## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee

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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 02/01/200	9	and ending 0	1/31/2	2010			
Α -	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for:	first return/report	final retur	n/report					
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description							
Da	rt II Basic Plan Inforn	nation—enter all requested inform	•						
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit			
	N BECKER KRAUSS, PC 401(I	K) PLAN			1.5	plan number			
	(	,				(PN) <b>•</b>	001		
					1c	Effective date of			
						07/01/			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		26	Employer Ident (EIN) 11-253			
3110	W BECKER RRAUSS, FC				2c	\·-/	telephone number		
	HIRD AVENUE						7-3860		
NEW	YORK, NY 10158-0000				2d		(see instructions)		
20	Diam administratoria mana and	address (if some as Discourses as	"C	. "	2 h	541110			
	W BECKER KRAUSS, PC	address (if same as Plan sponsor, e 605 THIRD A		<del>)</del> )	30	Administrator's 11-253			
		NEW YORK,		-0000	3с		telephone number		
			212-687-3860						
	•	an sponsor has changed since the last		port filed for this plan, enter the	4b EIN				
ı	iame, Eliv, and the plan numbe	r from the last return/report. Sponso	or s name		4c PN				
5a	Total number of participants at	the beginning of the plan year			5a		53		
b	Total number of participants at	the end of the plan year			5b				
	, ,	ith account balances as of the end of		ļ	35		58		
				The state of the s	5c		52		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b				dent qualified public accountant (IQF			X Yes No		
				ons.)SF and must instead use Form 550			Yes   No		
Pa	rt III Financial Informa		01111 3300-	or and must mistead use i orm 550	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) Enc	l of Year		
-	Total plan assets		. 7a	2661025	5	(b) Enc	3682028		
b	, , , , , , , , , , , , , , , , , , ,		7b	0	-				
C	'	'b from line 7a)	7c	2661025			3682028		
8	Income, Expenses, and Transf	,		(a) Amount		(b) :	Total		
а	Contributions received or recei			(a) / imount		(5)	10141		
	(1) Employers		. 8a(1)	59783	3				
	(2) Participants		. 8a(2)	317755	5				
	(3) Others (including rollovers)	)	. 8a(3)	7667	7				
b	Other income (loss)		. 8b	690102	2				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				1075307		
d	Benefits paid (including direct r to provide benefits)	rollovers and insurance premiums	. 8d	44225	5				
е		ive distributions (see instructions)	. 8e						
f		s (salaries, fees, commissions)	. 8f	10079	)				
g			. 8g						
h	·	Be, 8f, and 8g)					54304		
i		e 8h from line 8c)					1021003		
i		ee instructions)							

Part IV	Dlan	Characteristics
Partiv	Plan	Characteristics

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
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?	10c	Χ					300000
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	X					9868
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		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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
2	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 instruction granting the waiver.  Mont tou 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			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		[	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?		<u></u>				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?	nder 	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)		
`0116	on: A populty for the late or incomplete filling of this return/report will be appeared unless research.	0.00:	so ic	oetob!	shod			
Jnde SB o	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable repenalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report and example to	rn/rep	ort, in	cluding	ı, if appli			
ellet	, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	11/15/2010	MICHAEL WEXELBAUM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/15/2010	MICHAEL WEXELBAUM
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).

OMB Nos. 1210-0110 1210-0089

Form 5500-SF (2009)

2009

This Form is Open to Public Inspection

Pension B	enett Guaranty Corporation		rdance with	the Instructions to the Form 5500-	SF.			
Part 1		Identification Information						
For the cal	endar plan year 2009 o	or fiscal plan year beginning	02/01/	2009 and ending	01/31/20	)10		
	urn/report is for: urn/report is for:	single-employer plan first return/report an amended return/report	final return/r short plan y	ear return/report (less than 12 months	) _	ertici pant plan		
C Check t	box if filing under:	Form 5558	automatic e n)	xtension	DEVO	program		
Part II	Basic Plan Info	ormation enter all requested info	omation.					
1a Name		V-10-10-10-10-10-10-10-10-10-10-10-10-10-			1b Three-di plan nun (PN) ▶			
					1c Effective 07/01/			
	sponsor's name and add Becker Krauss,	tress (employer, if for single-employer p PC	plan)		(EIN)	r identification Number 11-2536208		
605	Third Avenue				(212)	nsor's telephone number 687-3860		
US Now	York	NY 10158-0000		1	2d Busines 541110	s code (see instructions)		
-	edministrator's name and	d address (if same as plan employer, e	enter "Same")		3b Administrator's EIN			
				1	3c Adminis	trator's telephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since the labor from the last return/report. Sponsor	est return/repo	rt filed for this plan, enter the	4b EIN			
Harrie	, cire and into plan name	der from the less retains eport, oponion	a (war)re-		4C PN			
5a Total	number of participants of	at the beginning of the plan year			5a 53			
C Total	number of participants v	at the end of the plan year. with account balances as of the end of	the plan year	(defined benefit plans do not				
b Are y	ou claiming a waiver of to 29 CFR 2520,104-48?	during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility a her 6a or 6b, the plan cannot use Fo	n independen nd conditions.	t qualified public accountant (IQPA)		XYes \_No		
Part III	Financial Infor	mation						
7 Pian	Assets and Liabilities		<b>*********</b>	(a) Beginning of Year		(b) End of Year		
a Total	plan assets		. 7a	2,661,025		3,682,028		
b Total	plan liabilities		. 7b	0_				
C Net p	ian assets (subtract line	7b from line 7a)	. 7c	2,661,025		3,682,028		
8 Incon	ne, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total		
A	ributions received or rec	olvable from:		59,783				
2000	Imployers		. 8a(1)	317,755	120			
505000	Participants		- 8a(2)	7,667				
2000	Others (including rollover	(8)	- 8a(3)	690,102				
	r income (loss)		. d8	330,102	90000000000000000000000000000000000000	1 025 207		
<b>d</b> Bene		, 8a(2), 8a(3), and §b) t rollovers and insurance premiums	. 8c	44,225		1,075,307		
e Certa		ctive distributions (see instructions) .						
f Admi	inistrativa service provid	ers (salaries, fees, commissions)	. 81	10,079	2000			
	r expenses		. 8g			St. Land Transport		
h Total	expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h		8	54,304		
	ncome (loss) (subject lin	회에게 되었다면 하다면 하다 그 사람이 살아 있다면 하다 그 살아 있다. 그 나는 그 살아 있다면 하다 하다 하다 그 살아 있다면 하다 하다 하나	. 81			1,021,003		
	sters to (from) the plan (		. ej		2250			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2009	F	Page 2-					
Par	IV Plan Characteristics			- 1,000				
21	f the plan provides pension benefits, enter the applicable pension fer 2B 2F 2G 2J 2K 2T *  f the plan provides welfare benefits, enter the applicable welfare feat							
14:20	國 C							
10	Compliance Questions			Īv	os No		Amount	
	During the plan year: Was there a failure to transmit to the plan any participant contributi	on within the time perio	nd described in	+			Pandani	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	ary Correction Program	ctions reported	10a	-			
	on line 10s.)		-	106	-	-		200 000
C	Was the plan covered by a fidelity bond?			10c	x	-		300,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d	,			
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all (instructions.)	of the banefits under th	e plan? (See	10e	x			9,868
f	Has the plan failed to provide any benefit when due under the plan		AND THE RESERVED OF THE PERSON NAMED IN	101	2	c		
g	Did the plan have any participant loans? (if "Yes," enter amount as			100	٠,			
h	If this is an individual account plan, was there a blackout period? (5 2520.101-3.)	See Instructions and 29	CFR	10h				
١	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or one	s of the	101				
Par	VI Pension Funding Compliance				•			
11	is this a defined benefit plan subject to minimum funding requirements (500))				edule S	B (Form	, DYes	s X No
12 a	is this a defined contribution plan subject to the minimum funding of (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being	able.)						s ⊠No
10.00	granting the waiver  ou completed line 12a, complete lines 3, 9, and 10 of Schedule		Month			Day		
b	Enter the minimum required contribution for this plan year		•		12	b		
c	Enter the amount contributed by the employer to the plan for this p	lan year			12	c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				12	d		
e	Will the minimum funding amount reported on line 12d be met by t	he funding dead line?				, Yes	☐ No	N/A
?ar	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the pla	n year or any prior year	7		٠		. Ye:	s X No
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year .			. 13	a		
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?  If during this plan year, any assets or liabilities were transferred fro						. <b>\_</b> You	s XNo
_	which assets or liabilities were transferred. (See Instructions.)	m ins pan to allower (	Manitaly, scientify and pro	an i(a)				77.00 p. 100 p.
-	13c(1) Name of plan(s):				13c(2	) EIN(s)	13c(	3) PN(s)
1							_	
Caut	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed un	less reasonable cau	se is	establi	shed.		
SB o	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an anrolled actuary, as well It is true, correct, and complete.							
200	2011/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	While	Michael Wexel	lhaur				
SIC		Date	Enter name of indiv	MANAGEM NO.	-	as plan a de	inistrator	
200	11/1/11/11/11	Whilin	Michael Wexel	3.51		and plant in our		
SIC	The state of the s	Date	Enter name of Indiv			as employee	or olan soo	neor