Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

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 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

600 THIRD AVENUE
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-3690958

2c Sponsor's telephone number
212-593-6700

2d Business code (see instructions)
541110

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/06/2012	MARK B. FEINSTEIN
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

600 THIRD AVENUE
NEW YORK, NY 10016

3b Administrator's EIN
13-3690958

3c Administrator's telephone number
212-593-6700

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	152
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	134
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	152
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	152
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	107
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

D Employer Identification Number (EIN)
13-3690958

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN CENTURY SRVICES LLC

44-0619208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

BNY MELLON ASSET SERVICING

P.O.BOX 9793
PROVIDENCE, RI 02940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

BNY MELLON ASSET SERVICING

101 SABIN STREET
PAWTUCKET, RI 02860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

20-3247785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60		0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

ALPS FUND SERVICES

20-3247785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60		0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

BOSTON FINANCIAL DATA SERVICES

04-2526037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60		0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OPPENHEIMER FUNDS SERVICES

P.O.BOX 5270
COLORADO, CO 80217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

PUTNAM INVESTOR SERVICES INC

04-2539562

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

OPPENHEIMER FUNDS DISTRIBUTOR INC

13-2953455

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PUTNAM RETAIL MGMT LTD

04-1223767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	FUND MANAGEMENT	0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

PUTNAM RETAIL MANAGEMENT INC

04-2539558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61		0	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

D Employer Identification Number (EIN)
13-3690958

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	70638	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	312435	389101
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	190707	208155
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8174172	8551875
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8747952	9149131
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8747952	9149131

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	728577	
	(C) Others (including rollovers)	2a(1)(C)	1270	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		729847
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	161	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9995	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10156
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	247889	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		247889
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-444562
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		543330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	140642	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		140642
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1509	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1509
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		142151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		401179
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ROGOFF & COMPANY PC **(2)** EIN: 13-2688836

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**	X		234610
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

D Employer Identification Number (EIN)
13-3690958

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... 3 | 2

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☒ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

355 Lexington Avenue, Sixth Floor
New York, NY 10017-6603
212-557-5666 F 212-557-9330

Independent Auditors' Report

The Plan Administrator
Aaronson Rappaport Feinstein & Deutsch, LLP 401(K) Plan:

We were engaged to audit the statements of net assets available for benefits of Aaronson Rappaport Feinstein & Deutsch, LLP 401(K) Plan (the "Plan") as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedules of assets held and delinquent participant contributions and loan repayments as of or for the year ended December 31, 2011. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company (the "Trustee") except for comparing that information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee, as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the aforementioned financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

New York, New York
October 4, 2012

Rogoff & Company P.C.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3690958 - PLAN NUMBER 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments	Money Market Fund: Fidelity Prime Fund	**	$ 389,101
		Mutual funds:		
	Putnam Investments, LLC	Putnam International Equity Fund	**	29,863
	Putnam Investments, LLC	Putnam Multi-cap Growth	**	4,475
	Putnam Investments, LLC	Putnam Investors Fund	**	4,034
	Putnam Investments, LLC	Putnam Asset Allocation: Growth Portfolio	**	6,886
	Putnam Investments, LLC	Putnam Global Health Care Fund	**	7,977
	Putnam Investments, LLC	Putnam Voyager Fund	**	331
	Eaton Vance Management	Eaton Vance Atlanta Capital SMID-Cap Fund	**	23,141
	Loomis Sayles & Company	Loomis Sayles Bond Fund	**	27,840
	American Century Investments	American Century Government Bond Fund	**	15,412
	PIMCO Funds	PIMCO Total Return Fund	**	45,447
	Oppenheimer Funds	Oppenheimer International Bond Fund	**	38,366
	BlackRock Funds	BlackRock Equity Dividend Fund	**	130,349
	Heartland Funds	Heartland Value Plus Fund	**	63,777
	American Century Investments	American Century Heritage Fund	**	64,632
	American Century Investments	American Century Small Cap Growth Fund	**	67,810
*	Fidelity Investments	Fidelity Advisor High Income Advantage Fund	**	34,480
*	Fidelity Investments	Fidelity Advisor Industrials Fund	**	11,738
*	Fidelity Investments	Fidelity Advisor Leveraged Company Stock Fund	**	2,603
*	Fidelity Investments	Fidelity Advisor New Insights Fund	**	109,920
*	Fidelity Investments	Fidelity Advisor Emerging Markets Fund	**	35,326
*	Fidelity Investments	Fidelity Advisor Freedom 2010 Fund	**	386,921
*	Fidelity Investments	Fidelity Advisor Freedom 2020 Fund	**	1,831,985
*	Fidelity Investments	Fidelity Advisor Freedom 2030 Fund	**	1,306,797
*	Fidelity Investments	Fidelity Advisor Freedom 2040 Fund	**	290,601
*	Fidelity Investments	Fidelity Advisor Freedom 2005 Fund	**	416,272
*	Fidelity Investments	Fidelity Advisor Freedom 2015 Fund	**	1,242,040
*	Fidelity Investments	Fidelity Advisor Freedom 2025 Fund	**	1,370,116
*	Fidelity Investments	Fidelity Advisor Freedom 2035 Fund	**	777,126
*	Fidelity Investments	Fidelity Advisor Freedom 2045 Fund	**	182,438
*	Fidelity Investments	Fidelity Advisor Freedom 2050 Fund	**	23,171
*	Fidelity Investments	Fidelity Advisor Freedom Income Fund	**	3
				8,551,875
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 9.25%		208,155
				$ 9,149,131

* Represents a party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2011

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ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

355 Lexington Avenue, Sixth Floor
New York, NY 10017-6603
212-557-5666 F 212-557-9330

Independent Auditors' Report

The Plan Administrator
Aaronson Rappaport Feinstein & Deutsch, LLP 401(K) Plan:

We were engaged to audit the statements of net assets available for benefits of Aaronson Rappaport Feinstein & Deutsch, LLP 401(K) Plan (the "Plan") as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedules of assets held and delinquent participant contributions and loan repayments as of or for the year ended December 31, 2011. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company (the "Trustee") except for comparing that information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee, as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the aforementioned financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

New York, New York
October 4, 2012

Rogoff & Company P.C.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value		
Money Market Fund	$ 389,101	$ 312,435
Mutual Funds	8,551,875	8,174,172
Total investments	8,940,976	8,486,607
Receivables		
Participants' contributions receivable	-	63,562
Notes receivable from participants	208,155	197,782
Total receivables	208,155	261,344
Total assets	9,149,131	8,747,951
Liabilities	-	-
Net assets available for benefits	$ 9,149,131	$ 8,747,951

The accompanying notes are an integral part of these financial statements.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

December 31, 2011

Additions		
Investment income		
Net depreciation in fair value of investments	$	(444,562)
Dividends and interest		248,050
Total investment income		(196,512)
Interest income on notes receivable from participants		9,995
Participant contributions		729,847
Total additions		543,330
Deductions		
Benefits paid to participants		140,642
Other expenses		1,509
Total deductions		142,151
Net increase		401,179
Net assets available for benefits:		
Beginning of year		8,747,952
End of year	$	9,149,131

The accompanying notes are an integral part of these financial statements.

Note 1. Description of the Plan

The following description of the Aaronson Rappaport Feinstein & Deutsch, LLP 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees directly employed by Aaronson Rappaport Feinstein & Deutsch, LLP (the "employer"). Employees are eligible to participate upon completion of one month of service and attainment of age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trust Fund

A trust fund has been established by the execution of a trust agreement with a trustee, and is maintained for the purpose of this Plan. The assets of the trust are held, invested and disposed of by the trustee, in accordance with the terms of the trust agreement, for the benefit of the participants and their beneficiaries.

Contributions

Contributions made by participants are based upon a salary deferral agreement. Participants may elect to defer up to 50% of their pre-tax compensation, subject to Plan Committee rules and certain statutory limitations ($16,500 in 2011 and in 2010). Participants may also rollover amounts from other qualified defined benefit or deferred contribution plans.

Participant Accounts

Each participant's records are in the form of a Compensation Deferral Contribution Account and Rollover Account. Each participant's account is credited with the participant's contribution and allocations of other Plan additions and deductions. Allocations are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of the Plan – continued

Vesting
Participants are immediately vested in their salary deferral contributions and rollovers, plus earnings thereon.

Investment Options
Participants may direct contributions to any of several investment options, as follows:

- Fidelity Prime Fund
- Putnam Voyager Fund
- American Century Government Bond Fund
- PIMCO Total Return Fund
- Loomis Sayles Bond Fund
- Fidelity Advisor High Income Advantage Fund
- Oppenheimer International Bond Fund
- Putnam Asset Allocation Balanced Portfolio
- Putnam Asset Allocation Growth Portfolio
- BlackRock Equity Dividend Fund
- Heartland Value Plus Fund
- Fidelity Advisor Industrials Fund
- Putnam Investors Fund
- Fidelity Advisor Leveraged Company Stock Fund
- Eaton Vance Atlanta Capital SMID-Cap Fund
- American Century Investments Heritage Fund
- American Century Investments Small Cap Growth Fund
- Fidelity Advisor New Insights Fund
- Putnam Multi-Cap Growth Fund
- Putnam International Equity Fund
- Fidelity Advisor Emerging Markets Fund
- Putnam Global Health Care Fund
- Fidelity Advisor Freedom Income Fund
- Fidelity Advisor Freedom 2005
- Fidelity Advisor Freedom 2010
- Fidelity Advisor Freedom 2015
- Fidelity Advisor Freedom 2020
- Fidelity Advisor Freedom 2025
- Fidelity Advisor Freedom 2030
- Fidelity Advisor Freedom 2035
- Fidelity Advisor Freedom 2040
- Fidelity Advisor Freedom 2045
- Fidelity Advisor Freedom 2050

Participants may change their investment options at any time.

Payment of Benefits
Amounts in the participant's account are available for distribution upon retirement, death, disability, termination of employment, termination of the Plan, attainment of age 59-1/2 or hardship.

Plan Operating Expenses
Plan administrative expenses are paid from the Plan assets. Loan processing fees are deducted from the accounts of participants who have requested loans.

Plan Termination
Although it has not expressed any intent to do so, the employer has the right to terminate the Plan at any time.

Note 1. Description of the Plan – continued

Notes Receivable from Participants

Loans are available to participants on a nondiscriminatory basis. The maximum loan amount is 50% of participant vested account balance or $50,000. Generally, the term of the loan may not exceed five years. Loans bear interest at the rate determined at the date of borrowing and are repaid in level installments through payroll deductions on a semi-monthly basis. Loans to participants as of December 31, 2011 and 2010 bear interest at rates ranging from 4.25% to 9.25%. The loans are secured by the participants' account balances. Loan transactions are treated as transfers between the investment funds and the participant loan fund.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Impact of Recently Issued Accounting Pronouncements

In September 2010, the FASB issued new accounting guidance on reporting loans to participants by defined contribution plans. The new guidance requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The guidance became effective for plan reporting periods ending after December 15, 2010, and should be applied retrospectively to all prior periods presented. As a result of the adoption of the guidance, participant loans have been reclassified as notes receivable from participants, and excluded from the Plan's investments.

Note 2. Summary of Significant Accounting Policies – continued

Impact of Recently Issued Accounting Pronouncements – continued
In January 2010, the FASB issued new accounting guidance providing clarification on existing requirements and requiring additional disclosures on transfers in and out of Levels 1 and 2 fair value measurement classifications. The guidance became effective for plan reporting periods beginning after December 15, 2009. The adoption of these changes did not have a material impact on the Plan's financial statements or notes thereto.

In May 2011, the FASB issued new accounting guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards. The new guidance changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The guidance is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of the new guidance on its financial statements and notes thereto.

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are described in Note 6.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividends date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions.

Payment of Benefits
Benefits are recorded when paid.

Note 3. Tax Status

The Plan adopted a volume-submitter plan sponsored by Fidelity Management & Research Company. The volume-submitter plan received an opinion letter dated March 31, 2008 from the Internal Revenue Service, stating the volume-submitter plan, as then designed, meets the requirements of the applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the opinion letter, the Plan committee and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 4. Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2011	2010
Investments, at fair value:		
Mutual funds	$ 8,551,875	$ 8,174,172
Money market fund	$ 389,101	$ 312,435
Investment income	$ (196,512)	*

* Not applicable

Note 5. Investments

During 2011 the Plan's investments (including investments bought, sold, and held during the year) depreciated in total value by $444,562 as follows:

Putnam International Equity Fund	$ (6,833)
Putnam Multi-Cap Growth Fund	(103)
Loomis Sayles Bond	(705)
American Century Government Bond Fund	1,019
PIMCO Total Return Fund	114
Fidelity Advisor High Income Advantage Fund	(2,216)
Oppenheimer International Bond Fund	(1,788)
BlackRock Equity Dividend Fund	3,682
Heartland Value Plus Fund	(4,008)
Fidelity Advisor Industrials Fund	(1,097)
Fidelity Advisor Leveraged Company Stock Fund	(92)
Fidelity Advisor New Insights Fund	(2,056)
American Century Heritage Fund	(5,238)
American Century Small Cap Growth Fund	(4,109)
Fidelity Advisor Emerging Markets Fund	(9,457)
Putnam Investors Fund	(48)
Eaton Vance Atlanta Capital SMID-Cap Fund	1,073
Putnam Asset Allocation Growth Portfolio	(475)
Putnam Global Health Care Fund	(1,370)
Fidelity Advisor Freedom 2005 Fund	(10,932)
Fidelity Advisor Freedom 2010 Fund	(12,725)
Fidelity Advisor Freedom 2015 Fund	(43,691)
Fidelity Advisor Freedom 2020 Fund	(79,407)
Fidelity Advisor Freedom 2025 Fund	(81,174)
Fidelity Advisor Freedom 2030 Fund	(84,189)
Fidelity Advisor Freedom 2035 Fund	(59,307)
Fidelity Advisor Freedom 2040 Fund	(22,995)
Fidelity Advisor Freedom 2045 Fund	(14,647)
Fidelity Advisor Freedom 2050 Fund	(1,788)
	$ (444,562)

Note 5. Investments – continued

Investments representing 5% or more of the Plan's net assets are separately identified below.

	Fair Value	
	2011	2010
Fidelity Advisor Freedom 2015 Fund	$ 1,242,040	$ 1,139,980
Fidelity Advisor Freedom 2020 Fund	1,831,985	1,834,779
Fidelity Advisor Freedom 2025 Fund	1,370,116	1,369,439
Fidelity Advisor Freedom 2030 Fund	1,306,797	1,284,700
Fidelity Advisor Freedom 2035 Fund	777,126	733,677

Note 6. Fair Value Measurements

The Plan's investments are stated at fair value in accordance with Accounting Standards Codification ("ASC") 820. ASC 820, *Fair Value Measurements,* which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a fair value hierarchy that prioritizes the inputs, which are summarized as follows:

Level 1
Valuation is based upon quoted prices for identical securities in active markets.

Level 2
Valuation is based upon inputs other than quoted prices for similar securities in active markets and quoted prices for identical or similar securities in markets that are not active.

Level 3
Valuation is based upon inputs that are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 6. Fair Value Measurements – continued

Money market fund and mutual funds are valued at the net asset value (NAV) of shares held by the plan at year end. There have been no changes in the valuation methodologies used at December 31, 2011 and 2010.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Fair Value December 31, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	$ 389,101	$ 389,101	$ -	$ -
Mutual Funds	8,551,875	8,551,875	-	-
Total	$ 8,940,976	$ 8,940,976	$ -	$ -

	Fair Value December 31, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	$ 312,435	$ 312,435	$ -	$ -
Mutual Funds	8,174,172	8,174,172	-	-
Total	$ 8,486,607	$ 8,486,607	$ -	$ -

Note 6. Fair Value Measurements – continued

The table below displays the input levels by investment category:

	Fair Value December 31, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	$ 389,101	$ 389,101	$ -	$ -
Mutual Funds				
Lifecycle Funds	7,827,467	7,827,467	-	-
Bond Funds	161,546	161,546	-	-
Domestic Equity Funds	471,072	471,072	-	-
International Equity Funds	65,189	65,189	-	-
Specialty Funds	19,715	19,715	-	-
Balanced/Hybrid Funds	6,886	6,886	-	-
Total	$ 8,940,976	$ 8,940,976	$ -	$ -

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8. Nonexempt Transactions

The employer is required to remit employee contributions and repayments of notes receivable from participants to the Plan as soon as they can be segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions and repayments of notes receivable from participants are withheld by the employer.

Note 8. Nonexempt Transactions - continued

During the year ended December 31, 2011, there were unintentional delays by the employer in remitting employee contributions and repayments of notes receivable from participants to the custodian of the Plan's assets. While the employer remitted all employee contributions and repayments of notes receivable from participants the Plan, contributions and repayments of notes receivable from participants of $234,610 were not remitted within the required time period.

Nonexempt transactions were corrected in 2011 via the Self-Correction Program (SCP) and the employer remitted lost earnings to the Plan.

Note 9. Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds issued by Fidelity Investments.

Fidelity Management & Research Company is the volume-submitter plan sponsor and manages Fidelity Advisor mutual funds.

Fidelity Investments Institutional Operations Company, Inc. is the record keeper of the Plan.

Fidelity Management Trust Company is the trustee of the Plan.

Fidelity Management & Research Company, Fidelity Investments Institutional Operations Company, and Fidelity Management Trust Company are subsidiaries of Fidelity Investments.

Note 10. Subsequent Events

Management has evaluated subsequent events through October 4, 2012, the date which the financial statements were available to be issued.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-3690958 - PLAN NUMBER 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments	Money Market Fund: Fidelity Prime Fund	**	$ 389,101
		Mutual funds:		
	Putnam Investments, LLC	Putnam International Equity Fund	**	29,863
	Putnam Investments, LLC	Putnam Multi-cap Growth	**	4,475
	Putnam Investments, LLC	Putnam Investors Fund	**	4,034
	Putnam Investments, LLC	Putnam Asset Allocation: Growth Portfolio	**	6,886
	Putnam Investments, LLC	Putnam Global Health Care Fund	**	7,977
	Putnam Investments, LLC	Putnam Voyager Fund	**	331
	Eaton Vance Management	Eaton Vance Atlanta Capital SMID-Cap Fund	**	23,141
	Loomis Sayles & Company	Loomis Sayles Bond Fund	**	27,840
	American Century Investments	American Century Government Bond Fund	**	15,412
	PIMCO Funds	PIMCO Total Return Fund	**	45,447
	Oppenheimer Funds	Oppenheimer International Bond Fund	**	38,366
	BlackRock Funds	BlackRock Equity Dividend Fund	**	130,349
	Heartland Funds	Heartland Value Plus Fund	**	63,777
	American Century Investments	American Century Heritage Fund	**	64,632
	American Century Investments	American Century Small Cap Growth Fund	**	67,810
*	Fidelity Investments	Fidelity Advisor High Income Advantage Fund	**	34,480
*	Fidelity Investments	Fidelity Advisor Industrials Fund	**	11,738
*	Fidelity Investments	Fidelity Advisor Leveraged Company Stock Fund	**	2,603
*	Fidelity Investments	Fidelity Advisor New Insights Fund	**	109,920
*	Fidelity Investments	Fidelity Advisor Emerging Markets Fund	**	35,326
*	Fidelity Investments	Fidelity Advisor Freedom 2010 Fund	**	386,921
*	Fidelity Investments	Fidelity Advisor Freedom 2020 Fund	**	1,831,985
*	Fidelity Investments	Fidelity Advisor Freedom 2030 Fund	**	1,306,797
*	Fidelity Investments	Fidelity Advisor Freedom 2040 Fund	**	290,601
*	Fidelity Investments	Fidelity Advisor Freedom 2005 Fund	**	416,272
*	Fidelity Investments	Fidelity Advisor Freedom 2015 Fund	**	1,242,040
*	Fidelity Investments	Fidelity Advisor Freedom 2025 Fund	**	1,370,116
*	Fidelity Investments	Fidelity Advisor Freedom 2035 Fund	**	777,126
*	Fidelity Investments	Fidelity Advisor Freedom 2045 Fund	**	182,438
*	Fidelity Investments	Fidelity Advisor Freedom 2050 Fund	**	23,171
*	Fidelity Investments	Fidelity Advisor Freedom Income Fund	**	3
				8,551,875
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 9.25%		208,155
				$ 9,149,131

* Represents a party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER 13-3690958
PLAN NUMBER 002
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND LOAN REPAYMENTS
December 31, 2011

Participant Contributions and Repayments of Notes Receivable from Participants Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions
$ 234,610	$ 234,610

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER 13-3690958
PLAN NUMBER 002
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND LOAN REPAYMENTS
December 31, 2011

Participant Contributions and Repayments of Notes Receivable from Participants Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions
$ 234,610	$ 234,610

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

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 and ending 12/31/2011

A This return/report is for: [ ] a multiemployer plan; [X] a single-employer plan; [ ] a multiple-employer plan; or [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report; [ ] an amended return/report; [ ] the final return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)

AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

600 THIRD AVENUE

NEW YORK NY 10016

2b Employer Identification Number (EIN) 13-3690958

2c Sponsor's telephone number (212)593-6700

2d Business code (see instructions) 541110

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 accompanying schedules, statements and attachments, 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 HERE	Signature of plan administrator	Date: 10/06/2012	Enter name of individual signing as plan administrator: MARK B. FEINSTEIN
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2011)
V.012611

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2011

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Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report; ☐ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
AARONSON RAPPAPORT FEINSTEIN DEUTSCH LLP 401K

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)

AARONSON RAPPAPORT FEINSTEIN DEUTSCH, LLP

600 THIRD AVENUE

NEW YORK NY 10016

2b Employer Identification Number (EIN) 13-3690958

2c Sponsor's telephone number (212)593-6700

2d Business code (see instructions) 541110

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 accompanying schedules, statements and attachments, 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 HERE	Signature of plan administrator	10/06/2012 Date	MARK B. FEINSTEIN 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
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2011)
V.012611

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