Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Insp	ection
Pa	art I	Annual Report Id	entification Information				•	
For	calend	ar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	2011	
A	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participa	ant plan
В	This re	turn/report is:	the first return/report	the final r	eturn/report	•	<u> </u>	
			an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
C	Chaal	hav if filing under	Form 5558		extension		DFVC program	1
C	Cneck	box if filing under:	<u></u>		Cexterision		Di ve program	1
_	4 11	<u> </u>	special extension (enter description	,				
	art II	•	nation—enter all requested information	ation		41-		
		of plan EB PC DEFINED BENEF	IT DI ANI				Three-digit plan number	
DAVI	ID K LII	ED PC DEFINED BENEF	II FLAN				(PN)	001
						1c	Effective date of	olan
							01/01/2	
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identific	cation Number
DAV	ID K LI	EB PC					(EIN) 11-296	0539
						2c	Sponsor's teleph	
		STREET				-	631-878-	
CEN	IER M	ORICHES, NY 11934-00	30			2d	Business code (se	
	Diama	dania internata da la casa a la d	- d-l (:£	-+ "C	.,,,	2h	541110	
	D K LIE		address (if same as plan sponsor, er 376A MAIN S		?)	SD	Administrator's El 11-296	
			CENTER MO	RICHES, I	NY 11934-0000	3c	Administrator's te	lephone number
							631-878-	4455
4			lan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN	
а		s, EIN, and the plan numb sor's name	er from the last return/report.			4c	DNI	
			the beginning of the plan year				FIN	
			0 0 , ,			5a		
b			the end of the plan year			5b		
С		· ·	count balances as of the end of the p	• (•	5c		
6a		,			(See instructions.)			X Yes No
b		•			ndent qualified public accountant (IQ			
		,	9 ,		ions.)			X Yes No
-			<u> </u>	orm 5500-	SF and must instead use Form 55	00.		
Pa -	rt III	Financial Informa	ation		Ι			
1	Plan /	Assets and Liabilities			(a) Beginning of Year		(b) End o	of Year 0
а				. 7a	67009			0
b		•		. 7b	862			0
_ <u>c</u>			b from line 7a)	. 7c	66147			
8		ne, Expenses, and Transf			(a) Amount		(b) To	otal
а		ibutions received or recei	vable from:	8a(1)				
				8a(2)				
	` '	•		8a(3)				
b	` ,	` ,		8b	19373			
_				8c	.55.5			19373
c d			8a(2), 8a(3), and 8b)ollovers and insurance premiums	00				
u			ollovers and insurance premiums	. 8d	85520			
е	Certa	in deemed and/or correct	ive distributions (see instructions)	8e				
f	Admir	nistrative service provider	s (salaries, fees, commissions)	. 8f				
g	Other	expenses		8g				
h		•	Be, 8f, and 8g)					85520
i			8h from line 8c)					-66147
j		` , `	e instructions)					
		. ,		, v,	<u>I</u>			

Form	5500.	-25	201	,

Page 2 -	1	
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Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

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

Duning the plant const		Ves	N-				
During the plan year:		Yes	No		Amo	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	100						
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					10000
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				
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			X				
instructions.)	10e						
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
2520.101-3.)	10h						
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ule SE	(Form			
5500))						Yes	N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					X		
·					X		_
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of	ERISA	X	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth	ction 3	302 of	ERISA ne date	X ? of the le	Yes	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a	and e	12b 12c 12d 	ERISA e date Yes	of the le Yea	Yes tter rulii r	N/A
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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.	05/22/2012	PENSION FILERS
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

				File	as an attachm	ent to Form	5500 or 5500	-SF.			
For	caler	ndar plan year 2011	1 or fiscal plan	year beginning	01/01/2011			and end	ing 12/31	/2011	
•	Roun	d off amounts to	nearest dolla	r.							
•	Cauti	on: A penalty of \$1	1,000 will be a	ssessed for late filir	ng of this report	unless reaso	onable cause i	s establish	ed.		
) BENEFIT PL	.AN			В		•	•	001
С	Plan s	ponsor's name as s	shown on line	2a of Form 5500 or	· 5500-SF		D	Employer	Identification	n Number (EIN)
DA	/ID K	LIEB PC					11	-2960539			
E	уре о	f plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: 🔀 100	or fewer	101-500) More t	nan 500
P	art I	Basic Inform	mation								
1				Month 01	Day 01	Vear	2011				
<u>.</u>	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.										
_									22		6504F
									-		
									2D		05945
3	Fun	ding target/participation	ant count brea	ıkdown:			(1) Numbe	er of partic	•	(2)	
	а	For retired particip	pants and ben	eficiaries receiving	payment	3a			0		
	b	For terminated ve	sted participa	nts		3b			1		8063
	С	For active particip	ants:								
		(1) Non-vested I	benefits			3c(1)					C
		(2) Vested bene	efits			3c(2)					57379
		` '							1		57379
	d	• •							2		65442
4											
7							<u> </u>		4-		
	_	0 0	0 01		•				—		
	b										
	Г"-										F 70 0/
		<u> </u>							0		
		•	•	ind in this schodule and a	ecompanying schod	ulae etatamante :	and attachments if	fany is comp	oto and accura	to Each proceril	had assumption was applied in
	accorda	ince with applicable law a	and regulations. In	my opinion, each other as	sumption is reasona						
										01/31/2	012
		_	Ciar	nature of actuary						Data	
W R	ICHA	RD FORBES	Sigi	lature or actuary							'90
			T					-	Maataa		
ASS	OCIA	TED PENSION CO			ry				Most red		
				Firm name				Т	elephone n	umber (inclu	ding area code)
	Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.										
			Ad	dress of the firm							
			lected any reg	ulation or ruling pro	mulgated unde	r the statute	in completing	this sched	ule, check tl	he box and s	see
instr	uction	S									

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
							(a) (Carryover balance		(b) I	Prefundir	ng balance
7		Ū	. ,		cable adjustments (line 13 f				0			0
8				•	unding requirement (line 35				0			0
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of11.82%				0			0
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lir	ne 38 from prior year)							2468
					rate of 6.05 % excep							149
	C Tota	ıl availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						2617
	d Port	tion of (c)	to be added to pr	efunding b	palance							2617
12	Other re	eductions	in balances due	to election	s or deemed elections				0			2617
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0			0
Pa	art III	Fun	ding percenta	ages								
14	Funding	g target a	ttainment percent	age							14	100.76 %
15	Adjuste	d funding	target attainmen	t percenta	ge						15	100.76 %
16					of determining whether car)	16	66.33 %
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding targe	et, enter s	such percentage			17	%
Pá	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contrib				rear by employer(s) and emp	oloyees:						
/1.	(a) Dat		(b) Amount p		(c) Amount paid by	(a) Dat		(b) Amount pa		(0		nt paid by
(IVI	M-DD-Y	Y Y Y)	employer	(S)	employees	(MM-DD-Y	7 7 7 7)	employer((S)		emplo	yees
						Totals ►	18(b)			18(c)		
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ate after th	ne beginning of the	e year:			
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior yea	ars		19a			0
	b Contr	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contr	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c			0
20	Quarter	ly contrib	utions and liquidit	y shortfalls	 S:							
	a Did tl	he plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If 20a	a is "Yes,	" were required qu	uarterly ins	stallments for the current year	ar made in a tir	mely man	nner?	<u>-</u>			Yes X No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
		(4)			Liquidity shortfall as of e	nd of quarter of					(4) 4:	
		(1) 15	ot O		(2) 2nd	0	(3)	3rd	0		(4) 4th	0
			U			V			V			0

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used
	b At	policable month	(enter code)		1			21b	0
22								22	65
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
		1	_				oonsou ooparate		
		Miscellane			and a second control to the second				
			•		uarial assumptions for the co				· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
	rt VII		· · · · · · · · · · · · · · · · · · ·		m required contribut		· · ·		
					years			28	0
<u>29</u>					unpaid minimum required o			29	0
30	Rema	aining amount of	f unpaid minimum requir		30	0			
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstructi	ions):				
	a Tai	rget normal cost	(line 6)					31a	0
	b Ex	0							
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
					Carryover balance		Prefunding balar		Total balance
35			use to offset funding						
36								36	0
36			•		ontribution for current year a				
	(line 1	19c)						37	0
38			ess contributions for curr		,				
			•					38a	
					prefunding and funding star			38b	
39					ear (excess, if any, of line 36		<u> </u>	39	0
40	Unpa							40	
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20)10 (see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	rsuant to an alternative amo	rtizati	on schedule:		
	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	11a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
					d over to future plan years			43	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension benefit Guaranty Corporation		File as	an attachn	ment to Form	5500 or	5500-SF.				
For calendar plan year 2011 or fisca	al plan yea	r beginning (01/01/2011			and endin	g 12/3	1/201	1	
► Round off amounts to nearest ► Caution: A penalty of \$1,000 wi		sed for late filing	of this repor	rt unless reaso	nable ca	use is establishe	d.			
A Name of plan DAVID K LIEB PC DEFINED BENE						B Three-digi	t		•	001
C Plan sponsor's name as shown of DAVID K LIEB PC	n line 2a o	f Form 5500 or 55	500-SF			D Employer to 11-2960539	dentifica	tion Nu	ımber (I	EIN)
E Type of plan: X Single Mul	tiple-A	Multiple-B	F	Prior year pla	n size: 🛚	100 or fewer	101-5	00 [More ti	nan 500
Part I Basic Information)									
1 Enter the valuation date:		nth 01	Day 01	Year _2	2011	_				
2 Assets:										and the state of t
a Market value							. 2a			65945
b Actuarial value			······				2b			65945
3 Funding target/participant coul	nt breakdo	wn:			(1) N	lumber of particip	ants		(2) 1	Funding Target
a For retired participants ar	nd benefici	aries receiving pa	yment	3a			0			0
b For terminated vested pa							1			8063
c For active participants:										
(1) Non-vested benefits				3c(1)						0
(2) Vested benefits				3c(2)						57379
(3) Total active				3c(3)			1			57379
d Total							2			65442
4 If the plan is in at-risk status, o	heck the b	ox and complete	lines (a) and	d (b)						
a Funding target disregardi		•				_	. 4a			
b Funding target reflecting a at-risk status for fewer the	at-risk assu	umptions, but disr	egarding tra	ansition rule fo	r plans th	at have been in	4b			
5 Effective interest rate					········		. 5			5.72 %
6 Target normal cost							6			0.72 %
Statement by Enrolled Actuary To the best of my knowledge, the informati accordance with applicable law and regula combination, offer my best estimate of anti-	on supplied in tions. In my op	this schedule and acco	ompanying sche	edules, statements	and attachn	nents, if any, is complet	te and accu	ırate. Ea able exp	ch prescri ectations)	bed assumption was applied in and such other assumptions, in
SIGN W. Rich	and	2 Foot	<u></u>			_			01/31/2	012
	Signatu	re of actuary							Date	
W RICHARD FORBES									11-047	'90
Ty ASSOCIATED PENSION CONSULT		name of actuary					Most	ecent		ent number 3-4233
1000 FORTRESS STREET SUITE 800 CHICO, CA 95973-9044	Firm	m name				Te	lephone	numb	er (inclu	iding area code)
	Addres	ss of the firm								
If the actuary has not fully reflected a	ny regulat	ion or ruling prom	ulaated und	der the statute	in compl	eting this schedul	e check	the h	ox and	see \square
instructions	, rogulat	.c., or raining profit	gatou unt		compr	g	,	0	CA UIIU	

Part II Beginn	ning of year ca	arryover and prefunding bala	nces	(a) Ca	rryover balance	(t) Prefunc	ling balance)
7 Balance at beginn year)	ning of prior year a	fter applicable adjustments (line 13 fro	m prior			0			0
8 Portion elected for	r use to offset prio	r year's funding requirement (line 35 fr	om			0			0
		8)				0	-		0
		actual return of11.82%				0			0
		be added to prefunding balance:			The second secon		.156		
•		utions (line 38 from prior year)							2468
b Interest on (a)) using prior year's	effective rate of6.05_% except ions)	as						149
C Total available	at beginning of cur	rent plan year to add to prefunding balan	œ						2617
		funding balance	6296						2617
12 Other reductions	in balances due to	elections or deemed elections				0			2617
		r (line 9 + line 10 + line 11d – line 12).				0			0
	ding percentag								
		ge					14	100.7	76 %
		percentage						100.7	76 %
16 Prior year's fund	ing percentage for	purposes of determining whether carry	over/prefund	ding baland	ces may be used to	reduce	16	66.3	33 %
		the plan is less than 70 percent of the							%
Part IV Con	tributions and	liquidity shortfalls							
Control of the Contro		the plan year by employer(s) and empl	oyees:				,		
(a) Date (MM-DD-YYYY)	(b) Amount pa employer(s	id by (c) Amount paid by	(a) Da (MM-DD-)		(b) Amount paid employer(s)	by		ount paid by ployees	'
			Totals ▶	18(b)		18	B(c)		
40 0:		 see instructions for small plan with a 			e beginning of the v		• ′		
		npaid minimum required contributions				9a			
						9b			
		trictions adjusted to valuation date nimum required contribution for current y				9c			
	outions and liquidity							20 20 20 20 20 20 20 20 20 20 20 20 20 2	
		ortfall" for the prior year?						X Yes] No
		arterly installments for the current yea						Yes X	No
		and complete the following table as ap							
J 200 10 100	,	Liquidity shortfall as of er	nd of quarter	of this plai	n year	P			
(1) 1:		(2) 2nd		(3)	3rd		(4)	4th	
	0		0		0				

Pa	rt V Assumptio	ns used to determine f	unding target and target	normal cost					
21	Discount rate:								
	a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %		N/A, full yield curve used			
	b Applicable month	olicable month (enter code)				(
22	Weighted average ref	tirement age	22	65					
23	Mortality table(s) (see	e instructions) X Pre	escribed - separate	Substitu	te				
	rt VI Miscellane								
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment								
25	Has a method change								
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment	t Yes ⊠ No			
27									
Pa	rt VII Reconcili	ation of unpaid minimu	m required contributions	s for prior years					
28			years		28				
29		r contributions allocated toward		29	0				
30	Remaining amount o	of unpaid minimum required cor		30					
Pa	rt VIII Minimum	required contribution	for current year						
31	Target normal cost a	and excess assets (see instruct	ions):		31a				
	a Target normal cost	a Target normal cost (line 6)				0			
	b Excess assets, if a	Excess assets, if applicable, but not greater than 31a				0			
32	Amortization installm	nents:		Outstanding Bala	ance	Installment			
	a Net shortfall amor	tization installment			0				
	b Waiver amortization	on installment			0				
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount				33	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33				34				
		Carryover balance Prefunding balan			nce	Total balance			
35		use to offset funding		o	0				
36	Additional cash requ	irement (line 34 minus line 35)			36				
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					0			
38	Present value of excess contributions for current year (see instructions)								
	a Total (excess, if any, of line 37 over line 36)								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								
39									
40									
Pa			ension Relief Act of 2010						
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:									
	a Schedule elected					2 plus 7 years 15 years			
		(s) for which the election in line		20	08 2009 2010 2011				
42	Amount of accelerati	ion adjustment			. 42				
43	Excess installment a	acceleration amount to be carrie	ed over to future plan years		. 43				
	····								

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information											
For	the calendar plan year 2011 o	r fiscal plan year beginning	01/01	/2011	and ending	12,	/31/2011				
A	This return/report is for:	s return/report is for: x a single-employer plan a n			(not multiemployer)		ant plan				
В	This return/report is:	the first return/report	the final return/report								
		an amended return/report	a short plar	n year return/re	eport (less than 12 mont	hs)					
_				automatic extension			DFVC program				
•	Check box if filing under:		automatio t	Atchion		L	J Dr vo program	,			
		special extension (enter description)									
		ormation enter all requested inform	nation.			41					
1a	Name of plan						hree-digit blan number				
	DAVID K LIEB PC DEF	'INED BENEFIT PLAN					(PN) ▶ 001				
							1c Effective date of plan				
							01/01/2004				
2a	Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) DAVID K LIEB PC						2b Employer Identification Number				
	DAVID K HIEB FC				-	(EIN) 11-2960539					
						2C Plan sponsor's telephone number					
	376A MAIN STREET				-	(631) 878-4455 2d Business code (see instructions)					
	ATT 11021 0000						susiness code (s 541110	ee maadduuns)			
<u>บร</u> ว ล	CENTER MORICHES	NY 11934-0000 nd address (If same as plan sponsor, enter	"Same")			3b A	Administrator's E	IN			
Ju	SAME	address (ii sains as plan sponsor, enter	Julio)			7 Administrator 3 Env					
					-	30. Administratorio talanhana numbar					
							3c Administrator's telephone number				
4		e plan sponsor has changed since the last	return/repor	t filed for this p	olan, enter the	4b EIN					
а	Sponsor's Name	nber from the last return/report.				4c PN					
		at the beginning of the plan year				5a 3					
b		at the end of the plan year				5b 0					
С	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c					
<u>-</u>	******	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No			
b	Are you claiming a waiver of	the annual examination and report of an ir	dependent	qualified publi	c accountant (IQPA)						
		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						XYes No			
		ther 6a or 6b, the plan cannot use Form	5500-SF ai	nd must inste	ad use Form 5500.						
<u> 7</u> 2	rt III Financial Info	rmation		(-) 5	aginning of Vac-	1	/b\ = = -	of Voor			
<i>[</i> .	Plan Assets and Liabilities	, toose and Element		(a) B	eginning of Year	(b) End of Year					
a	Total plan assets		7a	:	67,009	0					
þ	Total plan liabilities .		7b		862						
<u>c</u>	Net plan assets (subtract line		7c		66,147		0 (b) Total				
8 a	Income, Expenses, and Tran Contributions received or rec			•	(a) Amount	(b) Total					
a	(1) Employers		8a(1)					2 E6.00			
	(2) Participants		8a(2)								
	(3) Others (including rollove	ers)	8a(3)								
b	Other income (loss)	•	. 8b		19,373		A TOTAL OF MINISTRAL AND A SECOND				
С	Total income (add lines 8a(1		8c		100			19,373			
d	Benefits paid (including director provide benefits)	ct rollovers and insurance premiums	. 8d	,7	85,520			Property of the Control of the Contr			
е	•	deemed and/or corrective distributions (see instructions) 8e		-	Control of the contro						
f	Administrative service providers (salaries, fees, commissions)		8f			1	To design the second se				
g	Other expenses					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
h	Total expenses (add lines 8d	1 8e 8f and 8g)	8g 8h					85,520			
i	Net income (loss) (subtract li	- '	8i					(66,147)			
i	` , ,	ers to (from) the plan (see instructions)			(00,121)						

	ı	Form 5500-SF 2011 Page 2-		_					
Par	tiV	Plan Characteristics		***					
9a	If the	olan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist LA 3D Colon provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic							
Par	t V	Compliance Questions							
10		ing the plan year:		Yes	No	-	Amount		
a	Wa:	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		х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х				
c d	Did	s the plan covered by a fidelity bond?	10c 10d	х	х			10,000	
е	insu	re any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, brance services or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		х				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		×				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	<u> </u>	x				
h	252	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i	If 10 exc	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						
		Pension Funding Compliance							
11 		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or so Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ection	302 c	f ERIS	A? .	. L_Yes	X No	
a	grai	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction nting the waiver	s, and th	d enter	the da Day	ite of the let	ter ruling Year		
п b	-	er the minimum required contribution for this plan year		. Г	12b				
C		er the amount contributed by the employer to the plan for this plan year		<u> </u>	12c				
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)			12d			***************************************	
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	Yes	□No	□N/A	
Par	t VII	Plan Terminations and Transfers of Assets							
13a		a resolution to terminate the plan been adopted in any prior year? (es," enter the amount of any plan assets that reverted to the employer this year	• •	[13a		X Yes	No 0	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under pBGC?	1 1 1 1						
С	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant of	an(s)	to					
	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3) PN(s)	
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	ıse is	estat	lished	 I.			
Unde SB o	r pena r Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report true, oprrect, and complete.	port, i	ncludii	ng, if a _l	pplicable, a	Schedule edge and		

SIGN

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

DAUID

DAUID

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor