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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/20	011		
Α .	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 mo	nths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b	Three-digit		
IVAN	S. SCHNEIDER PROFIT SHARING PLAN				plan number		
			-		(PN) ▶	001	
				1C	Effective date of	•	
22	Plan sponsor's name and address; include room or suite number (er	mployor if	for a single employer plan)	2h	01/01/		
	S SCHNEIDER PC	inployer, ii	Tot a single-employer plan)		Employer Identif (EIN) 26-46	89890	;1
					Sponsor's telep	hone number	
233 F	BROADWAY 5TH FLOOR				917-509		
	YORK, NY 10279			2d	Business code (see instruction	ıs)
					54199	0	
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's E	EIN 89890	
IVAIN	S SCHNEIDER PC 233 BROADW NEW YORK, I		= =	30	Administrator's t		har
				30 /	917-509		Dei
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			4-	D		
	Sponsor's name Total number of participants at the beginning of the plan year			4c	PN T		
			-	5a			-
b	Total number of participants at the end of the plan year	-	5b			3	
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c			3
6a	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	orm 5500-	SF and must instead use Form 550	0.			
	rt III Financial Information			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	472469			550911	
b	Total plan liabilities		470400			EE0044	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	472469			550911	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	93828				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	-15386				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				78442	
d	Benefits paid (including direct rollovers and insurance premiums	. 60					
<u>.</u>	to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i				78442	
_ j	Transfers to (from) the plan (see instructions)	8j					
_				_			_

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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:

Part	V Compliance Questions			1	Т				
10	During the plan year:		Yes	No	Α	mount			
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			4	5000		
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		Х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
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 com 5500))					Yes ×	No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection (302 of	ERISA?	Yes	No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
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 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?			Y	′es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
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									
	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) P	N(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.				
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					e, a Sched	ule		
SB o	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	09/10/2012	IVAN SCHNEIDER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/10/2012	IVAN SCHNEIDER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5558 (Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only

OMB No. 1545-0212

	rtl Identification					
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's ident	ifying number (s	see Instruction	s)
	Ivan S Schneider PC		Employer ide	entification numb	er (EIN)	
	Number, street, and room or suite no. (If a P.O. box, see instructions)		26-468989)		
	233 Broadway 5th floor		Social securi	ity number (SSN)	(see instruction	ıs)
	City or town, state, and ZIP code					
	New York NY 10279					
2	Plan name		Plan	Plai	ı year endin	g
	Figil Hallie		number	MM	DD	YYYY
	1 Ivan S. Schneider Profit Sharing Plan	0	0 1	12	31	2011
			1			
	2					
	3				<u> </u>	
	Extension of Time To File Form 5500 Series, and/or Form 89			in attention (
1	I request an extension of time until 10 / 15 / 2012 to file F		· ·	tructions).		
	Note. A signature IS NOT required if you are requesting an extension to file Form	oouu series	·.			
2	I request an extension of time until / / to file Fi	orm 8055-9	SSA (see instr	rictione)		
_	Note. A signature IS required if you are requesting an extension to file Form 8955-		nen sse) Auc	delions).		
	Note. A signature is required if you are requesting an extension to the Point 0900-	SSA.				
	The application is automatically approved to the date shown on line 1 and/or line the normal due date of Form 5500 series, and/or Form 8955-SSA for which this ex and/or line 2 (above) is not later than the 15th day of the third month after the norm	tension is r	equested, and			
Par	Extension of Time To File Form 5330 (see instructions)					
3	I request an extension of time until / / to file For You may be approved for up to a 6 month extension to file Form 5330, after the nor		ite of Form 53	330.		
a	Enter the Code section(s) imposing the tax	. •	a			
b	Enter the payment amount attached		<i>.</i>	. •	b	
с 4	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amen State in detail why you need the extension:	dment date		. ▶	<u>c </u>	
	· · · · · · · · · · · · · · · · · · ·		<u>.</u>			
						

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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

F	art I Annual Report	Identification Information									
For	the calendar plan year 2011 or	r fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011				
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan	(not multiemployer)		a one-participant plan				
В	This return/report is:	the first return/report	the final re	turn/report			•				
		an amended return/report	a short pla	ın year return/r	eport (less than 12 mon	iths)					
c	Check box if filing under:	x Form 5558	automatic	•		·Г	DFVC program				
Ŭ	onest box if filling diffeet.	special extension (enter descripti	LJ				7				
	art II Basic Plan Info Name of plan	ormation enter all requested in	formation.			1h :	Three-digit				
ıa	•						plan number				
	Ivan S. Schneider P.	rofit Sharing Plan					(PN) ▶ 001				
						1c Effective date of plan 01/01/2002					
2a	Plan sponsor's name and add	dress; include room or suite number (emplover, if fo	r single-employ	ver plan)		Employer Identification Number				
	Ivan S Schneider PC	· · · · · · · · · · · · · · · · · · ·			, ,		(EIN) 26-4689890				
						2c	Plan sponsor's telephone number				
	233 Broadway 5th flo	oor			<u> </u>		(917) 509-1979				
				Business code (see instructions)							
	New York	NY 10279					541990				
За	Pian administrator's name an Same	d address (If same as plan sponsor, e	enter "Same")			3b Administrator's EIN					
	- Company										
						3c Administrator's telephone number					
4	If the name and/or EIN of the	plan sponsor has changed since the	last return/rep	ort filed for this	plan, enter the	4b E	EIN				
а	name, ⊵iN, and the plan num Sponsor's Name	ber from the last return/report.			Ī	4c	PN				
	<u> </u>	at the beginning of the plan year				5a	3				
b		at the end of the plan year				5b	3				
C	• -	ccount balances as of the end of the				5c	3				
6a		during the plan year invested in eligible									
_	-	the annual examination and report of									
		(See Instructions on waiver eligibility a		•			XYes No				
		her 6a or 6b, the plan cannot use Fo	orm 5500-SF a	and must inste	ead use Form 5500.						
	rt III Financial Infor	mation	market and active processing of the control of the			1	AN Pod ANGO				
7	Plan Assets and Liabilities			(a) B	eginning of Year	+	(b) End of Year				
a	Total plan assets		. 7a		472,469		550,911				
b	Total plan liabilities	7	· 7b		470 460		5E0 011				
<u>c</u> 8	Net plan assets (subtract line lncome, Expenses, and Trans		. 7c		472,469 (a) Amount	+	550,911 (b) Total				
a	Contributions received or received			\			(2) 1000				
	(1) Employers		. 8a(1)		93,828	military control on military property of military p					
	(2) Participants		. 8a(2)								
	(3) Others (including rollover	s)	. 8a(3)			radiojo kritanja radiojo kritanja radiojo kritanja radiojo kritanja					
b	• •		. 8b		(15,386)	2000 Carrier					
C	•	, 8a(2), 8a(3), and 8b)	. 8c	manager (a strength of the str			78,442				
d		rollovers and insurance premiums	. 8d			0.000					
e		ctive distributions (see instructions) .									
f		ers (salaries, fees, commissions)				100000 00000 100000 00000 100000 00000 10000 00000					
g	Other expenses	•	. 8g								
h	•	8e, 8f, and 8g)	1			T.					
i		ne 8h from line 8c).	i i			3) 3)	78,442				
Ĺ		see instructions)									

	1	form 5500-SF 2011			f	Page 2-							
Pai	tIV	Plan Characteristics											
		plan provides pension benefits, enter the applicable pension feat	ure codes	from	the L	ist of Plan	Characte	eristic	Codes	in the	instruction	ıs:	
b		E 3D plan provides welfare benefits, enter the applicable welfare featu	re codes fr	rom ti	ne Lis	t of Plan C	haracter	istic C	odes i	in the i	nstructions	ï	
	S												
Pa	rt V	Compliance Questions							,				
10	Dur	ng the plan year:							Yes	No	ļ	Amount	
а		there a failure to transmit to the plan any participant contribution						10a		x			
b	We	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar e there any nonexempt transactions with any party-in-interest? (I	Do not incl	lude t	ransa	ctions rep				x			
	on I	ne 10a.)		• •	• •			10b	<u> </u>	1			
С	Wa	the plan covered by a fidelity bond?						10c	х				45,000
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	-			-		10d		х			
e	Wei	e any fees or commisions paid to any brokers, agents, or other p	ersons by	an In	surar	ice carrier,							
		rance services or other organization that provides some or all of						10e		x			
£		uctions.)								x			
1		the plan failed to provide any benefit when due under the plan?											
g		he plan have any participant loans? (If "Yes," enter amount as o						10g		X			
h		s is an individual account plan, was there a blackout period? (Se 0.101-3.)						10h	:	х			
i		h was answered "Yes," check the box if you either provided the r						1011					
		ptions to providing the notice applied under 29 CFR 2520.101-3						101					
		Pension Funding Compliance											
11	550	s a defined benefit plan subject to minimum funding requiremen	<u></u>				<u> </u>			• •	<u> </u>		s X No
12		s a defined contribution plan subject to the minimum funding req es," complete 12a or 12b, 12c, 12d, and 12e below, as applicab		of se	ection	412 of the	Code or	section	on 302	of ER	NISA? .	Ye	s X No
а	If a v	valver of the minimum funding standard for a prior year is being a ling the waiver	emortized i				• • Mor						
lf		impleted line 12a, complete lines 3, 9, and 10 of Schedule Mi		•		•			Г	4.01	1		
þ	Ente	r the minimum required contribution for this plan year		•	• •			• •	$\cdot \vdash$	12b			
C		r the amount contributed by the employer to the plan for this plar	-						·	12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	•			•			. L	12d			
<u>e</u>		he minimum funding amount reported on line 12d be met by the	funding de	eadlir	ne? .						Yes	∐No	N/A
Pari	:MI	Plan Terminations and Transfers of Assets											
13a	Has	a resolution to terminate the plan been adopted in any plan year	?						٠, ٠	٠		Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this	year				• •	•	13a			
b		e all the plan assets distributed to participants or beneficiaries, trae	ansferred t	to and	other (olan, or br	ought und	der the	cont	rol		. Yes	s XNo
C		ing this plan year, any assets or liabilities were transferred from nassets or liabilities were transferred. (See instructions.)	this plan to	o anol	ther p	lan(s), ide	ntify the p	olan(s)	to				
	13c(1)	Name of plan(s):							13c(2) EiN(s) 13c(3)			3) PN(s)	
Caut	ion: A	penalty for the late or incomplete filing of this return/report v	vill be ass	esse	d unl	ess reaso	nable ca	use is	s esta	blishe	d.	•	
Unde SB o	r pena Sche	ties of perjury and other penalties set forth in the instructions, I d lule MB completed and signed by an enrolled actuary, as well as	eclare that	t I hav	/e exa	amined thi	s return/r	eport,	includ	ling, if	applicable,		
pelief	, it is to	ue, egrect, and complete.		1		T							
SIC		MALKUU	Q//										
HE	RE S	gnature of plan administrator	Date 0	W	12	Enter na	me of ind	lividua	l signi	ng as	plan admin	istrator	
SIC	IN L	WALLUL		_	.1								
HE	RE s	gnature of employer/plan sponsor	Date 8	28	112	Enter na	me of ind	lividua	l signi	ng as	employer o	r plan spo	nsor