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

Р	ension Benefit	Guaranty Corporation		▶ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.		peonon		
Pa	art I A	nnual Repor	t Ide	entification Information				•			
For	calendar pla	an year 2009 or f	fiscal	plan year beginning 01/01/200	9	and ending 1	2/31/	2009			
Α.	This return/i	report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan		
	B This return/report is for:					n/report					
				an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C Check box if filing under:					automatic	extension	DFVC program				
		Ü	Ī	special extension (enter description	on)			Щ.			
Ps	rt II B	asic Plan Info	orm	ation—enter all requested inform	•						
	Name of pl		01111	ation—enter an requested inform	alion		1b	Three-digit			
			STEI	N, LLP 401(K) PLAN				plan number			
	,							(PN) •	001		
							1c	Effective date o			
								01/01/1			
				ss (employer, if for single-employer	plan)		2b	Employer Identi			
LOVV	EY, STOLZ	ENBERG EDEL	SIEI	N, LLP			20	(EIN) 11-334	telephone number		
1983	MARCUS /	AVENUE, STE 1:	39				20	516-59			
		S, NY 11042					2d	Business code ((see instructions)		
								541211			
		nistrator's name a		ddress (if same as Plan sponsor, e N. LLP 1983 MARCU			3b	Administrator's 11-334			
LOVV	LI, SIOLZ	LINDLING LDLL	OILI	LAKE SUCC			30		telephone number		
							00	516-59			
				sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
- 1	name, EIN,	and the plan nur	nber	from the last return/report. Sponso	r's name		40	PN			
52	Total numb	har of participant	c at t	he heginning of the plan year				PN			
							5a		4		
b				he end of the plan year			5b		4		
C				n account balances as of the end of		ear (defined benefit plans do not	5с		4		
6a						(See instructions.)			X Yes No		
	Are you cla	aiming a waiver	of the	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
						ons.)			X Yes No		
Do		mancial Infor		· · ·	orm 5500-	SF and must instead use Form 55	00.				
_			IIIa	шоп							
7		ts and Liabilities			_	(a) Beginning of Year	,	(b) End	of Year		
					. 7a	241763	-		324639		
b	•					0.44700			00.4000		
<u> </u>				from line 7a)	- 7c	241763	3		324639		
8				rs for this Plan Year		(a) Amount		(b) 1	Total		
а		ons received or re overs		adie from:	. 8a(1)	9915	5				
						C	7				
	` '	•									
b	` '	` •	,			72961					
C		, ,		a(2), 8a(3), and 8b)		12001			82876		
d		•	. ,	ollovers and insurance premiums	- 60				02010		
4				movers and insurance premiums	. 8d		_				
е	Certain de	emed and/or cor	rectiv	ve distributions (see instructions)	. 8e		4				
f	f Administrative service providers (salaries, fees, commissions) 8f										
g	Other expe	enses			. 8g						
h	Total expe	nses (add lines 8	3d, 8	e, 8f, and 8g)	8h				0		
i	Net income	e (loss) (subtract	line	8h from line 8c)	. 8i				82876		
j	Transfers t	to (from) the plan	ı (see	e instructions)	. 8j						

Dart IV	Plan Characteristics	
Partiv	Plan Unaracteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 3D 2G 3H

If the plan provides welfare ben

D	IT the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	tic Co	aes in	tne insi	tructions	:	
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Has	s 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		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI	Pension Funding Compliance							
1	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo						Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>	_	
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
14.	-	nting the waiver			Day		Yea	ar	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			12b	Т			
		er the minimum required contribution for this plan year		1	12c	-			
c d		er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le							
u		ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	'es," enter the amount of any plan assets that reverted to the employer this year			13a			-	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough			ontrol			1	
С		he PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	the pla	n(s) to)			Yes	× No
	whi	ch assets or liabilities were transferred. (See instructions.)	1						
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	ıse is	estab	lished.	1		
Inde B o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this reledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.	turn/rep	port, ir	ncludin	ıg, if ap			
CIIE			т						
SIG	N	iled with authorized/valid electronic signature. 10/14/2010 KAREN FRYAN	1						

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	KAREN FRYANT					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

1210-0089

OMB Nos. 1210-0110

P 3/5

Form 5500-SF

Department of the Treasury Intornal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan**

2009

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 Department of Lebor Employee Benefits Security Administration Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information**

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This Form is Open to Public Inspection.

For	the calendar plan year 2009 or fiscal plan year beginning	01/01	1/2009	and ending	12,	/31/2009				
A	This return/report is for:	multiple-er	nployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final return	/report							
	an amended return/report	short plan	year return/re	port (less than 12 mont	hs)					
C	Check box if filing under: X Form 5558	automatic	extension			DFVC program				
	spacial extension (enter descrip	otion)								
P	art Basic Plan Information enter all requested	information								
1a	Name of plan					hree-digit				
	Lowey, Stolzenberg & Edelstein, LLP 401(k)	Plan				lan number PN) ▶ 001				
						ffective date of plan				
79	Plan sponsor's name and address (employer, if for single-employer	or plan)				1/01/1999 imployer Identification Number				
Lu	Lowey, Stolzenberg & Edelstein, LLP	ci piari)			(EIN) 11-3348703					
	1983 Marcus Avenue, Ste 139				2C Plan sponsor's telephone number (516) 594-0342					
us	Lake Success NY 11042					usiness code (see Instructions) 41211				
3a	Plan administrator's name and address (If same as plan employe Same	r, enter "Same")		3b A	dministrator's EIN				
	ame									
					3c Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/rep	ort filed for this	s plan, enter the	4b E	IN .				
	name, EIN and the plan number from the last return. Sponsor's N	ame			4c P					
5a	Total number of participants at the beginning of the plan year				5a	4				
Ь	Total number of participants at the end of the plan year				5b	4				
Ç	Total number of participants with account balances as of the end	of the plan year	(defined bene	efit plans do not	- 44	J				
	complete this item)		<u></u>	<u> </u>	5c	44				
oa b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of				• • •	XYes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditions	i.)			X Yes \(\text{No}				
P	at III Financial Information									
7	Plan Assets and Liabilities	California	(a) B	eginning of Year		(b) End of Year				
a	Total plan assets	7a	, ,	241,763	1	324,639				
þ	Total plan liabilities	7b		0						
C	Net plan assets (subtract line 7b from line 7a)	7c		241,763		324,639				
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total				
a	Contributions received or receivable from:	<u> </u>				NEW YEAR OF STREET				
	(1) Employers	<u>8a(1)</u>	_	9,915 0	-					
	(3) Others (including rollovers)	8a(2)			-1:	W. T. J. Carlotte				
Ь	Other income (loss)	8b		72,961	\dashv					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	10 E			82,876				
d	Benefits paid (including direct rollovers and insurance premiums				i projecti					
e	to provide benefits)	8d			-					
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions).				- ::					
g	Other expenses	8f 8g			-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ing in the second se	E II and a street was	Maragārijā Su	0				
i	Net income (loss) (subject line 8h from line 8c)	8i		es montrerendo de la calcalidada		82,876				
j	Transfers to (from) the plan (see instructions)	Bj	The same of the sa			To the process of the control of the				
ĒΛ	Pananyork Reduction Act Notice and OMB Control Numbers		dona for E	7500 DF		F 2200 OF (0000)				

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		Form 5500-SF (2009)	P8	ge 2-		_				
)ai	t IV	Plan Characteristics				-				
_		plan provides pension benefits, enter the applicable pension feature	re codes from the Lis	of Plan Characte	ristic C	odes	in the	Instructions	:	
		2E 2J 2K 3D 2G 3H plan provides welfare benefits, enter the applicable welfare feature								
D	ir the	plan provides wellare benefits, enter the applicable wellare leature	codes nom me cist	oj Piati Cilatacien	511C OC	ruca I	11 016 11	istractions.		
Pa	πV	Compliance Questions								_
0		ring the plan year:				Yes	No	-	Amount	
	l Wa	s there a failure to transmit to the plan any participant contribution	within the time period	described in	10a		x			
ŀ	29 1 W	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary to there any nonexempt transactions with any party-in-interest? (D	· Correction Program) o not include transac	tions reported	I Va					
_		line 10a.)			10b		x			
c	: Wa	is the plan covered by a fidelity bond?			10c		x _	:		
C		the plan have a loss, whether or not reimbursed by the plan's fide					х			-
	or	fishonesty?			10d		 ^			
e) We	ere any fees or commisions paid to any brokers, agents, or other peurance services or other organization that provides some or all of the	ersons by an insurance	e carrier, olan? (See	1 1					
		tructions.)			10e		×			
f	Ha	s the plan falled to provide any benefit when due under the plan?			101		x			
ξ	Dic	the plan have any participant loans? (If "Yes." enter amount as of	year end.)		109		x			***
ł		nls is an individual account plan, was there a blackout period? (See 20.101-3.)		CFR 	10h		x		in and	
i		Oh was answered "Yes." check the box if you either provided the reseptions to providing the notice applied under 29 CFR 2520.101-3			101					
Pa	rt VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							Ye:	X No
12	is	his a defined contribution plan subject to the minimum funding requ	uirements of section 4	112 of the Code of	r sectio	n 302	of ER	ISA? .	. Yes	X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	· ·							
8		waiver of the minimum funding standard for a prior year is being a inting the waiver	mortized in this plan	year, see instructli Moi	ons, ar Nh	nd ent	er the Dav	date of the I	letter ruling Year	9
II		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	kip to line 13.						
k) En	ter the minimum required contribution for this plan year				. L	12b			
C	: En	ter the amount contributed by the employer to the plan for this plan	year			.	12c			
C		btract the amount in line 12c from the amount In line 12b. Enter the gative amount)				. [12d	<u> </u>		
E		I the minimum funding amount reported on line 12d be met by the				<u> </u>		Yes	□No	□ N/A
الار	rt VI	Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·		
138		s a resolution to terminate the plan been adopted during the plan y		'		نے ٠	<u></u>	· · · · ·	Yes	: XNo
	It.	Yes," enter the amount of any plan assets that reverted to the emp	loyer this year		• • •	<u> </u>	13a			
t		ere all the plan assets distributed to participants or beneficiaries, tra	insferred to another p	lan, or brought un	der the	e coni	irel		. □Yes	X No
C	S If c	luring this plan year, any assets or liabilities were transferred from t	his plan to another pl	an(s), identify the	plan(s) lo			_	_
	wh	ich assets or tabilities were transferred. (See instructions.)			1					
	13c(i) Name of plan(s):			-	1:	3c(2) E	IN(s)	13c(3	PN(s)
					1					
			 -		†			•		
au	tion:	A penalty for the late or incomplete filing of this return/report w	<u>inu becesee ed liiv</u>	es reasonable c	ause i	s est	abilshe	od.		
86	or Sch	alties of perjury and other penalties set forth in the instructions, I deduce MB completed and signed by an enrolled actuary, as well as	eclare that I have exe the electronic version	mined this return/ n of this return/rep	report, ort, an	indu d to ti	ding, if ne best	applicable, of my knov	a Schedu wiedge and	le j
		true, correct, and complete.								
	GN.	Signature of plan administrator	Date	PHILIP STOL			ning as	olan admin	istrator	
	3.0	Signature of plan administrator /	Date	ENGINAME OF IT	alviuut	n siği	y #5	pigir gurilli	- ABIOI	· · · · · · · · · · · · · · · · · · ·
	GN ERE	Clanature of a properties access	Dala	Enter sees of in	- ، ، الدلم والم		ioo oo	employed a	r nien one	Deor
1.5	7.5	Signature of employer/plan sponsor	Date	Enter name of in	JIVIUU	။ ချပ္သု	y d5	Citipioyer 0	· pian spu	1,501