Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CERTILMAN BALIN ADLER & HYMAN, LLP

90 MERRICK AVE
EAST MEADOW, NY 11554

2b Employer Identification Number (EIN)
11-6188872

2c Sponsor's telephone number
516-296-7089

2d Business code (see instructions)
541110

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 accompanying schedules, statements and attachments, 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.	08/12/2011	THEODORE REICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2011	BERNARD HYMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CERTILMAN BALIN ADLER & HYMAN, LLP

90 MERRICK ROAD
EAST MEADOW, NY 11554

3b Administrator's EIN
11-6188872

3c Administrator's telephone number
516-296-7000

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

5	Total number of participants at the beginning of the plan year	**5**	189
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	146
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2G 2J 2K 2D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)	X		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-807999	170	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
49867	9973

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SIGNATURE SECURITIES GROUP
29 WEST 38 STREET
NEW YORK, NY 10018

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
49867			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATED PENSION CONSULTANTS, INC
50 JACKSON AVENUE
THIRD FLOOR
SYOSSET, NY 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	9973	ADMINISTRATIVE ALLOWANCE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	22439113

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE CONTRACT

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶ N/A				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶ N/A				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	21465070

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	974043

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan:
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN):
11-6188872

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	THOMAS A. BIZZARO 31 VILLA LANE SMITHTOWN, NY 11787-2358	LOAN TO PARTICIPANT DATED 12/21/07 MATURING 8/10/12 SUBJECT TO 9.25% SECURED BY THE PARTICIPANTS ACCOUNT

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1752	128	33	963	963	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	THOMAS A. BIZZARO 31 VILLA LANE SMITHTOWN, NY 11787-2358	LOAN TO PARTICIPANT DATED 7/8/2008 MATURING 7/9/2013 SUBJECT TO 6.00% SECURED BY THE PARTICIPANTS ACCOUNT

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
4600	301	68	3127	3127	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1096044	1002010
(2) Participant contributions	1b(2)	17834	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4929	7440
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	194737	235895
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	19123831	22439113
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	20437375	23684458
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20437375	23684458

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1002010	
(B) Participants	2a(1)(B)	1067372	
(C) Others (including rollovers)	2a(1)(C)	97018	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2166400
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14681	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14681
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2027264
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2511
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4210856
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	963361	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		963361
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	412	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		963773
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3247083
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RAICH, ENDE, MALTER & CO., LLP (2) EIN: 11-2336434

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		4090
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Financial Statements
December 31, 2010 and 2009

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Table of Contents
December 31, 2010 and 2009

PAGE

INDEPENDENT AUDITORS' REPORT 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

NOTES TO FINANCIAL STATEMENTS 4-10

SUPPLEMENTAL SCHEDULES

Schedule G - Financial Transaction Schedule, Part I - Schedule of Loans in Default 11

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 12

RAICH ENDE MALTER & CO. LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

90 Merrick Avenue, Suite 802
East Meadow, New York 11554
516.228.9000
516.228.9122 (fax)
cpa@rem-co.com

1375 Broadway, 15th Floor
New York, New York 10018
212.944.4433
212.944.5404 (fax)

Offices in NYC & Long Island

INDEPENDENT AUDITORS' REPORT

The Trustees
Certilman Balin Adler & Hyman, LLP
Salary Reduction & Bonus Deferral Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of Schedule G - Financial Transaction Schedule, Part I - Schedule of Loans in Default as of December 31, 2010, and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds principally all of the Plan's investment assets and executes principally all of the investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Raich Ende Malter & Co LLP

RAICH ENDE MALTER & CO. LLP
East Meadow, New York
July 28, 2011

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments - at fair value	**$ 22,523,573**	$ 19,078,212
Participant notes receivable	**235,895**	194,737
Contributions Receivable		
Employer	**1,002,010**	1,096,044
Participant	**-**	17,834
	1,002,010	1,113,878
Net Assets Available for Benefits at Fair Value	**23,761,478**	20,386,827
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Contracts	**(77,020)**	50,548
Net Assets Available for Benefits	**$ 23,684,458**	$ 20,437,375

See notes to financial statements.

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010

Additions to Net Assets Attributed to	
Investment Income	
Net appreciation in value of investments	$ 2,029,775
Interest Income on Participant Loans	14,681
Contributions	
Employer	1,002,010
Participant	1,067,372
Rollover	97,018
	2,166,400
Total Additions	4,210,856
Deductions from Net Assets Attributed to	
Benefits paid to participants	963,361
Administrative expenses	412
Total Deductions	963,773
Net Increase in Net Assets Available for Benefits	3,247,083
Net Assets Available for Plan Benefits - beginning of year	20,437,375
Net Assets Available for Plan Benefits - end of year	$ 23,684,458

See notes to financial statements.

1 - DESCRIPTION OF PLAN

The following description of the Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a. ***General*** - The Plan is a 401(k) defined contribution plan covering all eligible, permanent employees of Certilman Balin Adler & Hyman, LLP (the "Company"), as defined in the Plan, who have completed six months of service. Leased employees, if any, are not eligible to participate in the Plan. Eligible participants may enter the Plan on the first day of a calendar quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

   The Plan was amended and restated, effective December 1, 2010, to allow for each individual participant to exist as their own employee group within the plan, for the purpose of the allocation of the employers discretionary profit sharing contributions. (See also 1b below.)

b. ***Contributions*** - Plan contributions consist of compensation reduction elections of participants (401(k) contributions), employer discretionary matching contributions, employer discretionary profit-sharing contributions, and rollovers. Under the terms of the Plan, the Company may determine to match up to 100% of the employee elective deferrals. For the year ended December 31, 2010, the Company elected not to match employee deferrals.

   Employer discretionary profit-sharing contributions are determined annually by the Company. For purpose of allocating the employer discretionary contribution through November 30, 2010, participants are categorized into five employee groups based on age, years of service, and position within the Company. The contribution amount may differ for each group and is allocated to participants proportionately based on their compensation compared to total compensation of participants in their group. Effective December 1, 2010, each participant is considered to be their own employee group for the purpose of allocating employer discretionary profit sharing contributions. Contribution amounts may differ among each group based on age, years of service, and position within the Company, and are calculated based on a discretionary percentage of each participant's considered compensation. For the year ended December 31, 2010, the Company made discretionary profit-sharing contributions totaling $1,002,010.

   All investments are participant directed. Participants direct the investment of current contributions into a variety of pooled separate accounts as offered through Hartford Life Insurance Company (the "Trustee").

c. ***Participant Accounts*** - Each participant's account is credited with the participant's contributions, the Company's contribution to the Plan on behalf of the participant, and allocations of Plan earnings or losses. Allocations of Plan earnings or losses are based upon actual performance of each participant's investment elections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. ***Vesting*** - Participants are immediately vested in their elective contributions, the rollover portion of their account balances, and the earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus earnings thereon is based on years of credited service, defined as 1,000 hours in a calendar year, according to a vesting schedule of 20% per year of credited service beginning with the second full year of service. A participant is 100% vested in the employer discretionary contribution and earnings thereon after six years of credited service or upon attaining normal retirement age or death, if earlier.

e. ***Notes Receivable from Participants*** - Participants may borrow from their Plan accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the participant's highest outstanding

note balance to the Plan during the one-year period ending on the day before the date on which the note is made or 50% of their vested account balances less current outstanding note balances. All notes, other than those used to purchase a principal residence, must be repaid within five years. Notes used to purchase a principal residence can currently have terms of up to 20 years. All notes outstanding were in compliance with the provisions of the Plan applicable at the time of the note's inception. The notes are secured by the vested balance in the participant's account. The interest rate on each note is set at prime plus 1% at inception. At December 31, 2010, outstanding notes bear interest at rates ranging from 4.25% to 10.50%. Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made not less frequently than quarterly.

Participant notes are due and payable on the date the participant terminates employment with the Company. One participant terminated employment in April 2010 with two outstanding notes payable to the plan. Repayment was not received on these notes upon or subsequent to termination, and the aggregate balance outstanding was not recorded as a taxable distribution in 2010. These notes will be distributed in 2011.

f. ***Payment of Benefits*** - Participants may elect to receive distribution of their benefits upon retirement, in the event of death or disability, in the event of immediate and heavy financial hardship, or upon termination of employment. Normal retirement age is 59 ½. Participants who have vested benefits in excess of $5,000 and are eligible to receive benefits due to retirement, death or disability, hardship or termination, may elect to receive either a lump-sum amount equal to the participant's vested interest in his or her account or installment payments over a period of years that does not exceed the life expectancy of the participant or, if applicable, the beneficiary. If the vested benefit is less than $5,000, participants or, if applicable, the beneficiary will receive a single lump sum distribution. If at the time of termination, the participant's vested account balance does not exceed $5,000, the participant will receive a mandatory lump-sum distribution of his or her benefits.

g. ***Plan Costs*** - The Company has elected to absorb substantially all significant costs relating to the Plan.

h. ***Forfeitures*** - Forfeitures by participants, as defined in the Plan, may be used by the Plan as the payment of Plan expenses or to reduce employer contributions to the Plan. During 2010, employer contributions were reduced by $37,464 from forfeited nonvested accounts. At December 31, 2010, all previously forfeited funds had been utilized for such purposes.

2 - Summary of Significant Accounting Policies

a. ***Basis of Accounting*** - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, which includes the accrual basis of accounting.

Investment contracts held by the Plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of a retirement plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the underlying defined contribution plans. The accompanying Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits was prepared on a contract value basis.

b. ***Investment Valuation and Income Recognition*** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains or losses on investments bought or sold as well as held during the year.

Continued

c. ***Payments of Benefits*** - Benefits are recorded when paid.

d. ***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and disclosures. Accordingly, actual results may differ from those estimates.

e. ***Notes Receivable from Participants*** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

f. ***New Accounting Pronouncements*** -

Fair Value Disclosures - In January 2010, the FASB issued guidance which expanded the required disclosures about fair value measurements. In particular, this guidance requires (i) separate disclosure of the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements along with the reasons for such transfers, (ii) information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements, (iii) fair value measurement disclosures for each class of assets and liabilities and (iv) disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for fair value measurements that fall in either Level 2 or Level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for (ii) above which is effective for fiscal years beginning after December 15, 2010. The new disclosures and clarifications of existing disclosures did not have a material impact on the financial statements.

Notes Receivable - During 2010, the Plan adopted the provisions of a new accounting standard which requires that defined contribution plans classify participant loans as participant notes receivable rather than as investments as was previously required. This standard was adopted retroactively and, as a result, the December 31, 2009 participant loans have been reclassified from investments to participant notes receivable and the 2009 interest income has been reclassified from investment income to interest income on participant notes receivable. The adoption of this standard had no impact on the Plan's net assets or changes in net assets.

3 - Information Certified by the Trustee (Unaudited)

The Plan's investments in pooled separate accounts, collective investment trust, and mutual funds are held by Hartford Life Insurance Company (the "Trustee"). Investment information related to those investments as of December 31, 2010 and 2009 and for the year ended December 31, 2010, included in this note, the accompanying financial statements, and supplemental schedule of assets held at end of year as of December 31, 2010, is based on information supplied and certified by the Trustee in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments is summarized as follows:

	December 31,	
	2010	2009
Pooled Separate Accounts	**$22,516,133**	$19,073,283
Common Stock	**7,440***	4,929*
	$22,523,573	$19,078,212

For the year ended December 31, 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value as follows:

Pooled Separate Accounts	$ 2,027,264
Common Stock	2,511*
	$ 2,029,775

*Represents information on investments not held by the Trustee and, therefore, not covered by certifications issued by the Trustee.

The following presents investments at fair value that represent 5% or more of the Plan's net assets:

	December 31,	
	2010	*2009*
Pooled Separate Accounts:		
Wells Fargo Stable Return Fund	**$ 4,069,382**	$ 2,358,427
SEI Stable Asset Fund	**	1,139,521
Alliance Bernstein Growth	-	1,075,996
The Hartford Capital Appreciation	**1,261,695**	1,159,241
SSGA S&P 500 Flagship	**1,266,814**	**
Franklin Income	**1,489,829**	**

**Less than 5% of Plan net assets.

As of December 31, 2010 and 2009, the Plan's investments included the Wells Fargo Stable Return Fund and the SEI Stable Asset Fund as investment alternatives (collectively, "the Trusts"). Each investor in the Trusts has an undivided interest in its underlying assets. The Trusts operate on a calendar year. Investment income and administrative expenses relating to the Trusts are allocated in the form of additional trust units. Aggregate investment in the Trusts is summarized as follows:

	December 31,	
	2010	*2009*
Fair Value of Plan's Investment in the Trusts	**$ 4,726,069**	$ 3,497,948
Adjustment from Fair Value to Contract Value	**(77,020)**	50,548
Contract Value of Plan's Investment in the Trusts	**$ 4,649,049**	$ 3,548,496

The fair value of the Plan's interest in the Trusts is based on information reported by the issuers of the trusts at year-end.

The Plan's aggregate investment in the Wells Fargo Stable Value Fund is deemed to be a fully benefit-responsive investment. The Trust fully invests in the Wells Fargo Stable Return Fund G, which primarily invests in investment contracts and security-backed contracts. The underlying crediting rate represents the periodic interest rate accrued on this investment, which is a fixed rate of interest over the term to maturity with respect to the underlying investment contracts, and is reset on a quarterly basis for the underlying security-backed contracts. The crediting rate for the underlying security-backed contracts cannot be less than zero. The average yield earned by this Trust was 2.38% and 3.40% at December 31, 2010 and 2009, respectively. The average yield credited by this Trust was 2.90% and 3.32% at December 31, 2010 and 2009, respectively.

The Plan's aggregate investment in the SEI Stable Asset Fund is deemed to be a fully benefit-responsive investment. This Trust primarily invests in a variety of investment contracts such as guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions and other investment contracts with similar characteristics. The crediting rate is the periodic interest rate accrued on this investment and is

Continued

either set at the beginning of the contract and held constant, or reset periodically to reflect the performance of the underlying securities. Separate account contracts and synthetic GICs are designed to reset the respective crediting rate typically on a quarterly basis and cannot be a rate less than zero percent. Traditional GICs do not reset their crediting rates as they provide a fixed rate of interest over the term to maturity of the contract. GICs generally do not permit issuers to terminate the agreement prior to the scheduled maturity date. The average yield earned by this Trust was 1.63% and 3.69% at December 31, 2010 and 2009, respectively. The average yield credited by this Trust was 0.89% and 1.40% at December 31, 2010 and 2009, respectively.

4 - Fair Value Measurements

Financial Accounting Standards of *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that provides the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2010:

Pooled Separate Accounts - Valued on a per unit basis, which is calculated based on the net asset value (NAV) of the underlying investment in mutual funds or the fair value of other investments held and adjusted for an annual expense charge as defined.

Common Stock - Valued at the closing price reported on an active market on which the individual security is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

Continued

	Assets at Fair Value			
	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts				
Asset Allocation/Balanced	$ -	$ 5,503,120	$ -	$ 5,503,120
Large Cap	-	5,090,678	-	5,090,678
Stable Value/Money Market	-	4,726,069	-	4,726,069
International/Global	-	2,126,529	-	2,126,529
Bond	-	1,743,886	-	1,743,886
Small Cap	-	1,258,091	-	1,258,091
Specialty	-	1,035,554	-	1,035,554
Mid Cap	-	1,032,206	-	1,032,206
Common Stock	7,440	-	-	7,440
Total Assets at Fair Value	$ 7,440	$22,516,133	$ -	$22,523,573

Pooled separate accounts reported as level 2 investments with a reported net asset value per share may be redeemed on a daily basis. The redemption notice period for pooled separate accounts is 30 days, with the exception of stable value investments, which have a 1-year redemption notice period. There are no other redemption restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at December 31, 2009:

	Assets at Fair Value			
	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts				
Asset Allocation/Balanced	$ -	$ 4,023,426	$ -	$ 4,023,426
Large Cap	-	4,902,199	-	4,902,199
Stable Value/Money Market	-	3,497,948	-	3,497,948
International/Global	-	2,702,102	-	2,702,102
Bond	-	1,647,987	-	1,647,987
Small Cap	-	801,905	-	801,905
Specialty	-	953,347	-	953,347
Mid Cap	-	544,369	-	544,369
Common Stock	4,929	-	-	4,929
Total Assets at Fair Value	$ 4,929	$19,073,283	$ -	$19,078,212

5 - Income Tax Status

The Internal Revenue Service ("IRS") had determined and informed the Trustee by a letter dated March 16, 2010 that its prototype plan was designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and is exempt from income taxes. This plan was adopted by the Company on December 1, 2010. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust continues to be tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Continued

6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the value in their accounts.

7 - Party-in-Interest Transactions

The Company is the Plan sponsor and administrator. Certain trustees are partners or employees of the Company and, therefore, participants in the Plan. Plan investments include pooled separate accounts managed by the investment trustee, or their affiliates and, therefore, these transactions qualify as party-in-interest transactions.

8 - Risk and Uncertainties

The Plan invests in various investment securities. Such securities are subject to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the value of investments reported in the financial statements.

9 - Subsequent Events

Subsequent events have been evaluated through July 28, 2011, the date the financial statements were available to be issued.

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Form 5500 - Schedule G - Financial Transaction Schedule, Part I - Schedule of Loans in Default — *Plan #002*

December 31, 2010 — *EIN# 11-6188872*

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
				Amount received during reporting year			*Amount overdue*	
	Identity and address of obligor	*Detailed description of loan, including dates of making and maturity, interest rate, the type and value of collateral, and renegotiation of the loan and the terms of the renegotiation and other material items*	*Original amount of loan*	*Principal*	*Interest*	*Unpaid balance at end of year*	*Principal*	*Interest*
	Thomas A. Bizzaro (loan #1) 31 Villa Lane Smithtown, NY 11787-2358	Loan to participant, dated 12/21/07, maturing 8/10/12, subject to interest at 9.25%, secured by the participant's vested account balance.	1,752	128	33	963	963	-
	Overdue loan explanation:	This participant terminated employment on April 16, 2010. Per the Plan document, participant notes receivable become due and payable upon termination and are deemed to be in default when payments are past-due for ninety days or more. Upon default, the note is deemed to be a taxable distribution. No repayment was received on or subsequent to this participant's termination, and due to administrative error, the loan was not recorded as a taxable distribution in 2010. Accordingly, this loan will be recorded as a taxable distribution in 2011.						
	Thomas A. Bizzaro (loan #2) 31 Villa Lane Smithtown, NY 11787-2358	Loan to participant, dated 7/8/08, maturing7/9/13, subject to interest at 6.00%, secured by the participant's vested account balance.	4,600	301	68	3,127	3,127	-
	Overdue loan explanation:	This participant terminated employment on April 16, 2010. Per the Plan document participant notes receivable become due and payable upon termination and are deemed to be in default when payments are past-due for ninety days or more. Upon default the note is deemed to be a taxable distribution. No repayment was received on or subsequent to this participants termination, and due to administrative error the loan was not recorded as a taxable distribution in 2010. Accordingly, this loan will be recorded as a taxable distribution in 2011.						

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) *Plan #002*

December 31, 2010 *EIN# 11-6188872*

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	*Description of investment including maturity date, rate of interest, collateral, par, or maturity value*	*Cost*	*Current value*
	Pooled Separate Account:			
*	Hartford Life Insurance Company	Wells Fargo Stable Value Fund - at contract value	**	$ 3,981,672
*	Hartford Life Insurance Company	Franklin Income	**	1,489,829
*	Hartford Life Insurance Company	SSGA S&P 500 Flagship	**	1,266,814
*	Hartford Life Insurance Company	The Hartford Capital Appreciation	**	1,261,695
*	Hartford Life Insurance Company	Franklin Growth and Income	**	1,024,492
*	Hartford Life Insurance Company	Blackrock Lifepath 2030	**	988,404
*	Hartford Life Insurance Company	Hartford Small Company HLS	**	974,043
*	Hartford Life Insurance Company	MFS Value	**	907,546
*	Hartford Life Insurance Company	Blackrock Global Allocation	**	895,739
*	Hartford Life Insurance Company	Invesco Van Kampen Equity and Income	**	870,650
*	Hartford Life Insurance Company	Federated Kaufmann	**	786,867
*	Hartford Life Insurance Company	Blackrock Lifepath 2020	**	786,144
*	Hartford Life Insurance Company	Pimco Total Return	**	743,483
*	Hartford Life Insurance Company	SEI Stable Asset - at contract value	**	667,377
*	Hartford Life Insurance Company	Mutual Global Discovery	**	622,849
*	Hartford Life Insurance Company	Alliance Bernstein International Value	**	618,047
*	Hartford Life Insurance Company	Seligman Global Technology	**	614,242
*	Hartford Life Insurance Company	Blackrock Lifepath 2040	**	466,862
*	Hartford Life Insurance Company	Oppenheimer Real Estate	**	421,312
*	Hartford Life Insurance Company	Pioneer Strategic Income	**	401,590
*	Hartford Life Insurance Company	Alliance Bernstein International Growth	**	386,574
*	Hartford Life Insurance Company	Davis New York Venture	**	376,581
*	Hartford Life Insurance Company	Oppenheimer International Bond	**	334,258
*	Hartford Life Insurance Company	Pimco Real Return	**	264,556
*	Hartford Life Insurance Company	Janus Overseas	**	250,525
*	Hartford Life Insurance Company	Templeton Growth	**	248,534
*	Hartford Life Insurance Company	Columbia Mid Cap Value	**	198,242
*	Hartford Life Insurance Company	Lord Abbett Small-Cap Blend	**	184,415
*	Hartford Life Insurance Company	Pioneer	**	127,814
*	Hartford Life Insurance Company	Mutual Shares	**	125,736
*	Hartford Life Insurance Company	Blackrock Small / Mid-Cap Growth	**	99,633
*	Hartford Life Insurance Company	Victory Special Value	**	47,097
*	Hartford Life Insurance Company	Blackrock Lifepath Retirement	**	5,491
				22,439,113
	Common Stock:			
	CAS Medical Systems Inc	Common stock - 2,325 shares	**	7,440
	Participant Loans	Participant loans, collateralized by participant account balances, bearing interest at rates ranging from 4.25% to 10.50%, maturities to November 2032	-0-	235,895
				$ 22,682,448

* Party-in-interest

** Participant directed, information is not applicable

See independent auditors' report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan

Employer Identification Number:► 11-6188872

For plan year (beginning/ending):► 01/01/2010 / 12/31/2010 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Hartford Life Insurance Company	Aliiance Bernstein Intl Growth		386573.6
*	Hartford Life Insurance Company	Alliance Bernstein Intl Value		618046.62
*	Hartford Life Insurance Company	Blackrock Global Allocation		895739.46
*	Hartford Life Insurance Company	Blackrock Small/Mid-Cap Growth		99632.67
*	Hartford Life Insurance Company	Columbia Mid Cap Value		198241.92
*	Hartford Life Insurance Company	Davis New York Venture		376580.89
*	Hartford Life Insurance Company	Federated Kaufmann		786867.16
*	Hartford Life Insurance Company	Franklin Income		1489829.15
*	Hartford Life Insurance Company	Franklin Growth and Income		1024492.43
*	Hartford Life Insurance Company	Hartford Small Company HLS		974043.22
*	Hartford Life Insurance Company	Invesco Van Kampen Equity and Income		870649.52
*	Hartford Life Insurance Company	Janus Overseas		250525.33
*	Hartford Life Insurance Company	Blackrock Lifepath 2020		786143.77
*	Hartford Life Insurance Company	Blackrock Lifepath 2030		988403.69
*	Hartford Life Insurance Company	Blackrock Lifepath 2040		466862.35
*	Hartford Life Insurance Company	Blackrock Lifepath Retirement		5491.44
*	Hartford Life Insurance Company	Lord Abbett Small-Cap Blend		184415.1
*	Hartford Life Insurance Company	MFS Value		907546.19
*	Hartford Life Insurance Company	Mutual Global Discovery		622849.3
*	Hartford Life Insurance Company	Mutual Shares		125735.52
*	Hartford Life Insurance Company	Oppenheimer International Bond		334258.49
*	Hartford Life Insurance Company	Oppenheimer Real Estate		421311.91
*	Hartford Life Insurance Company	PIMCO Real Return		264555.77
*	Hartford Life Insurance Company	PIMCO Total Return		743482.5
*	Hartford Life Insurance Company	Pioneer		127813.7
*	Hartford Life Insurance Company	Pioneer Strategic Income		401589.73
*	Hartford Life Insurance Company	SEI Stable Asset - at contract value		667377.6
*	Hartford Life Insurance Company	Seligman Global Technology		614241.76
*	Hartford Life Insurance Company	SSGA S&P 500 Flagship		1266814.37
*	Hartford Life Insurance Company	Templeton Growth		248534.17
*	Hartford Life Insurance Company	The Hartford Capital Appreciation		1261694.61
*	Hartford Life Insurance Company	Victory Special Value		47097.2
*	Hartford Life Insurance Company	Wells Fargo Stable Value - at contract value		3981671.84
	Participant Loans	Interest Rates Range from 4.25% - 10.50%		235895
		maturities to November 2032		
	CAS Medical Stock	Common Stock 2325 shares		7440

Overdue Loan Explanation – This participant terminated employment on 4/16/2010. Per the Plan document, participant notes receivable became due and payable upon termination and are deemed to be in default when payments are past-due for ninety days or more. Upon default, the note is deemed to be a taxable distribution. No repayment was received on or subsequent to this participant's termination, and due to administrative error the loan was not recorded as a taxable distribution in 2010. Accordingly, this loan will be recorded as a taxable distribution in 2011

Overdue Loan Explanation – This participant terminated employment on 4/16/2010. Per the Plan document, participant notes receivable became due and payable upon termination and are deemed to be in default when payments are past-due for ninety days or more. Upon default, the note is deemed to be a taxable distribution. No repayment was received on or subsequent to this participant's termination, and due to administrative error the loan was not recorded as a taxable distribution in 2010. Accordingly, this loan will be recorded as a taxable distribution in 2011