Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		• •	► Complete a	il entries in ac	cordance with the instru	ctions to the Form 550	00-SF.		
	art I	Annual Report							
For	calenda	ar plan year 2012 or fis			<u>2012</u>	and ending	12/31/2	<u>2012</u>	
Α	This retu	urn/report is for:	x a single-employ	yer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
В	This retu	urn/report is:	the first return/r	eport	the final return/report				
			an amended re	turn/report	a short plan year retur	n/report (less than 12 n	nonths))	
С	Check b	oox if filing under:	Form 5558		automatic extension			DFVC progra	am
_		3	special extension	on (enter desc	ription)			ш .	
P	art II	Basic Plan Info		•	• •				
	Name		inianon omora	ii roquootou ii ii	omidaon		1b	Three-digit	
		, FINEO, BERGER &	FISCHOFF 401(K) F	PROFIT SHAR	ING PLAN			plan number	
								(PN) •	001
							1c	Effective date o	•
22	Dlan an	anaar'a nama and ad	drago, in aluda rago	ar auita numb	or (omployer if for a single	ampleyer plan)	2h	01/01	
STE	Pian sp INBERG	6, FINEO, BERGER &	FISCHOFF	or suite numbe	er (employer, if for a single	-employer plan)	20	Employer Identification (EIN) 11-30	189681
							20	Sponsor's telep	shone number
40 C	ROSSW	AYS PARK DRIVE					-0	516-74	
WOO	DBURY	Y, NY 11797					2d	Business code ((see instructions)
								54111	10
3a	Plan ad	dministrator's name an	d address XSame	as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
							20	A .l	talaah aya yayah ay
							30	Administrators	telephone number
4					the last return/report filed f	or this plan, enter the	4b	EIN	
		EIN, and the plan nur	nber from the last re	eturn/report.			4.		
		or's name					4c	PN	
			0 0				- 5a		30
b							5b		27
С					the plan year (defined ben		. 5c		26
62					ligible assets? (See instruc				X Yes No
b		•			t of an independent qualifi	•			
~					ility and conditions.)				X Yes No
	If you	answered "No" to ei	ther line 6a or line	6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing	g of this return	n/report will be assessed	unless reasonable ca	use is	established.	
					ctions, I declare that I have				
		dule MB completed ar rue, correct, and comp		olled actuary, a	s well as the electronic ve	rsion of this return/repo	rt, and	to the best of my	knowledge and
	,				1	1			
SIG		Filed with authorized/	valid electronic sign	ature.	06/07/2013	HEATH BERGER			
HE	RE	Signature of plan a	dministrator		Date	Enter name of individ	dual sig	ıning as plan adr	ninistrator
SIG	SN N	Filed with authorized/	valid electronic sign	ature.	06/07/2013	HEATH BERGER			
HE	RE	Signature of emplo	ver/plan sponsor		Date	Enter name of individ	dual sic	ning as emplove	er or plan sponsor
Pre	parer's i			and address; in	clude room or suite number		-		number (optional)

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Do	t III Financial Information									_
_ Pai			()5					.,		
	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year					
	Total plan liabilities	7a	100738					120396	0	
	Total plan liabilities	7b 7c	100738	0				120206		_
	,	70		3			(b) T-4	120396)4	_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	<u>ai</u>		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	11788	30						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	13024	10						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						24812	20	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5067	'4						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	86	5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5153	39	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						19658	31	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2A 2T	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	s:		
Par	V Compliance Overtions									_
10	•				Yes	No		-		
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		163	NO	A	nount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X				
	on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				18000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,							
	instructions.)			10e	X				449) 4
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X				1648	34
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s X N	lo
11a	Enter the amount from Schedule SB line 39					11a				_
12	Is this a defined contribution plan subject to the minimum funding			or se	ction		ERISA?	Yes	x N	lo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				,	01			<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th Day		letter ro	uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk						<u> </u>			_
h	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Annual Report Identification Information 01/01/2012 12/31/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number STEINBERG, FINEO, BERGER & FISCHOFF 401(K) (PN) > 001 PROFIT SHARING PLAN 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 11-3089681 STEINBERG, FINEO, BERGER & FISCHOFF 2c Sponsor's telephone number (516) 747-1136 40 CROSSWAYS PARK DRIVE 2d Business code (see instructions) 541110 3a Plan administrator's name and address ⊠Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address 3b Administrator's EIN 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 name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 30 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 27 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item).. 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. EATH BERGER SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date IEATH BERGER SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea		T		(b) End	of Ye	ar	
	Total plan assets	7a	(a) Beginning of Tea		3		(b) Life			3,964
	Total plan liabilities	7b	1,00		0				, = 0	0
	Net plan assets (subtract line 7b from line 7a)	7c	1,00	7.38	3			1	. 20	3 , 964
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	,, 50	1		/b) '	Total	, 0	J, J J I
	Contributions received or receivable from:		(a) Amount		+		(0)	iotai		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)	11	7 , 88	0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	130	0,24	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24	8,120
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51	0 , 67	4					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		86	5					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5	1 , 539
j	Net income (loss) (subtract line 8h from line 8c)	8i							19	6 , 581
j	Transfers to (from) the plan (see instructions)	8j			0					
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2A 2T If the plan provides welfare benefits, enter the applicable welfare fellows V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х				
c	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Х				18	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)	ner persons of the bene	s by an insurance carrier, fits under the plan? (See	10e	Х					4,494
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Χ				1	6,484
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			*****	Na american
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	nplete	Sched	lule SE	3 (Form		Yes	X No
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?.	П	Yes	XNo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th Day	e date of	the le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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		Т	T				
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?			Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to					
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b ⊤	14b Trust's EIN				