |                                 | 235,351                 |
| j   | Transfers to (from) the plan (see instructions)                                                                                     | 8j           |                                     | 0            |                                 |                         |

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|--------------|------|

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| Part                                    | IV Plan Characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |         |          |                |                                         |                         |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------|----------|----------------|-----------------------------------------|-------------------------|
| 9a                                      | f the plan provides pension benefits, enter the applicable pension fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eature codes from the List of Plan Cha      | racteri | stic Co  | des in         | the instruction                         | ons:                    |
| b                                       | 2E $2G$ $2J$ $2K$ $3D$ f the plan provides welfare benefits, enter the applicable welfare fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ature codes from the List of Plan Char      | acteris | itic Cod | des in t       | he instructio                           | ns:                     |
| Part                                    | V Compliance Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |         |          |                |                                         |                         |
| 10                                      | During the plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***************************************     |         | Yes      | No             | Α                                       | mount                   |
| а                                       | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | 10a     |          | Х              |                                         |                         |
| b                                       | Were there any nonexempt transactions with any party-in-interest? on line 10a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | 10b     |          | Х              |                                         |                         |
| С                                       | Was the plan covered by a fidelity bond?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             | 10c     | Х        |                |                                         | 100,000                 |
| d                                       | Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | 10d     |          | Х              |                                         |                         |
| е                                       | Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the benefits under the plan? (See           | 10e     | Х        |                |                                         | 3,232                   |
| f                                       | Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ?                                           | 10f     |          | Х              |                                         |                         |
| g                                       | Did the plan have any participant loans? (If "Yes," enter amount as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of year end.)                               | 10g     | Х        |                | , , , , , , , , , , , , , , , , , , , , | 3,124                   |
| h                                       | If this is an individual account plan, was there a blackout period? (S 2520.101-3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 10h     |          | Х              |                                         |                         |
| 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 '                                  | /I Pension Funding Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |         |          | -              |                                         |                         |
|                                         | s this a defined benefit plan subject to minimum funding requirements 5500))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |         |          |                |                                         | Yes X No                |
| lf y                                    | If a waiver of the minimum funding standard for a prior year is being granting the waiver.  Du completed line 12a, complete lines 3, 9, and 10 of Schedule lines the minimum required contribution for this plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Moi<br>MB (Form 5500), and skip to line 13. | nth     |          | Day            | e date of the                           | e letter ruling<br>Fear |
|                                         | Enter the amount contributed by the employer to the plan for this pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |         |          | 12c            |                                         |                         |
| d                                       | Subtract the amount in line 12c from the amount in line 12b. Enter the amount)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne result (enter a minus sign to the left   | of a    |          | 12d            |                                         |                         |
| е                                       | Will the minimum funding amount reported on line 12d be met by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e funding deadline?                         |         |          |                | Yes                                     | No N/A                  |
| Part \                                  | /II Plan Terminations and Transfers of Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |         |          |                |                                         |                         |
| 13a                                     | Has a resolution to terminate the plan been adopted during the plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | year or any prior year?                     |         |          |                |                                         | Yes X No                |
|                                         | If "Yes," enter the amount of any plan assets that reverted to the em<br>Were all the plan assets distributed to participants or beneficiaries, to<br>of the PBGC?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ransferred to another plan, or brought      | under   | the co   |                |                                         | ☐ Yes ☒ No              |
|                                         | If during this plan year, any assets or liabilities were transferred fron which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |         |          |                |                                         |                         |
| 1:                                      | c(1) Name of plan(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |         | 13       | c(2) El        | N(s)                                    | <b>13c(3)</b> PN(s)     |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |         |          |                |                                         |                         |
| *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |         |          |                |                                         |                         |
| Cautio                                  | on: A penalty for the late or incomplete filing of this return/repo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rt will be assessed unless reasonal         | le cau  | use is   | establ         | ished.                                  | I                       |
| Under<br>SB or                          | penalties of perjury and other penalties set forth in the instructions,<br>Schedule MB completed and signed by an enrolled actuary, as well<br>it is true, correct, and complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I declare that I have examined this ret     | urn/re  | port, in | cluding        | g, if applicab                          |                         |
| SIGN                                    | A responsibility of the control of t | STUART M.                                   | STE     | INBE     | RG             |                                         |                         |
| HERE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 8/27/16 Enter name of i                | ndivid  | ual sig  | ning as        | plan admin                              | strator                 |
| SIGN                                    | Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STUART M.                                   | STE     | INBE     | RG             |                                         |                         |
| HERE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date / Enter name of i                      | ndivid  | ual sig  | ning as        | employer o                              | r plan sponsor          |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8/11/10                                     |         |          | - File Control |                                         |                         |