## 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).

OMB Nos. 1210-0110

1210-0089

2011 This Form is Open to Public

Р	ension Benefit Guaranty Corporation	Complete all entries in accor	danaa witi	the instructions to the Form FFO	0 SE	Ins	pection	
D.	art I Annual Repor	t Identification Information	dance witi	n the instructions to the Form 550	U-5F.			
	calendar plan year 2011 or		1	and ending	2/31/20	)11		
_	This return/report is for:	X a single-employer plan		-employer plan (not multiemployer)	Γ	a one-particip	ant nlan	
	•	the first return/report		eturn/report	L	_ a one particip	ant plan	
D	This return/report is:			'	(1)			
_		an amended return/report		in year return/report (less than 12 m	ontns) F	7		
С	Check box if filing under:	Form 5558	automatic	extension	L	DFVC progra	m	
		special extension (enter description	on)					
Pa	art II Basic Plan Inf	ormation—enter all requested inform	ation					
	Name of plan					Three-digit		
WAL.	TER G. ALTON JR. & ASSC	OCIATES PC PROFIT SHARING PLAN				olan number (PN) ▶	001	
					<b>_</b>	Effective date of		
					10	01/01	•	
2a	Plan sponsor's name and a	ddress; include room or suite number (e	mplover, if	for a single-employer plan)	2b F	Employer Identif		her
WAL	TER G. ALTON JR. & ASSO	OCIATES		ter er enigre enigre yer premy		EIN) 13-38		001
					2c S	Sponsor's telep	hone numbe	r
2 WA	LL STREET - 20TH FLOOR	R 2 WALL STF	REET - 20T	'H FLOOR		212-629		
	YORK, NY 10005	NEW YORK			2d E	Business code (	see instructi	ons)
						54111		
		and address (if same as plan sponsor, e			3b /	Administrator's I	EIN 41312	
VVAL	ΓER G. ALTON JR. & ASSC	OCIATES 2 WALL STR NEW YORK,		HFLOOR	30	Administrator's t		ımbar
					JC /	212-629	6151	iiiibei
4	If the name and/or EIN of the	he plan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN		
	·	umber from the last return/report.						
	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning of the plan year				5a	ı		
b	Total number of participant	s at the end of the plan year			5b			
С		account balances as of the end of the	• ,	•	5c			
62	' '	ets during the plan year invested in eligib				l	X Yes	No
b		of the annual examination and report of					<u> </u>	□ 140
~		6? (See instructions on waiver eligibility			·		X Yes	No
		either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Info	rmation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	243935			22123	30
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract li	ne 7b from line 7a)	. 7c	243935			22123	30
8	Income, Expenses, and Tra	ansfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or re							
	., .,		. 8a(1)					
	(2) Participants		. 8a(2)					
	(3) Others (including rollov	vers)	. 8a(3)		_			
b	Other income (loss)		. 8b	-22705				
С	,	(1), 8a(2), 8a(3), and 8b)	. 8c				-2270	)5
d		ect rollovers and insurance premiums	. 8d					
۵		rective distributions (see instructions)						
e f		,						
T		riders (salaries, fees, commissions)						
g	·	04.05.05.55.405)						
h :		8d, 8e, 8f, and 8g)					-2270	15
!		t line 8h from line 8c)					-227(	,,
j	mansiers to (nom) the plan	n (see instructions)	- Ri					

Form	5500-SF 2011	
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Page 2 -	1	
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Part IV	Plan Characteristics

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

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

	in the plan provides wellare betteritis, effer the applicable wellare readire codes from the list of half offarac	torioti		00 111 11	io mondone		
art	V Compliance Questions						
0	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)	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		X			
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			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X			
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		X			
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA?	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						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401			
	Enter the minimum required contribution for this plan year			12b			
	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						
l3a	Has a resolution to terminate the plan been adopted in any plan year?	··· <u>···</u>		Y	es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	За				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan	(s) to				
1	13c(1) Name of plan(s):			c(2) EII	N(s)	13c(3)	PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.		
ЗВ о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this reture. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	WALTER G. ALTON				
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				

## Form 5500-SF

Separation of the Treasury internal Several Service

Department of Labor Employee stenetts Security Administration

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

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 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 calendar plan year 2011 or fiscal plan year beginning 01/01/2011			nd ending		12/31/201	
A This return/report is for: X a single-employer plan a multiple-or	mployer	olan (not i	multiemp	loyer)	a one participar	rt plan
B This return/report is: the first return/report the final return						
an amended return/report a short plan	year reti	um/report	(less tha	an 12 mor		
Check box if filing under: Form 5558 automatic e	xtension			ì	DEVC program	
special extension (enter description)						
Part II Basic Plan Information - enter all requested information	-		dh T			
1a Name of plan			th The	a unuper u unuper	(PN)	001
WALTER G. ALTON JR. & ASSOCIATES PC				ective dat		001
PROFIT SHARING PLAN			IV DI		01/1997	
On St	-amniavar	nian)	2h Em		entification Numbe	er (E(N)
2a Plan sponsor's name and address; include room or suite number (employer, if for single WALTER G. ALTON JR. & ASSOCIATES	·empioyer	Signi			3841312	,—,
WADTER G. ALTON UR. & ASSOCIATES		i	2c So		elephone number	
2 WALL STREET - 20TH FLOOR				529-6		
Z WANT DIKERI - ZOIN LHOOM		Ì			de (see instruction	is)
NEW YORK NY 10005				541		
3a Plan administrator's name and address (if same as plan sponsor, enter "Same	")		3b Ad	ministrato	or's EIN	
SAME						
			3c Ad	ministrato	or's telephone num	ber
4 If the name and/or EIN of the plan sponsor has changed since the last return/rep	oort filed	for this	4b EIN	*		
plan, enter the name, EIN, and the plan number from the last return/report.			-			
a Sponsor's name		1	4c PN			
			E .		2	·
5a Total number of participants at the beginning of the plan year			5a 5b	-	2 2	
Total number of participants at the end of the plan year      Number of participants with account independent on of the end of the plan year (in the end of the end of the plan year).			50		<b>_</b>	-
reasings of passopares with account balances as of the end of the pine year t	3elinea		5c		2	
benefit plans do not complete this item)  6a Were all of the plan's assets during the plan year invested in eligible assets? (i	Zan inata	retions 1			X Ye	s No
b Are you claiming a waiver of the annual examination and report of an independent					1 M = 1 M   (Feb. )	
(IOPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Ye	s No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S				orm 5500	)	
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Be	ginning		(b) End (	- AA AMAZ
a Total plan assets	7a		24:	3,935		221,23
b Total plan liabilities	7b					001 00
C Net plan assets (subtract line 7b from line 7a)	7c			3,935		221,23
8 Income, Expenses, and Transfers for this Plan Year		(.	a) Amou	nt	(b) Te	otal
Contributions received or receivable from:	1 . 1					
(1) Employers	8a(1)				-	
(2) Participants	8a(2)				-	
(3) Others (including raliovers)	8a(3)		0	705		
b Other income (loss) SEE STATEMENT 1	86		- 2.	2,705	-	-22,70
C Total income (add lines 8a(1), 9a(2), 8a(3), and 9b)	8c		-		-	22,10
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
Certain deemed and/or corrective distributions (see instructions)	98					
f Administrative service providers (salaries, fees, commissions)	8f				-	
Uniform expenses	8g			-	4	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	-111/-				-22,70
1 Nat income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i 8j					3. 1. 2.
TOTAL STATE OF THE STATE AND ADDRESS OF THE STATE OF THE	- 01		- W-		A CONTRACTOR OF THE PARTY OF TH	

Form 5	500-SF (2011)	P	age 2-		-		
Part	IV Plan Characteristics				Contac	in the ineter	actions
	f the plan provides pension benefits, enter the applicable pension feature codes fr	om the List of P	ian Chara	cteristic	; tacces	III uic aibu	30110113
2E 3	3D	- de la la al Frim	a Okazani	Danier).co.d	Codec m	dea instruc	tions
b II	f the plan provides welfare benefits, enter the applicable welfare feature codes from	ni the List of Pia	n Charac	tensuc t	"P0342 H	INCHIOUPE	,110114
Part	V Compliance Questions	***					
	During the plan year:		Yes	No		Amount	
	Vas there a fazure to transmit to the plan any participant contributions within the time period.	described					
	29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pi		i0a	X		- (- 1111)	
	Vere there any nonexempt transactions with any party-in-interest? (Do not include						
	ransactions reported on line 10a.)		10b	X			
	Vas the plan covered by a fidelity band?		10c	X			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, tha		ñ				
	vas caused by fraud or dishonesty?		l0d	X			
	Vere any fees or commissions paid to any brokers, agents, or other persons by an						
G	carrier, insurance service or other organization that provides some or all of the ben	efits under					
ŧ	he plan? (See instructions.)	.c ====================================	10e	X			
f F	las the plan failed to provide any benefit when due under the plan?		10f	X			
g c	old the plan have any participant loans? (If "Yes," enter amount as of year end.)		109	X	<u></u>		
h ii	f this is an individual account plan, was there a blackout period? (See instructions		1				
	ind 29 CFR 2520.101-3.)		10h	X			
	f 10h was answered "Yes," check the box if you either provided the required notic			11			
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3		10i	X			
Part				1.2.	_		
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes,"					Yes	X No
	Schedule SB (Form 5500))					162	22 1907
- 13	s this a defined contribution plan subject to the minimum funding requirements of	section 412 of t	ne Code	er		Yes	X No
8	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as	s applicable.)	. Smarter of	iona os	ei anior	CIL III	
	f a waiver of the minimum funding standard for a prior year is being amortized in the					Year	43.0 104101
, ,	uling granting the waiver.	N am d alaim 4m li	ino 12	47		, 00,	/m // // // //
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500		ilia ior	12b			
	Enter the minimum required contribution for this plan year			120			
	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			120			
				120			
	he left of a negative amount) Mil the minimum funding amount reported on line 12d be met by the funding deac				es	No	N/A
Part		MIGI.			,		
	las a resolution to terminate the plan been adopted in any plan year?					Yes	X No
	f 'Yes,' enter the amount of any plan assets that reverted to the employer this year	ar		13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to a		brought				
	inder the control of the PBGC?					Yes	X No
	f during this plan year, any assets or liabilities were transferred from this plan to a	nother plants), ic	lentify the	e plan(s)	to whice	h assets or	
	abilities were transferred. (See instructions.)	, , , , , , , , , , , , , , , , , , ,	,	,			
	c(1) Name of plan(s):		13c(	2) EIN(s)	,	13c(3)	PN(s)
	See 1 12 - 7 PART 12 V. V.P. p4469-1 V.V.						
Cauti	on: A penalty for the late or incomplete filing of this return/report will be asso	essed unless re	asonable	e cause	is estat	dished.	
Ten House man	an har of each up that other manufact as set forth in the profinct car. I disclose that I have exempted this refunding	port including, if top	beable, a Sa	neouve Sti	or Schedu	le MB complet	ಕರ ಭಾರ
e thed b	y at encount actuary, as well as the electronic varion of this return vacon, and to the best of my knowledge.	and belief it is trub, c	arrest and c	OURS 610			
	11000 f (Anta ) -11						
SIGN	MESTER 9. CESAY + 1/23/12 WALT	YER G. AI	TON		-		
TIETE	Signature of plan administrator Date Enter n	ame of Individue	l signing	as plan	adminis	trator	
SIGN							
HERE	Onto Enter o	ame of individua	al signina	as emp	laver or	plan spons	Qr .

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor