## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in	n accordance	with the instru	ctions to the Form 550	)0-SF.		
	art I		Identification Informati						
For	calenda	ar plan year 2012 or fis		1/01/2012		and ending	12/31/2	2012	
Α -	This ret	urn/report is for:	X a single-employer plan	a mul	tiple-employer p	olan (not multiemployer)		a one-particip	oant plan
В -	This retu	urn/report is:	the first return/report	the fir	nal return/report				
			an amended return/report	a shor	t plan year retui	rn/report (less than 12 m	nonths)	· <u> </u>	
C	Check b	oox if filing under:	Form 5558	autom	natic extension			DFVC progra	am
			special extension (enter d	lescription)					
Pa	rt II	Basic Plan Info	rmation—enter all requested	d information					
1a	Name of	of plan					1b	Three-digit	
WALT	ER G.	ALTON JR. & ASSOC	CIATES PC PROFIT SHARING	PLAN				plan number	001
							10	(PN)	
							10	Effective date o	•
2a	Plan sp	oonsor's name and add	dress; include room or suite nu	ımber (employe	er, if for a single	-employer plan)	2b	Employer Identi	fication Number
		ALTON JR. & ASSOC				,			41312
							2c	Sponsor's telep	hone number
108 E APT.		2ND STREET		EAST 82ND ST	TREET				
		NY 10028	APT. NEW	. 9D / YORK, NY 10	0028		2d		(see instructions)
32	Dlan or	dministrator's name an	nd address XSame as Plan Sp	annor Nomo	Deama as Bla	n Sponsor Address	3h	54111 Administrator's	
Ja	Pian ac	aministrator's name an	u address Asame as Plan Sp	oonsor name	_Same as Pla	n Sponsor Address	30	Administrators	EIIN
							3c	Administrator's	telephone number
			<del></del>				ļ		
4			e plan sponsor has changed sin mber from the last return/report		urn/report filed f	or this plan, enter the	4b	EIN	
а		or's name	noor from the last return/report				4c	PN	
5a	Total n	number of participants	at the beginning of the plan ye	ear			5a		2
b	Total n	number of participants	at the end of the plan year				_		2
С			account balances as of the end		,	•			
	•	•					5c		2 
			s during the plan year invested						X Yes   No
b			the annual examination and re? (See instructions on waiver e						X Yes No
			ther line 6a or line 6b, the pla						
Cau	tion: A	penalty for the late of	or incomplete filing of this re	turn/report wi	ill be assessed	unless reasonable ca	use is	established.	
			ner penalties set forth in the ins	•					able, a Schedule
			nd signed by an enrolled actua	ry, as well as th	ne electronic ve	rsion of this return/repor	t, and	to the best of my	knowledge and
belle	er, it is t	rue, correct, and comp	лете.						
SIG	N	Filed with authorized/	valid electronic signature.	30	3/28/2013	WALTER G. ALTON			
HER	₹E	Signature of plan a	dministrator	Da	ate	Enter name of individ	lual sig	ning as plan adr	ninistrator
SIG	N								
HER		Signature of emplo	ver/nlan snonsor	D:	ate	Enter name of individ	lual sic	ning as employe	er or plan sponsor
Prep	parer's i		ame, if applicable) and addres						number (optional)
TC 4.	OUTES:	-						516-496	S-7100
		BERG & PAUKER, LL WAYS PARK W	P					010-400	
		Y, NY 11797							

Form 5500-SF 2012 Page **2** 

7 Plan Assets and Liabilities 7a 221230  b Total plan liabilities 7b From line 7a) 7c 221230  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b 18399  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums	(b) End of Year 239629 239629 (b) Total				
b Total plan liabilities	239629 239629 (b) Total				
bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c2212308Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)bOther income (loss)8bcTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c	(b) Total				
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:	(b) Total				
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:					
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       18399         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c					
(2) Participants	18399				
(3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       18399         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c	18399				
b       Other income (loss)       8b       18399         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c	18399				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	18399				
	18399				
A Renefite paid (including direct rollovers and incurance promitime.					
to provide benefits)					
Certain deemed and/or corrective distributions (see instructions)      8e					
f Administrative service providers (salaries, fees, commissions) 8f					
g Other expenses					
h Total expenses (add lines 8d, 8e, 8f, and 8g)					
i Net income (loss) (subtract line 8h from line 8c)	18399				
j Transfers to (from) the plan (see instructions)					
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 t  2E 3D	the instructions:				
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the	ne instructions:				
Part V Compliance Questions					
10 During the plan year:	Amount				
Was there a failure to transmit to the plan any participant contributions within the time period described in	Amount				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					
on line 10a.)					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					
or dishonesty?					
• 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					
f the despite felled to provide on the partition of the plant?					
Tor					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					
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					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB					
5500) and line 11a below)					
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the granting the waiver	ne date of the letter ruling Year				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year					

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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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

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

OMB Nos. 1210-0110 1210-0089

2012

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Pensi	Canada Companya Canada	ntries in accordance with the instructions to	the Fo	rm 5500-SF.	to Public Ir	rspection
Par	t I Annual Report Identification In	formation				
For ca	alendar plan year 2012 or fiscal plan year begin	ning 01/01/2012	and en	ding $12$	/31/201	2
A Th	nis return/report is for: X a single-emple	oyer plan a multiple-employer plan (n	ot multie	employer) 🔲 a	one-participa	nt plan
B Th	nis return/report is: the first return	n/report the final return/report				
	an amended i	return/report 🔲 a short plan year return/rep	ort (less	than 12 months)		
C CI	neck box if filing under: Form 5558	automatic extension		D	FVC program	
		sion (enter description)				
Par	t II Basic Plan Information - enter al	I requested information				
1a Na	ame of plan		1b	Three-digit		
WAL	TER G. ALTON JR. & ASSO	CIATES PC		plan number (PN	) ▶	001
PRO	FIT SHARING PLAN		1c	Effective date of	plan	
				01/01	/1997	
<b>2a</b> Pla	an sponsor's name and address; include room or suit	te number (employer, if for single-employer plan)	2b	Employer Identifi	cation Number	er (EIN)
	TER G. ALTON JR. & ASSO			13-384		
			2c	Sponsor's teleph		
108	EAST 82ND STREET					
	• 9D		2d	Business code (s	ee instruction	ns)
		10028		541110		,
	A Part Cl	e as Plan Sponsor Name X Same as Plan Sponsor Addres	3b	Administrator's E	-	
	an administrator o name and address	e as i lan oponsor Name	, , ,	, tarrii notrator o E	•	
			3c	Administrator's te	elenhone num	mher
				, tarriiriotrator o t	310011011011011	
4 If th	ne name and/or EIN of the plan sponsor has ch	anged since the last return/report filed for this	4b	FIN		
	n, enter the name, EIN, and the plan number from	,		2.114		
•	Sponsor's name	on the last return report.	4c	PN		
u	polisor s hame		.0	1 14		
<u>5</u> а т	otal number of participants at the beginning of	the plan year	5a		2	
	otal number of participants at the beginning of				2	
b T	otal number of participants at the end of the pl	an year			2	ii ii
<b>b</b> T	otal number of participants at the end of the pl lumber of participants with account balances a	an year s of the end of the plan year (defined	5b		2	
<b>b</b> T	otal number of participants at the end of the pl lumber of participants with account balances a enefit plans do not complete this item)	an year us of the end of the plan year (defined	5b 5c		2	s No
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b T C N b 6a V (I III III III III III III III III II	otal number of participants at the end of the plander of participants with account balances a enefit plans do not complete this item)  Vere all of the plan's assets during the plan years you claiming a waiver of the annual examinated QPA) under 29 CFR 2520.104-46? (See instructivou answered "No" to either line 6a or line (ion: A penalty for the late or incomplete filing penalties of perjury and other penalties set for	an year  as of the end of the plan year (defined  ar invested in eligible assets? (See instructions ation and report of an independent qualified pr ctions on waiver eligibility and conditions.)  6b, the plan cannot use Form 5500-SF and a of this return/report will be assessed unle th in the instructions, I declare that I have exa by an enrolled actuary, as well as the electro	5b 5c .)	stead use Form sonable cause is not return/report,	2  2  X Yes 5500.  established. including, if a	s No
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2012) v.120126

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginr	ning	of Yea	r	(b) End of Y	ear
а	Total plan assets	7a			1,23		23	9,629
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		2.2.	1,23	3.0	2.3	9,629
_	Income, Expenses, and Transfers for this Plan Year	10	(a) A				(b) Total	
_	Contributions received or receivable from:						NEL	
-	(1) Employers	8a(1)						
-	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss) SEE STATEMENT 1	8b		1.5	3,39	9 9	1	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			,,,,,	, ,	1	8,399
	Benefits paid (including direct rollovers and insurance premiums to provide	OL					4	0,333
u		04						
_	benefits)					_		
	Certain deemed and/or corrective distributions (see instructions)	8e					1	
	Administrative service providers (salaries, fees, commissions)	8f				-	-	
	Other expenses	8g					<del> </del>	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_			- 1	0 200
-	Net income (loss) (subtract line 8h from line 8c)					-	1.	8,399
	Transfers to (from) the plan (see instructions)  † IV Plan Characteristics	8j						
b	If the plan provides welfare benefits, enter the applicable welfare feature count V Compliance Questions	des from	the List of Pla	an Ch	naracte	eristic	c Codes in the instru	ictions:
					T	-	1 3	
10	During the plan year:			-	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time p							
-	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct		ram.), 1	0a	-	X		
D	Were there any nonexempt transactions with any party-in-interest? (Do not in							
_	transactions reported on line 10a.)			0b	-	X		
	Was the plan covered by a fidelity bond?			0c	-	X		
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon					[		
	was caused by fraud or dishonesty?			0d	-	X		
е	Were any fees or commissions paid to any brokers, agents, or other persons	-						
	carrier, insurance service or other organization that provides some or all of th	e benefit						
	the plan? (See instructions.)			0e		X		
	Has the plan failed to provide any benefit when due under the plan?			lOf	-	X		
-	Did the plan have any participant loans? (If "Yes," enter amount as of year en		1	0g		X		
n	If this is an individual account plan, was there a blackout period? (See instruc	ctions						
	and 29 CFR 2520.101-3.)	7. 2. 7. 7. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	CAN WELL STATE OF THE STATE OF	0h	-	Χ_		
1	If 10h was answered "Yes," check the box if you either provided the required							
-	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	********		10i		X		
	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y		instructions a	and c	comple	te	l m	C)
	Schedule SB (Form 5500) and line 11a below)						Yes Yes	X No
	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of sect	EL HELDER ST.	the Code or se	ection	302 of	ERIS	A? Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica							
а	If a waiver of the minimum funding standard for a prior year is being amortized	d in this p	olan year, see	insti	ruction	is, ar	nd enter the date of	the letter
	ruling granting the waiver.		1onth		Day		Year	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form						· · · · · · · · · · · · · · · · · · ·	
_b	Enter the minimum required contribution for this plan year					12b		

Form 5500-SF (2012)	Page 3-		
C Enter the amount contributed by the employer to the plan for this plan year	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s the left of a negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets	LIATELLIA LA LECARALITA	Ye	s No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	\$ 4 K 5 C C C C C C C C C C C C C C C C C C	Ye:	s X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plane under the control of the PBGC?	n, or brought		Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan liabilities were transferred. (See instructions.)	(s), identify the	plan(s) to	o which assets or
13c(1) Name of plan(s):	13c(2	EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust	14b -	rust's E	IN