

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee Benefit Plan**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public Inspection**

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

Part I Annual Report Identification InformationFor calendar plan year 2014 or fiscal plan year beginning **01/01/2014**and ending **12/31/2014**

- A** This return/report is for:
- a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- a one-participant plan a foreign 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)
- C** Check box if filing under:
- Form 5558 automatic extension DFVC program
- special extension (enter description)

Part II Basic Plan Information—enter all requested information**1a** Name of plan

SOBEL, ROSS, FLIEGEL & STIEGLITZ LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ►**002****1c** Effective date of plan**01/01/2001****2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SOBEL, ROSS, FLIEGEL & STIEGLITZ LLP

2b Employer Identification Number (EIN) **13-4148787**150 BROADWAY, SUITE 1206
NEW YORK, NY 10038**2c** Sponsor's telephone number**212-233-0350****2d** Business code (see instructions)
541110**3a** Plan administrator's name and address Same as Plan Sponsor.**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.**a** Sponsor's name**4b** EIN**4c** PN**5a** Total number of participants at the beginning of the plan year**5a** **6****b** Total number of participants at the end of the plan year.....**5b** **6****c** Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)**5c** **6****d(1)** Total number of active participants at the beginning of the plan year.....**5d(1)** **5****d(2)** Total number of active participants at the end of the plan year.....**5d(2)** **5****e** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**5e** **0****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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2015	BRUCE GLICKMAN
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** 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 waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	836724	941915
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	836724	941915
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	8025	
(2) Participants.....	8a(2)	54400	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss).....	8b	53842	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		116267
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	11076	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		11076
i Net income (loss) (subtract line 8h from line 8c).....	8i		105191
j Transfers to (from) the plan (see instructions)	8j		

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 3B 3D
- b** 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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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	
c 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?	10d		X	
e 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		3514
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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.....	10i			

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 (Form 5500) and line 11a below)..... Yes No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes No
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month _____ Day _____ 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.....	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 sign to the left of a negative amount).....	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 control of the PBGC?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB No. 1215-0110
12/10/2009

Investment Company
Interest in Common Stock
Holding for Tax Purposes
Under Investment Company Act
of 1940 (15 U.S.C. 80a-2)

Revenue Procedure 2009-44
Revised January 2010

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 651(c) and 651(e) of the Internal Revenue Code (the Code).

This Form is Open to
Public Inspection

2014

Part I Annual Report Identification Information
For Selected Plan Year 2014 or Filing Year Beginning 1/1/2014 and Ending 12/31/2014
and ending 12/31/2014
or preceding plan year in accordance with the form instructions

A This return/report is for
 a single-employer plan
 a multiple-employer plan (not multiemployer) (Parties to filing this form must attach a list of participating employers)
 a top-up plan
 the first return/report
 a short plan year return/report less than 12 months;
 automatic extension
 DIFC program

B This return/report is
 an annual return/report
 regular return/report

C Check box if filing under:

special extension (see class(es))

Part II Basic Plan Information—except DR/Designated Retirement.

1a Name of plan

Stoeber, Kosas, 191 Lang 1 & 351 1/2 1/2, 431 (2)

Stoeber, Kosas, 191 Lang 1 & 351 1/2 1/2

2a Plan sponsor's name and address; includes name of bank and/or employer, if for a single-employer plan;
for e.g., "ABC Corp., 123 Main St., Suite 100, NY, NY 10001."

150 BROOKLYN, SUITE 1205

NEW YORK, NY 10001-3000

2a Plan administrator's name and address [] See Part II Plan Sponsor.

150 BROOKLYN, SUITE 1205
NEW YORK, NY 10001-3000

2a Plan administrator's name and address [] See Part II Plan Sponsor.

4 If the name under EIN of the plan sponsor has changed since the last return/report file for this plan enter the new EIN and the plan number from the last return/report.

a Sponsor's name

Stoeber, Kosas, 191 Lang 1 & 351 1/2 1/2, 431 (2)

b Total number of participants at the beginning of the plan year

50

c Number of participants with account balances as of the end of the plan year (excluding terminated plan participants and complete plan leavers)

50

d(1) Total number of active participants at the beginning of the plan year

50

d(2) Total number of active participants at the end of the plan year

50

e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

0

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 submitted this return/report, including all schedules, to the best of my knowledge and belief, it is true, accurate, and complete.

SIGN HERE

Signature of plan administrator

BRUCE G. CLEINER

Encl. Name of individual signing as plan administrator

SIGN HERE

Signature of employee/plan sponsor

Date

Encl. Name of individual signing as employer or plan sponsor

Preparer's name (including firm name if applicable); and address (include room or suite number) (optional)

6a

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No

b Are you waiting a waiver of the annual examination and report of an independent qualified public accountant (QPA)?

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SR and must instead use Form 6500.

c If the plan is a defined benefit plan, is it covered under the ERISA minimum program (see ERISA section 402)? Yes No Not determined

Part III Financial Information

	(a) Beginning of Year	(b) End of Year
a Plan Assets and Liabilities		
b Total plan liabilities	70	525,124
c Net plan assets (Subtract line 7b from line 7a)	76	541,915
d Income, Expenses, and Transfers for this Plan Year		
e Contributions received or receivable from:		
(1) Employees	8011	9,024
(2) Participants	8012	44,400
(3) Others (including rollovers), including amounts reported on line 10	8013	5
f Other income (loss)*	8b	55,652
g Total income (add lines 8a, 8b, 8c, and 8d)	8c	116,367
h Benefits paid (including trust transfers and insurance premiums to providers)†	8d	5
i Certain claims and/or corrective distributions (see instructions)	8e	2
j Administrative service provider (benefits, loans, contributions)	8f	1,637
k Other expenses	8g	51
l Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	51
m Net income (loss) (subtract line 8j from line 8c)	8i	105,316
n Transfers to (from) the plan (see instructions)	8j	3

Part IV Plan Characteristics

o If the plan provides a pension benefits option the applicable pension benefit dates from the list of Plan Characteristic Codes in the instructions:

25, 26, 27, 28, 29, 30

p If the plan provides welfare benefits, enter the applicable Welfare Benefit Codes in the instructions:

Part V Compliance Questions

10 During the plan year:

	Yes	No	Amount
a Was there a failure to furnish to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027? (See instructions and QDOL voluntary fiduciary correction program.)	10a	2	
b Were there any nonarm's transactions with any party-in-interest? (Do not include transactions reported online.)	10b	2	
c Was the plan covered by a fiduciary?	10c	2	105,316
d Did the plan run a loss, whether or not reimbursed by the plan's fiduciary joint, that was caused by fraud or dishonesty?	10d	2	
e Were any fees or commissions paid to my brokers, agents, or other persons by an insurance company, insurance service, or other organization that provides services to all of the vehicles under the plan? (See instructions.)	10e	2	
f Were any plan assets held to insulate any benefit when the plan failed?	10f	2	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	2	3,124
h If this is an individual account plan, was there a backout provision? (See instructions and 29 CFR 2520.101-3.)	10h	2	
i If 10f was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice required under 29 CFR 2520.101-3, otherwise enter amount as of year end.	10i	2	

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 from Form 5500-SR line 20.) Yes No

	Yes	No
11a Did the unpaid minimum required contribution for current year from Schedule SB (Form 5500-SR line 20) exceed the minimum required contribution for current year from Schedule SB (Form 5500-SR line 20)?	11a	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 402 or section 202 of ERISA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
f ("Yes," open this line.) Is lines 12a, 12b, 12c, and 12d below, as applicable.		
a If a waiver of the minimum funding standard for a prior year is self-amortized in the plan year, the instructions and enter the date of the better ruling planning the waiver.		

If you completing line 12b, summarize lines 2, 8, and 10 of Schedule B (Form 5500) and state in line 12

b Enter the minimum required contribution for this plan year

- c Explain the amount deducted by the employer to the plan for "Plan Year"
- d Subtract the amount in line 12c from the amount in line 12b. Enter the result (either minus sign to the left of a negative amount)

e All the minimum funds already reported on line 12 will be met by the funding withheld

Part VII Plan Terminations and Transfers of Assets	
13a Has a responsible person been selected in any plan(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name of any plan assets that referred to the employer this year	13b

- b Name all the plan assets transferred to an affiliate or beneficiaries, transferred to another plan, or enough under the control of the FBOC?
- c If during this plan year any assets or liabilities were transferred from this plan to other plans, identify the plan(s) to which assets or liabilities were transferred. See instructions

d Name of plan(s)

Part VIII Trust Information (optional)	
14a Name of fund	14b TRUST EIN
	13(c)(2) EIN(s) 13(c)(3) PCN(s)