Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in according to the complete all entries and the complete all entries are according to the complete all entries and the complete all entries are according to the complete all entries are acco	dance wit	h the instructions to the Form 5500	-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending 09	9/30/2	012		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:		eturn/report	l	_ ' '	·	
Ь			•				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	_		
С	Check box if filing under:	automatio	extension		DFVC progra	m	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
	Name of plan	allon		1h	Three-digit		
	OLD WEINBERG PENSION PLAN				plan number		
1 1/ (1 (OLD WEINDEROT ENGIONT ENV				(PN) ▶	001	
				1c	Effective date of	· plan	
					10/01/		
2a	Plan sponsor's name and address; include room or suite number (e	mplover, if	for a single-employer plan)	2h	Employer Identif	ication Number	
	OLD WEINBERG P. E. CONSULTING ENGINEER PC	1 - 7 - 7	3 - 1 - 1 - 1 - 1		(EIN) 11-28		
			-		Sponsor's telep	hone number	_
400	IAVOTREET. 400 IAVOTR				Openion a teleph	ione namber	
	JAYSTREET 408 JAYSTR E 301 SUITE 301	(EE I		2d	Business code (see instructions)	_
	OKLYN, NY 11201 BROOKLYN	, NY 1120	1		54199		
3a	Plan administrator's name and address (if same as plan sponsor, el	nter "Same	h")	3h	Administrator's E	=INI	
	OLD WEINBERG P. E. CONSULTING ENGINEER PC 408 JAYSTR		.,			30708	
	SUITE 301	NIV 11201		3с	Administrator's t	elephone numbe	∍r
	BROOKLYN,	N1 11201					
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN		
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			4
С	Number of participants with account balances as of the end of the	olan vear (defined benefit plans do not				
	complete this item)	······		5c			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes I	No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes I	No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information	1					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	917292			964844	
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)		917292			964844	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		/b\ T	'atal	_
	Contributions received or receivable from:		(a) Amount		(b) T	viai	
а	(1) Employers	. 8a(1)					
	(2) Participants	` '					
				_			
	(3) Others (including rollovers)		444705	_			
b	Other income (loss)		111705			444705	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				111705	_
d	Benefits paid (including direct rollovers and insurance premiums	0.1	64153				
	to provide benefits)		04100				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				64153	_
i	Net income (loss) (subtract line 8h from line 8c)					47552	
i	Transfers to (from) the plan (see instructions)						
		· 8j					

_			
Form	5500.	-85	2011

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Part IV	Plan	Characteristics

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

Part	V Compliance Questions											
10	During the plan year:		Yes	No	A	mount						
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X								
С	Was the plan covered by a fidelity bond?	10c	X				100000					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?												
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.)		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								
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)											
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3											
Part	VI Pension Funding Compliance											
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No					
12												
	(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											
			Г	12b								
	Enter the minimum required contribution for this plan year.			12c								
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d								
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A					
Part					<u> </u>							
	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No							
Iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year			χ .σ	<u> </u>							
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to			ntrol								
	of 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 which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to									
1	3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3)	PN(s)					
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ıse is	establis	hed.							
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retused the schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/											

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/15/2013	JOHN SMITHSON
HERE	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

					<u> </u>		an attachme	ent to Form	5500 or			00/00	10013			
			olan year 2011			ar beginning 1	0/01/2011			a	and endir	ig 09/30	/2012			
			amounts to													
<u> </u>	Cauti	ion: A	A penalty of \$7	1,000 will b	e asse	ssed for late filing	of this report u	unless reas	onable ca	ause is e	stablishe	d.				
		of pla								Вт	hree-dig	it			004	
HA	ROLD	WEI	NBERG PEN	SION PLA	N					р	lan numl	oer (PN))	•	001	
C	Plan s	ponso	or's name as	shown on I	line 2a	of Form 5500 or 55	500-SF			D Er	nployer I	dentificatio	n Nu	ımber (EIN)	
HA	ROLD	WEII	NBERG P. E.	CONSUL	TING E	NGINEER PC				11-28	330708					
Ε.	уре с	of plan	: X Single	Multip	le-A	Multiple-B	F	Prior year pla	an size:	100 or	fewer	101-500	ιП	More t	han 500	
					L			, ,	<u>L</u>							
Pa	art I	В	asic Inform	mation												
1	Ente	er the	valuation dat	ie:	Мо	onth	Day01	Year _	2011	_						
2	Ass	ets:														
	а	Mark	ket value									. 2a				917292
	b	Actu	arial value									. 2b				917292
3	Fun	dina t	target/particip	ant count b	oreakdo	own:			(1) N	lumber o	of particip	ants		(2)	Funding Targe	et
	а	·	•			iaries receiving pa	vment	3a	(-/			0		(-/		0
	b					g pa	•					0				0
					лранів.			. 30								
	С	For	active particip					0 - (4)				-				0
		(1)	Non-vested	benefits								_				
		(2)	Vested bene	efits				3c(2)								1087362
		(3)	Total active					. 3c(3)				4				1087362
	d	Tota	al					. 3d				4				1087362
4	If th	e plar	n is in at-risk s	status, che	ck the b	oox and complete I	ines (a) and (b)								
	а					bed at-risk assump						. 4a				
	b		0 0	0 0	•	·										
	D					umptions, but disrensecutive years an						4b				
5	Fffe					iscounte years are	•					. 5				5.14 %
6												. 6				7921
												. 0				7021
		•	Enrolled Act	-	supplied in	n this schedule and accor	mnanvina schedul	lae etatamante	and attachm	nente if an	, is comple	te and accura	e Fac	h nraecri	had assumption wa	as annlied in
	accorda	ance wit	th applicable law a	and regulations	s. In my o	pinion, each other assum										
			iter my best estim	ate of anticipa	itea exper	ience under the plan.										
5	IGN	1														
H	ERE	Ε											C)7/12/2	013	
				;	Signatu	re of actuary								Date		
RIC	HARD) A. C	OLTON		3	,								11-038	330	
				Typo	or prin	t name of actuary						Most roo	ont c	nrollm	ent number	
IES	PEN	SION	S, LLC	туре	or priir	t riame of actuary						MOSTIE			5-3106	
JLO	I LIV	31014	O, LLO													
222	ΙΕΝΙΔ	AVE	NILIE		Fir	m name					Te	lephone n	umbe	er (inclu	iding area cod	le)
			Y 11520													
					Addre	ss of the firm				_						
	actua		as not fully ref	lected any	regulat	ion or ruling promu	ulgated under	the statute	in comple	eting this	schedu	e, check tl	ne bo	x and	see	

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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryov	er and prefunding bal	ances								
							(a) (Carryover balance		(b) F	Prefundii	ng balance		
7		Ū	0 , ,		icable adjustments (line 13 fi	•		12	27723			0		
8			•	•	funding requirement (line 35			;	33399	399				
9								9	94324			0		
10	Interest	on line 9	using prior year's	s actual re	turn of2.38%				2245			0		
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Pres	sent valu	e of excess contri	butions (lir	ne 38 from prior year)									
					e rate of% excep									
	C Total available at beginning of current plan year to add to prefunding balance													
	d Portion of (c) to be added to prefunding balance													
12	12 Other reductions in balances due to elections or deemed elections													
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0		
Pa	Part III Funding percentages													
14	14 Funding target attainment percentage											75.48 %		
15	15 Adjusted funding target attainment percentage											84.36 %		
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	90.53 %		
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											17	%		
Pa	Part IV Contributions and liquidity shortfalls													
18	18 Contributions made to the plan for the plan year by employer(s) and employees:													
(M	(a) Dat M-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(by (c) Amount paid by employees				
							1				1			
						Totals ►	18(b)			18(c)				
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation d	ate after th	ne beginning of the						
	_			•	nimum required contributions			l l	19a					
	b Contributions made to avoid restrictions adjusted to valuation date													
					uired contribution for current y	ear adjusted t	to valuation	n date	19c					
20		-	outions and liquidit	-								1 🗇		
Did the plan have a "funding shortfall" for the prior year?										<u> </u>	Yes No			
				-	stallments for the current yea		imely man	ner?			L	Yes X No		
	C If 20a	a is "Yes,	" see instructions	and comp	lete the following table as ap		of this self-	2 1/20"						
		(1) 19	st		Liquidity shortfall as of eaction (2) 2nd	nu or quarter	of this pla	n year 3rd			(4) 4th	<u> </u>		
(1) 151 (2) 2110 (3) 310 (4) 411														

21 Discount rates:	Pa	rt V	Assumptio	ns used to determ	nine f	funding target and ta	rget n	ormal cost						
b Applicable month (enter code) 2 Weighlead werage retirement age 2 2	21	Disco	unt rate:											
22 Weighted average retirement age Prescribed Prescribed Substitute Substitute Sub		a Se	egment rates:	_				-						e used
Prescribed - separate Substitute		b Ap	oplicable month	(enter code)					21 b)				0
Part VII Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	22	Weigh	nted average ret	tirement age					22					69
### Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No No No No No No No N	23	Morta	lity table(s) (see	e instructions)	⟨ Pre	escribed - combined	Pres	cribed - separate	Subs	stitute				
Section Sect	Pa	rt VI	Miscellane	ous items										
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	24	Has a	change been n	nade in the non-prescrib	ed act	tuarial assumptions for the c	urrent	plan year? If "Yes," see	instruct	ions re	egarding r	equired		
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment			•	·		•		•			-		Yes	X No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instru	uctions	regarding required attac	hment.				Yes	X No
Part VII	26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instruct	ions regarding required	attachm	nent			Yes	X No
28 Unpaid minimum required contributions for all prior years	27													
28 Unpaid minimum required contributions for all prior years	Pa	rt VII	Reconcilia	ation of unpaid mi	inimu	ım required contribu	tions	for prior years						
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29						•		<u> </u>	28					
Part VIII Minimum required contribution for current year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	29	Disco	unted employer	contributions allocated	toward	d unpaid minimum required	contribu	itions from prior years	29					
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	•							30					
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	Pa	rt VIII	Minimum											
b Excess assets, if applicable, but not greater than 31a														
b Excess assets, if applicable, but not greater than 31a														7921
32 Amortization installments: a Net shortfall amortization installment														
b Waiver amortization installment	32										ı	nstallme	ent	
33 fraction 34 35 36 36 37 38 38 37 38 39 39 39 30 39 39 30 30		a Ne	t shortfall amort	tization installment				<u> </u>	212041					41159
Month		b Wa	aiver amortizatio	on installment										
Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34 49080 Total balance Carryover balance Prefunding balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	33								33					
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	34	-				•			34					49080
35 Balances elected for use to offset funding requirement		Total	ranamy requirer	mont belove remeding of	arryove	<u> </u>	5 0 Tu				T	ntal hala	nce	
requirement	25	Dolon	and alooted for	use to effect funding		Carryovor Balanco		T Totalianing Salar				rai baic		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	33			O .			49080							49080
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	Additi	onal cash requir	rement (line 34 minus lir	ne 35).				36					0
Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	37	Contr	ibutions allocate	ed toward minimum requ	uired co	ontribution for current year a	adjusted	to valuation date	37					
a Total (excess, if any, of line 37 over line 36)	38	•												
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	30								382					0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)														
40 Unpaid minimum required contributions for all years	30													0
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions) 41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected														
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected									70					
a Schedule elected								<u>-</u>						
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42				-						П2	plus 7 yea	ırs	15	years
42 Amount of acceleration adjustment		b Elia	jible plan vear(s	s) for which the election i	n line	41a was made			П		_			
	42		. , ,	<i>,</i>										

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2011

OMB No. 1210-0110

This Form is Open to Public

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan B Three-digit	
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Nome of along	-
In Inregulation	
Harold Weinhaus David Park	
plan number (PN) plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)	
Harold Weinberg, P.E. Consulting Engineer, PC 11-2830708	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500	
Part I Basic Information	
1 Enter the valuation date: Month 10 Day 01 Year 2011	
2 Assets:	
a Market value	917,292
b Actuarial value	917,292
3 Funding target/participant count breakdown (1) Number of participants (2) Funding Targ	
a For retired participants and beneficiaries receiving payment 3a	<u> </u>
b For terminated vested participants	
C For active participants:	
(1) Non-vested benefits	0
(2) Vested benefits	087,362
(3) Total active	087,362
d Total	087,362
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	
a Funding target disregarding prescribed at-risk assumptions	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor	······································
5 Effective interest rate	
6 Target normal cost	7,921
Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other as combination, offer my best estimate of anticipated experience under the plan.	as applied in sumptions, in
SIGN HERE Richard A. Catton 07/12/2013	
Signature of actuary Date	
Richard A. Colton 11-03830	
Type or print name of actuary Most recent enrollment number	· · · · · · · · · · · · · · · · · · ·
JES Pensions, LLC (516) 665-3106	
Firm name Telephone number (including area co	de) .
232 Lena Avenue	,
US Freeport NY 11520	
Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	

Pa	art V Assumption	ons used to determine	funding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 2.03 %	2nd segment: 5.20 %	3rd segment:		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	etirement age			22	69
23	Mortality table(s) (se	e instructions)	rescribed - combined Pre	scribed - separate	Substitu	ite
Pa	rt VI Miscellane	eous items				
24	Has a change been i	made in the non-prescribed a	ctuarial assumptions for the curren	plan year? If "Yes," see	e instruction	ns regarding required
			olan year? If "Yes," see instructions			
			e Participants? If "Yes," see instruc		d attachme	nt Yes 🕱 No
			unding rules, enter applicable code		27	
Pa	rt VII Reconcili	ation of unpaid minim	um required contributions	for prior years		
28			years		28	
29	(line 19a)		rd unpaid minimum required contrit		29	
30	Remaining amount o	of unpaid minimum required co	ontributions (line 28 minus line 29)		30	
Pa	rt VIII Minimum	required contribution	for current year			
31	Target normal cost, a	adjusted, if applicable (see ins	structions)		Ţ	
					31a	7,921
			n 31a		31b	
32	Amortization installm			Outstanding Bal	ance	Installment
					212,041	41,159
					I	
33			nter the date of the ruling letter gra) and the waived amount .		33	
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	49,080
-			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected to					
			49,080		0	49,080
)		36	0
37			contribution for current year adjuste		37	0
38		ess contributions for current y				
					38a	0
	-		prefunding and funding standard of		38b	0
39	Unpaid minimum req	uired contribution for current	year (excess, if any, of line 36 over	line 37)	39	The state of the s
40	Unpaid minimum req	uired contribution for all years			40	
Par	t IX Pension	funding relief under P	ension Relief Act of 2010 (see instructions)		
41	If a shortfall amortizati	ion base is being amortized p	ursuant to an alternative amortizati	on schedule:		
						2 plus 7 years 15 years
			41a was made			
					42	
			ed over to future plan.years		43	

Schedule SB (Form 5500) 201					
	Schedule	SB	(Form	5500)	201

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Pa	rt II	Beginning of year	carryover ar	nd prefunding bala	nces							
3						(a) Carryover balance			(b) Prefunding balance			
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior											
	year)						127,	723				0
8	Portion elected to use to offset prior year's funding requirement (line 35 from prior year)											
								399				
9		remaining (line 7 minus			94,	324						
10	2,245										0	
11	1 Prior year's excess contributions to be added to prefunding balance:											
	a Pres	ent value of excess contr	ibutions (line 38	from prior year)								0
		est on (a) using prior yea wise provided (see instru										0
	C Total	available at beginning of	f current plan yea	ar to add to prefunding b	alance							0
	d Porti	on of (c) to be added to p	refunding balanc	ce							How Albania	
12		ductions in balances due						0		78		
		at beginning of current y					96,	569				0
	art III	Funding percent		· · · · · · · · · · · · · · · · · · ·								
		target attainment percer					- day		Т	14	75.48	0/
		d funding target attainment								15		
		ar's funding percentage for									84.36	
	current	/ear's funding requiremer	nt	• • • • • • • • • • • • • • • • • • • •						16	90.53	%
	If the cu	rrent value of the assets	of the plan is les	s than 70 percent of the	funding ta	rget, enter	such percentage			17		%
Pa	art IV	Contributions an	d liquidity s	hortfalls								
18	Contribu	tions made to the plan fo	or the plan year b	y employer(s) and empl	oyees:							
/N /I	(a) Date			c) Amount paid by		Date	(b) Amount p		((unt paid by	
(IVI	(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s)							empl	oyees			
				77100 7								
	······································											

Totals ► 18(b) 18(c)												
19	19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:											
a Contributions allocated toward unpaid minimum required contribution from prior years												
b Contributions made to avoid restrictions adjusted to valuation date												
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0												
20		y contributions and liquid								7		
	a Did th	e plan have a "funding sh	nortfall" for the pr	rior year?							Yes X No)
		is "Yes," were required of									Yes No	
		is "Yes," see instructions										
		,		uidity shortfall as of end		of this pla	n year					
		(1) 1st		2) 2nd		(3)	3rd		(4	l) 4th		
				75-22								

Schedule SB, Part V **Summary of Plan Provisions**

Harold Weinberg Pension Plan 11-2830708 / 001

For the plan year 10/1/2011 through 9/30/2012

Employer:

Harold Weinberg, P. E. Consulting Engineer, P.C.

Type of Entity - C-Corporation

EIN: 11-2830708

TIN:

Plan #: 001

Dates:

Effective - 10/1/1986

Year end - 9/30/2012

Valuation - 10/1/2011

Eligibility:

Top Heavy Years - 2011

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of plan year coincident with or next following eligibility satisfaction

Retirement:

Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of the last3 years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the fixed benefit formula below rounded to the nearest dollar:

70% of average monthly compensation for participation after 10/1/1986 beginning year 1 limited

to 25 year(s)

Accrued Benefit - Pro-rata based on participation. Service prior to 10/1/1986 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Qualified Pre-Retirement Survivor Annuity

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$200,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 66.67%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years Percent 0-1 0% 2 20% 3 40% 60% 5 80%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Harold Weinberg Pension Plan 11-2830708 / 001

For the plan year 10/1/2011 through 9/30/2012

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.22
Segment 2	6 - 20	4.23
Segment 3	> 20	5.28

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5%

Mortality Table -

None

Post-Retirement - Interest -

5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Harold Weinberg Pension Plan 11-2830708 / 001

For the plan year 10/1/2011 through 9/30/2012

Valuation Date:

10/1/2011

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of the last3 years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.03
Segment 2	6 - 20	5.20
Segment 3	> 20	6.30

Pre-Retirement - Mortality Table -

None Turnover/Disability -

None

Salary Scale -

Expense Load -

None

Ancillary Ben Load -

None None

Post-Retirement - Mortality Table -

11A - 2011 Funding Target - Annuitant - IRC 430(h)(3)(A)

Cost of Living -

None

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, line 32 -Schedule of Amortization Bases

Harold Weinberg Pension Plan

11-2830708 / 001

For the plan year 10/1/2011 through 9/30/2012

kantapapananan mana apina araba	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments		
Newspapers and the second seco	10/01/2009	202,394	Shortfall	163,373	5	34,001
	10/01/2010	-28,433	Shortfall	-26,013	6	-4,661
	10/01/2011	74,681	Shortfall	74,681	7	11,819
Totals:		gangarida asam, gagantapatén apagahanta at é no télahin bag sauaran ama		\$212,041		\$41,159

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Harold Weinberg Pension Plan 11-2830708 / 001 For the plan year 10/1/2011 through 9/30/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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 6067(b) and 6058(a) of

1210-0089

OMB Nos. 1210-0110

2011

	the Internal Revenue Code (the Gode).		Inis Form is Open to Public						
-	Pension Bonefit Quaranty Corporation Complete all entries in accordance with the instructions to the Form 55	nn-se	Inspection						
版語が明 Annual Report Identification Information									
Fo	r the calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending	0.0	/30/2012						
-			7						
		L	a one participant plan						
В	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 mg	nths)							
C	Check box if filling under:	· r	7 851/0						
		L	DFVC program						
	special extension (enter description)								
P	artill: Basic Plan Information enter all requested information.								
1a	Name of plan	1b -	Threo-digit						
	Marold Weinberg, Pension Plan		number						
	seever warmberd, benston bran		PN) > 001						
		10 20 20 20	Effective date of plan						
2a	Plan yayayara nang and addison and addison		T0/01/1386						
	Plan sponsor's name and address; include room or sulto number (employer, if for single-employer plan) Harold Wainberg, P.E. Consulting Engineer, PC	2b E	Employer Identification Number						
	day and the same of the same o	(EIN) 11-2830708						
		2c F	Plan aponaor's telephone number						
	408 Jay Street		(718) 858-5034						
	Suite 301	2d 8	Business code (see instructions)						
	AL ILLEVIA	5	541990						
3a	Plan administrator's name and address (if same as plan sponsor, onter "Same")	3b A	Administrator's FIN						
	Same Same	1							
		200							
		36 4	Administrator's telephone numbor						
		İ							
4	If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, onter the	4b E	IN						
a	hame, est, and the plan number from indicast return/report.	4c F	NA I						
5a	Total number of participants at the beginning of the plantyear								
b	Total number of participants at the beginning of the part year.	5a	4						
c	Total number of participants at the end of the plan year. Number of participants with account balances as of the end of the plan year (defined benefit plans do not	<u>5</u> b	4						
-	complete this item)	5c							
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Lar-/	Yes No						
b	Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)		X Yes No						
	under 29 CFR 2520.104-467 (See Instructions on walver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot uso Form 5500-SF and must instead uso Form 5500.	• • •	<u>M</u>						
Ra	intilli Financial Information								
7	Plan Assets and Habilities (a) Beginning of Year		# # # # # # # # # # # # # # # # # # #						
a	Total plan appets		(b) End of Year						
	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_	964,844						
ь	Total plan liabilitios								
Č.	Net plan pasets (subtract line 7b from line 7a)	- 11	964,844						
8	Income, Expenses, and Transfers for this Plan Year (a) Amount		(b) Total						
a	Contributions received or receivable from:	12. M.C.							
	(1) Employers								
	(2) Participants ,								
	(3) Others (including rollovers), , , , , , 8a(3)		(A)						
b	Other income (loss)								
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Kesas an							
d	Benefits paid (including direct relievers and insurance premiums	(200 to 11 to 10 t	111,705						
	to provide benefits)	7.00							
е	Certain deemed and/or corrective distributions (see instructions) , , 80								
f	Administrative service providers (salaries, facs, commissions)								
g	Other eveness								
-	Total avanuation (and the party of the party	76	22 22 20 20 20 20 20 20 20 20 20 20 20 2						
i	Mark Indiana Control of the Control		64,153						
i	Trong form to Many Alexander and the state of the state o	10	47,552						
For	Transfers to (from) the plan (see instructions)		A Company of the Comp						

	Form 6600-SF 2011		Page 2-						
Pai	tillV Plan Characteristics						·····		****
9a	if the plan provides pension benefits, enter the applicable pension 1A 3D	In forture rodes from th	n Llet + (17) - Gl		-		****		
b	1A 3D		e List of Pian Charac	ctenatic	Codo	in th	a instruction	ns:	
	If the plan provides welfare benefits, enter the applicable welfare	feature codes from the	List of Plan Characte	eristic C	odes	in the	Instructions	3:	
Pai	Compliance Questions								
10	During the plan year:		····		Yes	No	7	Annature	
a	Was there a failure to transmit to the plan any participant contra	ibutions within the time i	period described in		100		 	Amount	- A
b	Were there any nonexempt transactions with any party-in-inter-		am) , , ,			x		- I I I I I I I I I I I I I I I I I I I	
C				· 10b			-		
d	Was the plan covered by a fidelity bond?. Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	a's fidelity hand that were	a manufacture desired	. 10c	*				100,00
				· 10d		×			
6	Were any fees or commissions paid to any brokers, agents, or o	ther persons by an Insui	ance carrier,			×			
f	Instructions.) Has the plan falled to provide any benefit when due under the p			. 10e				· · · · · · · · · · · · · · · · · · ·	
g	Did the plan have any participant loans? (If "Yes," enter amount	olan?		- 10f		ж	ļ	***************************************	
h	" The Policy of High was there a blacker the sale of	A /D !	A PART AND			ж .	TARREST CONTRACTOR	THE RESIDENCE AND A STATE OF STREET	of attended in Constitution on the
				10h			2.0	70 V	F 4
7.10.37	oxceptions to providing the notice applied under 29 GFR 2520 1								78 X
11	wall chart ruliding Compliance							#130 E. init - Lain dire	and green, and are
-	Is this a defined benefit plan subject to minimum funding require 5500))	ments? (If "Yes," see in	structions and comp	lete Sc	hedule	SB (F	-orm	Fig. 1v	
12	man brant Ampleor to the Hellin Dill Illinit	O PROBLEMATION OF A A A A A A A A A A A A A A A A A A	on 412 of the Code o	reaction	~ 707	of CD		. XYes	
	the real real real real real real real rea	IICable.)							
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver	eing amortized in this pla	ın year, see İnstructi	ons, an	d ente	r the c	tate of the	letter ruling	
lf yo	granting the waiver	le MB (Form 5500) and	skin to line 43	nth		Day		Year	Yesta Atlanta
Ų	enter the minimum required contribution for this plan year					12b			
•	enter the enfount contributed by the employer to the plan for this	nlan wase			· -	2c			***************************************
						2d			
e	Mill the minimum funding amount reported on line 12d be met by	* * 1		* *					Processor
Part \	Plan Terminations and Transfers of Asso	te			· ·	• ,,	Yes	No	N/A
13a	tas a resolution to terminate the plan been adopted in any plan.	Zaar?		•				E21v.	<u> </u>
	f "Yos," enter the amount of any plan assets that reverted to the	employor this year						X Yes	
13	VELC all INC DIAD assets distributed to postal parts on the section					3a			0
C	of the PBGC? If during this plan year, any assets or liabilities were transferred transferred transferred to the particular of the plan year.	om this plan to another	plan(s), identify the p	olan(s) (• •	•		Yes	ΧNο
	c(1) Name of plan(s).			T					
					13c(2) EIA	i(a)	13c(3) [PN(s)
-									
								 	· · · · · · · · · · · · · · · · · · ·
Caution	A ponalty for the late or incomplete filling of the	-							
	A penalty for the late or incomplete filing of this return/repo								
Dellet, II	enalties of perjury and other penalties set forth in the instructions hodule MB completed and signed by an enrolled actuary, as well strue, correct, and complete.	l as the electronic version	amined this return/report	eport, In	cluding the i	g, if ap best o	oplicable, a frny knowle	Schedule edge and	
SIGN	THE BEDING WINDS	7/15/2013	Marold Weinb	er.c					
HERE SIGN	Signature of plan administrator	Date	Enter name of indi		lanina	as nie	an adminis	trator	
ASIGN		1	T 77, 11101		- 7'''' \	no pie	ः मनागाम्	u aivi	
HERE)	Signature of omployor/plan aponeor	Date	Enter name of Indi	vidual s	igning	as on	nployer or i	olan sponso	or .
						4414			-

5500-SF Electronic Filing Authorization

Plan Name:

Harold Weinberg, Ponsion Plan

ETN/BN:

11-2830708/001

Plan Year:

10/01/2011 - 09/30/2012

I hereby authorize JES Pensions, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

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

Plan Administration (Sign)

Y

(daté)

(date)