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 section 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

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 10/01/200	09	and ending	09/30/	2010				
A	This return/report is for: X single-employer plan	s for: Single-employer plan multiple-employer plan (not multiemployer)							
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 me	onths)					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter descripti	on)							
Pa	Int II Basic Plan Information—enter all requested inform	,							
	Name of plan	iation		1b	Three-digit				
	PROSKIN LAW FIRM 401(K) PROFIT SHARING PLAN				plan number				
				4.	(PN) 🕨				
				10	Effective date of plan 01/01/1997				
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number				
THE	PROSKIN LAW FIRM			(EIN) 14-1588347					
423 L	OUDON ROAD			20	Plan sponsor's telephone number 518-436-0775				
	NY, NY 12211			2d	Business code (see instructions)				
		. "0	m.	26	541110				
	Plan administrator's name and address (if same as Plan sponsor, or PROSKIN LAW FIRM 423 LOUDO		3")	30	Administrator's EIN 14-1588347				
	ALBANY, N	Y 12211		3c	Administrator's telephone number				
4 If	the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	518-436-0775 EIN				
	name, EIN, and the plan number from the last return/report. Spons		F,						
					PN				
_	Total number of participants at the beginning of the plan year				1				
	Total number of participants at the end of the plan year			5b	10				
С	Total number of participants with account balances as of the end complete this item)			. 5c	10				
6a	Were all of the plan's assets during the plan year invested in eligil	ole assets?	(See instructions.)		Yes No				
L	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
D					X Voc D No				
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)		X Yes No				
		and conditi	ons.)		Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi	ons.)		(b) End of Year				
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and conditi	ons.)SF and must instead use Form 5	500.					
Pa 7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities	and conditi	ons.)SF and must instead use Form 5.	500.	(b) End of Year				
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets	and conditi Form 5500- 	ons.)SF and must instead use Form 5.	500. 75	(b) End of Year				
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	and conditi Form 5500- 	(a) Beginning of Year	500. 75	(b) End of Year 351919				
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7c	(a) Beginning of Year 29477 (a) Amount	500. 75 0	(b) End of Year 351919 0 351919				
Pa 7 a b c 2 8	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 29477 (a) Amount	500. 75 0	(b) End of Year 351919 0 351919				
Pa 7 a b c 2 8	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 2	(b) End of Year 351919 0 351919				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 0	(b) End of Year 351919 0 351919				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 0	(b) End of Year 351919 0 351919 (b) Total				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 0	(b) End of Year 351919 0 351919				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 0	(b) End of Year 351919 0 351919 (b) Total				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3) 8c 8d	(a) Beginning of Year 29477 (a) Amount	5500. 75 0 75 2 0 0 77	(b) End of Year 351919 0 351919 (b) Total				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 2 0 0 77	(b) End of Year 351919 0 351919 (b) Total				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F It III Financial Information Plan Assets and Liabilities Total plan assets	and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	(a) Beginning of Year 29477 (a) Amount	500. 75 0 75 25 0 0 0 0	(b) End of Year 351919 0 351919 (b) Total				
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D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 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	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		is there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		Χ			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	W	as the plan covered by a fidelity bond?	10c	Χ				260000		
d		I the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	10d		X					
е										
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		Χ			
g	Dio	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See			10h					
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i					
art	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements							Yes	X No
12		this a defined contribution plan subject to the minimum funding req							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	_
а	If a	waiver of the minimum funding standard for a prior year is being a nting the waiver.	mortized in this plar	n year, see instruc	tions,	and e	nter th	ne date of th	e letter rul	ing
lf v	-	completed line 12a, complete lines 3, 9, and 10 of Schedule Mi					Бау		1 ear	
-		er the minimum required contribution for this plan year		-		[12b			
		er the amount contributed by the employer to the plan for this plan					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)									
е	Wil	I the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u	ınder	the co			Yes	× No
С	If c	uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)							<u> </u>	
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.	_1	
Unde SB o	r pe Sc	nalties of perjury and other penalties set forth in the instructions, I on the completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applical		
		· · · · · · · · · · · · · · · · · · ·	03/08/2011	ARNOLD W. PRO	JSKIN	<u> </u>				
SIGI	V	nea with authorized/valid electronic signature.	00/00/2011	AINIVED W. FRC	JOININ	1				

Date

Date

03/08/2011

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

ARNOLD W. PROSKIN

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 section 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

2009

This Form is Open to Public Inspection

	Amual Report Identification information									
For	the calendar plan year 2009 or fiscal plan year beginning	10/01	/2009 and ending	09	/30/2010					
Α	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	L	one-participant plan					
В	This return/report is for:	final return	/report							
	an amended return/report	short plan	year return/report (less than 12 months	;)						
С	Check box if filing under: Form 5558	automatic e	extension	F	DFVC program					
	special extension (enter description)			L.	.					
ъ	Basic Plan Information enter all requested inform		_	_						
-	Name of plan	nation.		1h -	Three-digit					
-	·				plan number					
	The Proskin Law Firm 401(k) Profit Sharing Plan	The Proskin Law Firm 401(k) Profit Sharing Plan								
			1c Effective date of plan 01/01/1997							
2a	Plan sponsor's name and address (employer, if for single-employer pla	<u></u>			Employer Identification Number					
	The Proskin Law Firm	,		(EIN) 14-1588347						
	423 Loudon Road				Plan sponsor's telephone number					
	423 Loudon Road		-		(518) 436-0775 Business code (see instructions)					
US	Albany NY 12211				541110					
3a	Plan administrator's name and address (If same as plan employer, en	ter "Same")		3b /	Administrator's EIN					
	Same		•							
				3c /	Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this plan, enter the	4b i	EIN					
	name, EIN and the plan number from the last return/report. Sponsor's	Name	·	4c F	DN					
<u>5a</u>	Total number of participants at the beginning of the plan year			5a	10					
b	Total number of participants at the beginning of the plan year		_	5b	10					
C	Total number of participants with account balances as of the end of the			-						
	complete this item)			5c	10					
	Were all of the plan's assets during the plan year invested in eligible a	•	•		X Yes ☐No					
b	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No					
	If you answered "No" to either 6a or 6b, the plan cannot use Form		•	• •						
Pē	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	294,775		351,919					
b	Total plan liabilities	7b	0		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	294,775	351,						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:		, ,	Selle Long And	and the second section of the section of the second section of the section of the second section of the section of th					
	(1) Employers	8a(1)	9,235							
	(2) Participants	8a(2)	27,012							
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	20,897		Allen Marie and the State of the Marie and the Anna and the Anna and the Anna and An					
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		American periodical	57,144					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ی ا	0							
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	0							
g	Other expenses	8g	0							
	·		J	Milate Grand III -	and the second section of the section of					
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			57,144					
!	Net income (loss) (subject line 8h from line 8c)	8i	Control of the contro							
j	Transfers to (from) the plan (see instructions)	8j	0	alcolors.	A STATE OF THE STA					

	Form 5500-SF 2009		Page 2-						
Par	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension featu	ure codes from the L	ist of Plan Characte	ristic (Codes	in the	instructions	 s:	
	2E 2F 2G 2J 2K 2R 3D								
D	If the plan provides welfare benefits, enter the applicable welfare featur	e codes from the La	st of Plan Characten	stic Co	odesı	n the in	istructions:		
Pai	Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (C					 			
	on line 10a.)		· · · · · · ·	10b		X			
C	Was the plan covered by a fidelity bond?			10c	Х				260,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	•	-	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by an insura	nce carrier,						
	insurance services or other organization that provides some or all of instructions.)		' '	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of					х			
h	If this is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR						Andrews Control of the Control of th
	2520.101-3.)			10h		\vdash		Machana	
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			and Gran		erior desiran e-massimil
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							. 🗀	Yes X No
12	Is this a defined contribution plan subject to the minimum funding req							. 🗆	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver						date of the	letter ru Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MI			_					
b	Enter the minimum required contribution for this plan year				\cdot	12b			
C	Enter the amount contributed by the employer to the plan for this plan				• }	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	e resuit (enter a mir		а • •	. [12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	□No	D □N/A
Par	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan				٠,	• • •		<u>. ⊔`</u>	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	-			• •	13a			
b	of the PBGC?					• • •		. 🗆	Yes X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan(s	s) to				
	13c(1) Name of plan(s):				1:	3c(2) E	iN(s)	13	Bc(3) PN(s)
				+				+	
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonable c	ause	is est	ablish	ed.		
Unde	r penalties of periury and other penalties set forth in the instructions. I	declare that I have e	examined this return	report	t, inclu	ıding, if	applicable	, a Sche	edule
SB c	r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	s the electronic vers	ion of this return/rep	ort, ar	nd to t	he bes	t of my kno	wledge	and
SI		a/15/11	Arnold W.	Pro	sku				
		Date	Enter name of in				plan admi	nistrator	
20	ezv.	2/15/11	Arnold L		•				

Date

Enter name of individual signing as employer or plan sponsor

HERE Signature of employer/plan sponsor