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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance wit	h the instructions to the Form 550	0-SF.				
		entification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 07/01/201	0	and ending 0	6/30/2	2011			
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	final retur	n/report					
_		an amended return/report		,	nths)				
_					' -				
C	C Check box if filing under:					DFVC program			
		special extension (enter description	on)						
Pa	art II Basic Plan Inforn	nation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
BERI	NSTEIN AND DRUCKER P.C. P	ROFIT SHARING PLAN				plan number 002			
					4.	(PN) •			
					10	Effective date of plan 07/05/1972			
22	Plan enoncor's name and addre	ess (employer, if for single-employer	· nlan)		2h	Employer Identification Number			
	NSTEIN AND DRUCKER P.C.	ess (employer, il for single-employer	piai i)		20	(EIN) 13-2720452			
					2c	Plan sponsor's telephone number			
	SEVENTH AVENUE SUITE 270° ' YORK, NY 10123	1				212-967-3950			
INLV	TORK, NT 10123				2d	Business code (see instructions) 541211			
- 2-			. "0		26				
BERI	Plan administrator's name and a NSTEIN AND DRUCKER P.C.	address (if same as Plan sponsor, e 450 SEVEN	enter "Same TH AVENU	e") IE SUITE 2701	30	Administrator's EIN 13-2720452			
		NEW YORK	, NY 10123	3	3c	Administrator's telephone number			
						212-967-3950			
	f the name and/or EIN of the pla	port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number		4c PN						
	Total accept an after out to a standard								
					5a	9			
b	Total number of participants at	the end of the plan year			5b	9			
С						9			
	•				5c				
	•	0 , ,		(See instructions.)		Yes No			
D	under 29 CFR 2520.104-46?	e annual examination and report or See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets	(1) 13 3		1090607	7	1328334			
b	Total plan liabilities			()	0			
С		b from line 7a)		1090607	7	1328334			
8	Income, Expenses, and Transfe		70	(a) Amount		(b) Total			
а	Contributions received or received			(a) Amount		(b) Total			
ŭ			. 8a(1))				
	(2) Participants		. 8a(2)	61529)				
)				
b	,		8b 18055						
С	,	Ba(2), 8a(3), and 8b)				242083			
d		ollovers and insurance premiums							
_			. 8d	C)				
е		ve distributions (see instructions)	8e	C)				
f		s (salaries, fees, commissions)		4356	3				
g				()				
h	·	Be, 8f, and 8g)				4356			
i		8h from line 8c)				237727			
i		e instructions)		()				
		,	ı öl						

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2F 2G 2J 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 3T 2F 2G 2J 3D							
art	t V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amoui	nt	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	Χ				1	175000
d	Did to	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					6588
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					50734
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	X No
12	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ection 3	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
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 granting the waiver							ng		
lf '	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			⊔ay		i eai _		
	-	the minimum required contribution for this plan year		Г	12b				
		Enter the amount contributed by the employer to the plan for this plan year							
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount)				12d				
е	Will tl	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A

Part VII Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/10/2011	MITCHELL CHIZNER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/10/2011	MITCHELL CHIZNER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor