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 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 Inspection

	Complete all entries in accord	anice with	i the instructions to the Form 550	U-3F.			
Pa	art I Annual Report Identification Information						
For o	calendar plan year 2011 or fiscal plan year beginning 02/01/2011	1	and ending (1/31/20	012		
A T	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 m	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter description	n)		_	_		
Pa	rt II Basic Plan Information—enter all requested informa	ation					
1a	Name of plan			1b '	Three-digit		
SNOV	V BECKER KRAUSS, PC 401(K) PLAN			· '			
					` /		
		(EIN) 11-2536208 2c Sponsor's telephone number 212-687-3860 2d Business code (see instructions) 541110 ponsor, enter "Same") 3b Administrator's EIN					
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b			ber
SNO	W BECKER KRAUSS, PC		0 , , , ,				
				2c :			er
	HIRD AVENUE						
NEW	YORK, NY 10158-0000			2d	`		ons)
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Como	,"\	3h			
	V BECKER KRAUSS, PC 605 THIRD AV	VENUE) JD /	11-25		
	NEW YORK, N	NY 10158	-0000	3c /	Administrator's t		ımber
4	If the name and/or CIN of the plan apparer has about a direct the la	201 201 120	report filed for this plan, enter the	46	212-687	-3860	
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	asi return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			6
b	Total number of participants at the end of the plan year			5b			(
С	Number of participants with account balances as of the end of the p	lan year (defined benefit plans do not	_			
	complete this item)			5c			п
_	Were all of the plan's assets during the plan year invested in eligible		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,				
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	4204506				0
b	Total plan liabilities	7b	0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	4204506				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1822				
	(2) Participants	8a(2)	33968				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	117536				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				15332	26
_	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	4351550				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	2077	_			
g	Other expenses	8g	6282			40	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				435783	
į	Net income (loss) (subtract line 8h from line 8c)	8i				-420450	Jb
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

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Dorf IV	Dian	Charact	oriction
Part IV	Plan	Charact	eristics

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

	During the plan year:		Yes	No		Δ	moun	·
	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		Х				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	X					3000
k	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 instructions.)	10e	X					36
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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						
١ ا	/I Pension Funding Compliance		•					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						П үе	s X
							1 1 ''	.5
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction (302 of I	ERIS	A?	Ye	es X
3	(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 instruc	e or se	ction (302 of I	ERIS/	A? e of the	Ye letter	es X
l	(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	e or se ctions, nth	ction (302 of I	ERIS/	A? e of the	Ye letter	es X
ı Fy	(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 instruc	e or se ctions, ith	and e	302 of I	ERIS/	A? e of the	Ye letter	es X
i fy	(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	e or se	and e	302 of I enter th Day	ERIS/	A? e of the	Ye letter	es X
i y) ;	(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	e or se	and e	302 of I enter th Day	ERIS/	A? e of the	Ye letter	es X
у [,])	(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	ctions,	and e	12b 12c	ERIS/	4? e of the	Ye letter	es X
i y i i	(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	ctions,	and e	12b 12c	e date	4? e of the	Ye letter	ruling
y .	(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. Monou 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. 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date	4? e of the	Ye letter	ruling
fy o o o d	(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	ctions,	and e	12b 12c 12d	e date	A? e of the	Ye letter	ruling
y () () () () () () () () () () () () ()	(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. Monou 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. 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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? III Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d X Y	e date	A? e of the	e letter rear	ruling
fy D S d t \	(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	of a	and e	12b 12c 12d 	e date	A? e of the	e letter rear	ruling N
fy D H t '	(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	of a	and e	12b 12c 12d 	Yo	A? e of the	Ye e letter / ear	ruling

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.	08/29/2012	ERIC HONICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/29/2012	ERIC HONICK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name:

Snow Becker Krauss, PC 401(k) Plan

EIN/PN:

11-2536208/001

Plan Year:

02/01/2011 - 01/31/2012

I hereby authorize Scott Freeman Retirement Plan Consulting LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Zin Horrich, authorized Signatory Zin Horrich, authorized Signatory (sign)

8/27/12 (date)

Form 5500-SF

Department of the Treasury ternal 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.

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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Annual Report Identification Information Part I 01/31/2012 02/01/2011 and ending For the calendar plan year 2011 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan x a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension х Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information. Part II 1b Three-digit 1a Name of plan plan number 001 (PN) ▶ Snow Becker Krauss, PC 401(k) Plan 1c Effective date of plan 07/01/1992 2b Employer Identification Number Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) (EIN) 11-2536208 Snow Becker Krauss, PC 2c Plan sponsor's telephone number (212) 687-3860 605 Third Avenue 2d Business code (see instructions) 541110 NY 10158-0000 US New York 3b Administrator's EIN 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") Same 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4C PN Sponsor's Name a 60 5a Total number of participants at the beginning of the plan year 0 5b Total number of participants at the end of the plan year b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) x Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities n 4,204,506 7a Total plan assets . . a 0 7b Total plan liabilities 0 4,204,506 7c Net plan assets (subtract line 7b from line 7a) (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 1,822 8a(1) 33,968 Ba(2) (2) Participants 8a(3) (3) Others (including rollovers). . . 117,536 86 Other income (loss) 153,326 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 4,351,550 8d to provide benefits) Certain deemed and/or corrective distributions (see instructions) 8e 8f Administrative service providers (salaries, fees, commissions) . 6,282 89 q 4,357,832 8h Total expenses (add lines 8d, 8e, 8f, and 8g) h (4,204,506)Net income (loss) (subtract line 8h from line 8c). 8i Transfers to (from) the plan (see instructions) Form 5500-SF (2011) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2011 Page 2-		_			
Part I	V Plan Characteristics					
a if t	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist 2E 2F 2G 2J 2K 2T the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterist					
Part	Compliance Questions					
	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	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
	Was the plan covered by a fidelity bond?	10c	x			300,000
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		
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See	10e	x			3,602
	instructions.)		-	х		
f	Has the plan failed to provide any benefit when due under the plan?	10f	\vdash	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g				
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	<u></u>			
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	ete S	chedu	le SB (F	orm	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	sect	on 30	2 of ERI	SA?	Yes X No
а	It a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ons, a	and er	iter the	date of the le	tter ruling Year
	granting the waiver				·	
	Enter the minimum required contribution for this plan year			12b		
b	Enter the amount contributed by the employer to the plan for this plan year			12c		
c 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)	ía 		12d		
_	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□No □N/A
Part						
						X Yes No
13a	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		0
b	the state of the s	nder 1	he co	ntrol		. X Yes No
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.)	plan	(s) to			
	13c(1) Name of plan(s):	+		13c(2)	EIN(s)	13c(3) PN(s)
		+				
		\perp				
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	caus	e is e	stablish	red.	
Unde SB o	r penalties 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/reg , it is trug, correct, and complete.	v/repo	ort, inc	luding, i	f applicable,	a Schedule ledge and

SIGN 2 in Lorned, authorsed Limeter, 8/27/12 ELIC HONICK

Signature of plan administrator

Date 8/ Enter name of individual signing as plan administrator

SIGN Line Howill, authorsed Lignatory 8/27/12 ELIC HONICK

Bignature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor