### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

**C** Check box if filing under:

Part II

1a Name of plan

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

automatic extension

a short plan year return/report (less than 12 months)

2011

DFVC program

1b Three-digit

(PN) ▶

plan number

1c Effective date of plan

05/01/1977

This Form is Open to Public Inspection

OMB Nos. 1210-0110

002

1210-0089

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 Department of Labor the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan **A** This return/report is for: the first return/report the final return/report **B** This return/report is:

an amended return/report

special extension (enter description)

Form 5558

Basic Plan Information—enter all requested information

RHEINGOLD, VALET, RHEINGOLD, MCCARTNEY, & GIUFFRA, LLP 401K RETIREMENT PLAN

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RHEINGOLD, VALET, RHEINGOLD, MCCARTNEY, & GIUFFRA, LLP					Employer Identification Number (EIN) 13-4185347			
113 E	EAST 37TH STREET			2c	Sponsor's telephone number 212-684-1880			
NEW YORK, NY 10016					Business code (see instructions) 541110			
	Plan administrator's name and address (if same as plan sponsor, er NGOLD, VALET, RHEINGOLD, MCCARTNEY, & 113 EAST 37			3b	Administrator's EIN 13-4185347			
	FRA, LLP NEW YORK, I	•	3с	Administrator's telephone number 212-684-1880				
4	If the name and/or EIN of the plan sponsor has changed since the land name, EIN, and the plan number from the last return/report.		•		EIN 13-4185347 PN 002			
_	Sponsor's nameRHEINGOLD, VALET, RHEINGOLD, SHKOLNIK, 8  Total number of participants at the beginning of the plan year				1			
_				<u>5a</u>	22			
	Total number of participants at the end of the plan year			5b	24			
C	Number of participants with account balances as of the end of the p complete this item)	• `	•	5c	20			
6a					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-S	F and must instead use Form 55	00.				
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	4237011	-	3898251			
b	Total plan liabilities	7b						
	·		4007044	-	2222254			
С	Net plan assets (subtract line 7b from line 7a)	7c	4237011		3898251			
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		4237011 (a) Amount		3898251 (b) Total			
8	Net plan assets (subtract line 7b from line 7a)	7c						
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1)	(a) Amount					
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2)	(a) Amount 11673					
8 a	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3)	(a) Amount 11673					
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b	(a) Amount 11673 68399					
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3)	(a) Amount  11673 68399  -372307		(b) Total			
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b	(a) Amount 11673 68399		(b) Total			
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount  11673 68399  -372307		(b) Total			
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount  11673 68399  -372307		(b) Total			
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount  11673 68399  -372307		(b) Total			
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Amount  11673 68399  -372307		(b) Total  -292235			
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount  11673 68399  -372307		(b) Total			
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount  11673 68399  -372307		(b) Total  -292235			

Form 5500-SF 2011	
FORM 5500-5F 2011	

F	orm 5500-SF 2011	Page <b>2</b> - 1
Part IV	Plan Characteristics	

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

2A 2E 2F 2G 2J 2T 3B 3D 3H

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

) a	During the plan year:		Yes	No		Amoui	nt
	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		7111041	
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	Χ				325000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				36829
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
İ	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					
art	VI Pension Funding Compliance				•		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						′es X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						es X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver					of the lette	r rulina
				Day	/		
-	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	/		
b c	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a	[		/		
b c d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	[	12b 12c 12d	/	Year _	
b c d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	[	12b 12c 12d		Year _	
b c d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	Ye	Year _	
b c d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left enegative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Ye	Year _	
b c d e art 3a	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Ye	Year _	N/A
b c d e art 3a	Enter the minimum required contribution for this plan year	of a	3a	12b 12c 12d	Ye	Year _	N/A
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Ye	Year _ s No	
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes 2	Year _ s No	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2012	DAVID B. RHEINGOLD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/13/2012	DAVID B. RHEINGOLD
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

# 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.

OMB No. 1545-0212

File With IRS Only

P	art I Identification		
<u>A</u>	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's identifying number (se
	Rheingold, Valet, Rheingold, McCartney,	ŀ	Employer identification number

1	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's identif	ying number (s	ee instructions	)	
	Rheingold, Valet, Rheingold, McCartney,		Employer idea	ntification numbe	r (EIN)		
	Number, street, and room or suite no. (If a P.O. box, see instructions)	l :	 13-4185347				
	113 East 37th Street			y number (SSN)	see instructions	:)	
	City or town, state, and ZIP code			, ,,,,,,,	( //////////////////////////////////	••	
	New York NY 10016						
:			Plan	Plan year ending			
-	Plan name	1	umber	MM	DD	YYYY	
	1 Rheingold, Valet, Rheingold, McCartney, & Giuffra, LLP 401k R	0	0 2	12	31	2011	
		<u> </u>	1 1				
	2		, , 1 1				
	<u> </u>		1 1				
	3		! ! ! !				
Pai	til Extension of Time To File Form 5500 Series, and/or Form 8955-S	SA	, ,				
	· ··						
1	I request an extension of time until 10 / 15 / 2012 to file Form 5	EN#	reina /an- t	muntiner'			
٠	•			ructions).			
	Note. A signature IS NOT required if you are requesting an extension to file Form 5500 s	series.					
2	I request an extension of time until / / to file Form 8	955-S	SA (see instr	uctions).			
	Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.						
	The application is automatically approved to the date shown on line 1 and/or line 2 (ab the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension and/or line 2 (above) is not later than the 15th day of the third month after the normal due	n is re	equested, and				
Par	Extension of Time To File Form 5330 (see instructions)				,		
3	I request an extension of time until / / to file Form 5	330.					
Ī	You may be approved for up to a 6 month extension to file Form 5330, after the normal of		te of Form 53	30.			
а	Enter the Code section(s) imposing the tax	<b>&gt;</b>	a				
u	and desired imposing the ten						
b	Enter the payment amount attached			. ▶	b		
С 4	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendmer State in detail why you need the extension:	it date	• • •	. •	С		

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 x a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan 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) Form 5558 automatic extension ☐ DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information --- enter all requested information. 1a Name of plan 1b Three-digit plan number Rheingold, Valet, Rheingold, McCartney, & Giuffra, LLP 401k Retirement Plan 002 (PN) ► 1c Effective date of plan 05/01/1977 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number Rheingold, Valet, Rheingold, McCartney, & Giuffra, LLP (EIN) 13-4185347 2c Plan sponsor's telephone number (212) 684-1880 113 East 37th Street 2d Business code (see instructions) 541110 NY 10016 US New York 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 13-4185347 name, EIN, and the plan number from the last return/report. 4c PN Sponsor's Name Rheingold, Valet, Rheingold, Shkolnik, & McCartney, LLP 002 **5a** Total number of participants at the beginning of the plan year . . . . . . . 5a **b** Total number of participants at the end of the plan year . . . . 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 20 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) . . . . . . . . XYes ∃No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.) X Yes No . . . . . . . . . . . . . If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 7a Total plan assets . . 4,237,011 3,898,251 Total plan liabilities 7b 7с Net plan assets (subtract line 7b from line 7a) 4,237,011 3,898,251 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (1) Employers . . . . 8a(1) 11,673 68,399 8a(2) (2) Participants . . . (3) Others (including rollovers). . 8a(3) **b** Other income (loss) . . . . . 8b (372,307) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . 8c (292, 235)Benefits paid (including direct rollovers and insurance premiums 8d 46,525 Certain deemed and/or corrective distributions (see instructions) . 8e 8f Administrative service providers (salaries, fees, commissions) . Other expenses . . . . . . 8g Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 46,525 Net income (loss) (subtract line 8h from line 8c). (338,760)

Transfers to (from) the plan (see instructions)

	Form 5500-SF 2011 Pag	ge <b>2-</b>		<del>_</del>		
Part	IV Plan Characteristics			-		
9a ı	f the plan provides pension benefits, enter the applicable pension feature codes from the List o	f Plan Charact	teristic Co	des in the i	nstructions:	
<b>b</b> 1	2A 2E 2F 2G 2J 2T 3B 3D 3H I the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan Characte	ristic Cod	es in the in	structions:	
	orea:					<del></del>
Par	Compliance Questions			1		
10	During the plan year:			Yes No	_ Am	ount
_	Was there a failure to transmit to the plan any participant contributions within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		. 10a	. Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transaction on line 10a.)	ns reported	. 10ь	x		
С	Was the plan covered by a fidelity bond?		10c	ж		325,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus	ed by fraud				
	or dishonesty? ,		· 10d	х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the pi					
_	instructions.)		. 10e	X		<del> </del>
f	Has the plan failed to provide any benefit when due under the plan?		• 10f	х		
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CF		• 10g	х		36,829
••	2520.101-3.)		. 10h	х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3	the	101			
Par	W Pension Funding Compliance		.   101	<u> </u>		
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruc		•	-		Yes X No
12	5500)}				· · · · · ·	Yes X 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 ye granting the waiver					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski		WICHES	<u> </u>	TE	:al
b	Enter the minimum required contribution for this plan year			. 12b		
C	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 a negative amount)	_	ora.	. 12d		
	Will the minimum funding amount reported on line 12d be met by the funding deadline? .				Yes [	No □N/A
	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	1	Yes X No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan	an, or brought	under the			
	of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to enother pla which assets or liabilities were transferred. (See instructions.)	n(s), identity tr	ne plan(s)	10		
	13c(1) Name of plan(s):			13c(2)	EIN(s)	13c(3) PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unle					
SBo	er penalties of perjury and other penalties set forth in the instructions, I declare that I have exam r Schedule MB completed and signed by an embyed actuary, as well as the electronic version f, it is true, perrect, and complete	nined this retur of this return <i>i</i> r	m/report, eport, and	ncluding, if to the bes	applicable, a So t of my knowledg	chedule ge and
	1 / Mul 1 / Mycld 10/12/12	David	B.	Rhe	naolo	
120000	RE Signature of plan administrator // Date	Enter name of		al signing a	ıs plan administr	alor
	N 10 12 12	David	<u>d B.</u>	Rhei	ngold_	
	Signatura intemployetina particular series Date	Enter name	af Individu	al signing a	s employer or p	an sponsor