Form 5500-SF Short Form Annual			eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089							
				ctions 104 and 4065 of the Employee	2011							
Department of Labor Retirement Income Security Act of				ISA), and sections 6057(b) and 6058(
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation		Code (the Code).		Inspection							
	Part I Annual Report Identification Information											
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011						
Α .	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan						
В	This return/report is:	the first return/report	the final r	eturn/report		_						
	[an amended return/report	a short pla	an year return/report (less than 12 mo	nths)							
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program						
	special extension (enter description)											
		mation—enter all requested information	ation	I		Γ						
	Name of plan				1b	Three-digit plan number						
STEI	NBERG, FINEO, BERGER & FI	SCHOFF 401(K) PROFIT SHARING	PLAN			(PN) ▶ 001						
					1c	Effective date of plan						
2a	Plan sponsor's name and addr	ess; include room or suite number (er	mplover if	for a single-employer plan)	2h	01/01/1999 Employer Identification Number						
	NBERG, FINEO, BERGER & F		inployer, ir		20	(EIN) 11-3089681						
					2c	Sponsor's telephone number 516-747-1136						
	ROSSWAYS PARK DRIVE DBURY, NY 11797			-	2d	Business code (see instructions) 541110						
		address (if same as plan sponsor, er			3b	Administrator's EIN 11-3089681						
STEINBERG, FINEO, BERGER & FISCHOFF 40 CROSSW/ WOODBURY					3c	Administrator's telephone number 516-747-1136						
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN						
-	name, EIN, and the plan numb	per from the last return/report.			4.0							
	Sponsor's name	the beginning of the plan year			4с 5а	PN 35						
		0 0 1 1		_	5a 5b							
b Total number of participants at the end of the plan yearc Number of participants with account balances as of the end of the plan				-	30							
	1 /				5c	27						
				(See instructions.)		X Yes No						
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
De			orm 5500-	SF and must instead use Form 550	0.							
	rt III Financial Informa	ation				(h) Find of Voor						
7 a	Plan Assets and Liabilities		7a	(a) Beginning of Year 931060		(b) End of Year 1007383						
b	1		7a 7b	0		0						
C	1	7b from line 7a)	7c	931060		1007383						
8	Income, Expenses, and Transf			(a) Amount		(b) Total						
а	Contributions received or received		0-(1)	0								
	(1) Employers		8a(1) 8a(2)	144763	-							
	(2) Participants		8a(3)	22830								
b		/	8b	-21599								
с	()	8a(2), 8a(3), and 8b)	8c			145994						
d	Benefits paid (including direct	rollovers and insurance premiums	8d	69671								
е	, ,	tive distributions (see instructions)	8e	0								
f	• • • • • • • • • • • • • • • • • • •			0								
g	Other expenses		8g	0								
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h		69671							
i		e 8h from line 8c)	8i		76323							
J	I ransfers to (from) the plan (se	ee instructions)	8j									

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

Form 5500-SF (2011) v.012611

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Part IV 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 2G 2J 2K 3D 2A

. .

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Amount			
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	Х		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		Х				
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	Х		4583			
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		24125			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				Yee Market			
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	ERISA? Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1			
b	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 c negative amount)			12d				
е	Will the 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								
13a	Has a resolution to terminate the plan been adopted in any plan year?			١	/es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C 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):				c (2) El	N(s) 13c(3) PN(s)			
Caut	on. A nonalty for the late or incomplete filing of this return/report will be assessed upless reasonable	0 0 2 1	ico ic	octabl	lished			

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.	06/14/2012	STUART M. STEINBERG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/14/2012	STUART M. STEINBERG
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short	t Form Annual Return/	Report of Small En	OMB Nos. 1210-0110 1210-0089 2011					
Department of the Treasury	Benefi							
Internal Revenue Service This Department of Labor Retireme Employee Benefits Security Administration	actions 104 and 4065 of the E ISA), and sections 6057(b) ar a Code (the Code).	mployee 1d 6058(a) of	(a) of This Form is Open to Pub					
	plete all entries in accordance wit	th the instructions to the Fo	rm 5500-SF.		n an			
Part I Annual Report Identifica	tion Information	2011 and endin	d	12/31/201	1			
For calendar plan year 2011 or fiscal plan yea	and the second design of the	e-employer plan (not multiem)		a one-particip	ant plan			
A This return/report is for:	H	return/report			·			
	Н	ian year return/report (less that	an 12 months)					
Ľ	H	ic extension		DFVC progra	ι Π			
C Check box if filing under:	u	IC OXIGNSION						
	extension (enter description)		a ta an					
Part II Basic Plan Information	-enter all requested information		1b	Three-digit				
1a Name of plan STEINBERG, FINEO, BERGER	& FISCHOFF 401(K)			plan number	001			
			10	(PN) P Effective date o				
PROFIT SHARING PLAN				01/01/199				
2a Plan sponsor's name and address; inclu	de room or suite number (employer	if for a single-employer plan)	2b	Employer Identi	fication Number			
22 Plan sponsor's name and address, inclusion STEINBERG, FINEO, BERGER	& FISCHOFF	•	L	(EIN) 11-308				
Sibilibility Filido, Filido,			2c	c Sponsor's telephone number (516) 747-1136				
			24		(see instructions)			
40 CROSSWAYS PARK DRIVE		NY 11797	20	541110	(000 mod 20000)			
WOODBURY	liference as plan sponsor, enter "Sa		3b	Administrator's	EIN			
3a Plan administrator's name and address SAME	(Il same as plan sponsor, encer ou	ind y		C Administrator's telephone number				
0121-			30	Administrator s	telephone number			
	the second sizes the last rate	m/report filed for this plan, ent	er the 4b	EIN				
4 If the name and/or EIN of the plan spor name, EIN, and the plan number from the plan num	the last return/report.							
a Cooporto Damo				PN	35			
5a Total number of participants at the beg	inning of the plan year		<u>5a</u>		30			
b Total number of participants at the end		<u>5h</u>	<u></u>					
C Number of participants with account ba complete this item)					27			
A second during the second during the	a plan year invested in eligible asse	ts? (See instructions.)	** * * * * * * * * * * * * * * * * * * *					
b Are you claiming a waiver of the annua	al examination and report of an inve	nditions.)			Yes 🛛 No			
under 29 CFR 2520.104-467 (See Inst If you answered "No" to either 6a or	r 6b, the plan cannot use Form 55	00-SF and must instead use	Form 5500.	www.warenautopane				
Part III Financial Information					Neer			
7 Plan Assets and Liabilities		(a) Beginning of	Year 931,060	(0) Er	1,007,383			
a Total plan assets			931,000		0			
b Total plan liabilities			931,060	and the second secon	1,007,383			
C Net plan assets (subtract line 7b from	line 7a) 7c		<u></u>	/h) Total			
8 Income, Expenses, and Transfers for		(a) Amount						
a Contributions received or receivable fi (1) Employers	rom: 8a(1)	С					
(1) Employers			144,763					
(2) Participants	Others (including rollovers)			,830				
b Other income (loss)		5	(21,599)		145,994			
c Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	c			140,004			
d Benefits paid (including direct rollover	overs and insurance premiums 69		69,671					
to provide benefits)			0					
e Certain deemed and/or corrective dis	indutions (see instructions)	f	0	0				
f Administrative service providers (sala			0					
g Other expenses		h			69,671			
 h Total expenses (add lines 8d, 8e, 8f, l Net income (loss) (subtract line 8h fm 		31			76,323			
Transfers to (from) the plan (see inst								
Tranefare to /trom the night see list	(ructions)	BI		and the second secon	Form 5500-SF (2011)			

Form 5500-SF 2011

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Part IV **Plan Characteristics**

SIGN

HERE

Signature of employer/plan sponsor

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 2A

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

Part	/ Compliance Questions					,				
	During the plan year:		· –		Yes	No		<u>A</u>	mount	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	n)L	10a		х		(colorador) (mar		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transac	tions reported	10b		х			ن فعاد بعد المراجع المراجع الم	
c	Was the plan covered by a fidelity bond?		10c	Х				1	00,000	
	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	••••••	······	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	benefits under the	plan? (See	10e	x					4,583
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	<u> </u>			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		10g	Х		Į			24,125
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		х	<u> </u>			
1	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	101				-	ata Caracteria	-
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instr	uctions and com	plete	Sche	dule Si	B (Forr	ת 		s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 🔲 Yes 🛛 No									
	lif "Vee " complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)							o lottor r	uting
а	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	nortized in this plan	year, see instruc	tions th	, and	enter u Day	ne date /		Year	utang
if .	granting the walver	3 (Form 5500), and	skip to line 13.			-				
b	Enter the minimum required contribution for this plan year			•••••		12b	<u> </u>	-		*****
с	Enter the amount contributed by the employer to the plan for this plan	year				12c	ļ			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	is sign to the left	ofa		12d		r	٦	<u> </u>
9	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?					ΠY	es	No	N/A
Part								and the second		
	Has a resolution to terminate the plan been adopted in any plan year?		·····			لمسل	Yes	XNC)	
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought	unde	r the c	• • • • • • • •			[] Ye	ns 🛛 No
С	If during this plan year, any assets or liabilities were transferred from I which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify I	he pla	an(s) t	0			T	
	13c(1) Name of plan(s):			<u> </u>	1	3c(2) EIN(s)			130	(3) PN(s)
	tion: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le ca	use i	s esta	blishe	d.		
Und SB (er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a	declare that I have	examined this ret	um/r	eport.	includi	ing, if a	applica	ble, a S knowled	chedule ge and
	if, it is true, correct, and complete.	htistin	STUART M.	STF	CINB	ERG	A			
SIC		D// 1//	Enter name of i				as pla	n adm	inistrato	ſ
x	···· Signature or plan autoutro rate	6/14/17	STUART M.							
1			· · · · · · · · · · · · · · · · · · ·						And the second sec	- no second second second second

bi

Date

Enter name of individual signing as employer or plan sponsor