	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service		Benefit	PIAN ctions 104 and 4065 of the Employe	2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public		
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	Inspection 00-SF.			
		entification Information	6	and and in a 1	2/31/2	2006		
	calendar plan year 2010 or fisca	single-employer plan		g	2/31/2			
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan		
в	This return/report is for:	first return/report	final retur	year return/report (less than 12 mo	nthe)			
C	Obeels her if filing under	Form 5558			11115)	DFVC program		
	Check box if filing under:	special extension (enter descriptio		extension				
Pa	art II Basic Plan Inform	nation —enter all requested information	,					
	Name of plan				1b	Three-digit		
LAUF	RENCE ROSENBLATT, P.C. PR	OFIT SHARING PLAN				plan number 002		
					10	(PN) Effective date of plan		
						01/01/2005		
	Plan sponsor's name and addre	ess (employer, if for single-employer OGIST, PC	plan)		2b	Employer Identification Number (EIN) 13-2905320		
	SOUTH BEDFORD ROAD				2c	Plan sponsor's telephone number 914-666-4290		
MT. ł	KISCO, NY 10549				2d	Business code (see instructions) 621340		
3a LAUF	Plan administrator's name and RENCE ROSENBLATT AUDIOL	address (if same as Plan sponsor, er .OGIST, PC 103 SOUTH	nter "Same BEDFORD	;") ROAD	3b	Administrator's EIN 13-2905320		
		MT. KISCO, I	NY 10549		3c Administrator's telephone number 914-666-4290			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	2		
b	Total number of participants at	the end of the plan year			5b	2		
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	2		
6a	· · · ·	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No		
b		e annual examination and report of a						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No		
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	29942	2	31378		
b	•			0004	<u> </u>	24270		
<u> </u>	•	'b from line 7a)	7c	29942	2	31378		
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total		
a			8a(1)					
(2) Participants			8a(2)					
(3) Others (including rollovers)			8a(3)					
b				1436		1436		
C d		8a(2), 8a(3), and 8b)	8c			1430		
u	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f					
g	•		. 8g					
h		Be, 8f, and 8g)	8h			1436		
 		e 8h from line 8c) e instructions)				1430		
J			8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	An	nount		
а	Nas there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				196	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No	
12								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year 							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	b Enter the minimum required contribution for this plan year							
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							
						. , ,		
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established							

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/13/2011	LAURENCE ROSENBLATT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page 2-1

F	orm 5500-SF	Short Form Annual Re			ee	ON	IB Nos. 1210 1210	-0110 -0089	
Internal Revenue Sorvice This form is required to be filed u			enefit l under sect	ions 104 and 4065 of the Employee		20	10		
Employ	Department of Labor rea Benefite Security Administration	Retirement Income Security Act	t of 1974 (i	ERISA), and section 6058(a) of the ode (the Code).		This Form is (Open to Pu oction	blic	
Pensie	on Benefit Guaranty Corporation	Complete all entries in accorda	ince with t	the instructions to the Form 5500	SF,				
Part	I Annual Report ic	lentification Information			101/00	206			
For cal	endar plan year 2010 or fisc	<u> </u>		and ending 12	/31/20				
A This	a return/report is for:	X single-employer plan	nuttiple en	ployer plan (not muitiemployer)	Ľ	one-participant	plan		
B This	a return/report is for:	🗋 first return/report 🛛 🗍 fi	inal return/	report					
		🗓 an amended return/report 👘 🗌 s	short plan y	year return/report (less than 12 mon	lhs)	_			
C Che	eck box if filing under.	🗍 Form 5558	automatic e	extension		DFVC program			
-	Ū	special extension (enter description	}						
Part	II Basic Plan Infor	mation enter all requested informat	ion						
	me of plan					Three-digit			
LAURE	NCE ROSENBLATT, P.C. P	ROFIT SHARING PLAN				plan number (PN)	002		
				-		Effective date of p 01/01/20			
Za Pi	an sponsor's name and add	ress (employer, if for single-employer p	lan)			Employer Identific	ation Numb) 6 f	
LAURE	NCE ROSENBLATT AUDIO	I OGIST PC				(EIN) 13-2905. Plan sponsor's tel		mber	
103.80	UTH BEDEORD ROAD					914-666	4290		
	SCO NY 10549				2d	Business code (\$6 621340	e instructio) 	
3a PI SAME	an administrator's name and	l address (if same as Plan sponsor, en	ter "Same')	3b Administrator's EIN 13-2905320				
					3c .	C Administrator's telephone number 914-666-4290			
4 If U	ne name and/or EIN of the p	ian sponsor has changed since the las	t retum/rep	ort filed for this plan, enter the	4b	EIN			
na	me, EIN, and the plan numb	er from the last return/report. Sponsor	's name		4c	PN			
for T	-t-L	at the beginning of the plan year			5a			2	
		at the end of the plan year			5b			2	
		with account balances as of the end of			00				
с т с	otal number of participants (complete this item)	with account parameter as of the end of	and picari y		<u>5c</u>			2	
6a \	Nere all of the plan's assels	during the plan year invested in eligible	o assets?	(See instructions.)			X Yes	No No	
h	a weiver claiming a weiver of	the annual examination and report of a	in Indepen	dent qualified public accountant (IQI	PA)		X Yes	No	
D Are you claiming a waver of the annual example of the transition of the transitio									
Part									
	Yan Assets and Liabilities			(a) Beginning of Year		(b) End			
			7a	29942				31378	
	•		7b	ň - 18					
C M	vet plan assets (subtract line	27b from line 7a)	7c	29942	!			31378	
8 1	ncome, Expenses, and Tran	sfers for this Plan Year		(a) Amount		T (d)	otal		
a	Contributions received or rec	eivable from:	9-741						
			<u>8a(1)</u> 8a(2)						
(2) Participants									
(3) Others (including rollovers) b Other income (loss)			8a(3) 8b	1436	3				
							1436		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)			8d						
e Certain deemed and/or corrective distributions (see instructions)			8e						
		ters (salaries, fees, commissions)	8f		-				
-			•	·					
		1, 8e, 8f, and 8g)				1.1		1436	
		ine 8h from line 8c)							
j '	Transfers to (from) the plan	(see instructions)	· 8j						

196

Yes 🛛 No Yes 🛛 No

N/A

Page 2-1

	Form 5500-\$F 2010							_
Part I	V Plan Characteristics					Nont-		-
a If	the plan provides pension benefits, enter the applicable pension feature codes from the List of Man Chara							
Ьľ	3E the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Ptan Chara-	ctorist	lic Cod	les in th	a mstruct	1005.		
Part \	Compliance Questions		<u>.</u>	Na				
			Yes	NO .	<u> </u>	Amou	<u>.</u>	
a	Was there a failure to transmit to the plan any participant contributions within the time pendo described in an arm actor a 1032 (See instantions and DOL's Voluntary Fiduciary Correction Program)	10a		×				
Ь	29 CFR 23 10.5-10.2? (Gee instructions and been party-in-Interest? (Do not include transactions reported Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.)	10ь		×				
~	Was the plan covered by a fidelity bond?	10c		×				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		×				
е	or distonestly?	10e	×		_			
f	Instructions.)	10 f		×				
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	109	·	×				_
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		×				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10						_
Part	and the Sundary Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					<u> </u>	Yes Yes	_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	le or \$	ection	1 302 of I	ERISA?.	· U	YØS	ł
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- Mo	uction	s and	l enter tr	e date of	f the let	ter nu	1)r
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and akip to find the			12b				_
b	Enter the minimum required contribution for this plan year			120				-
с	Enter the amount contributed by the employer to the plan for this plan year	ft of a			<u>├──</u>			_
d	Enter the amount contributed by the employer to the participation of the participation of the legender of the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legender amount)		•	12d	Yes	<u> </u>	10	F
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					<u>ن</u> ـــــــ		-

Plan Terminations and Transfers of Assets Part VII

Part		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	
	trade in the second of any plan assets that reverted to the employer this year	
b	If "Yes," enter the amount of any plan assets that you have a consistent of another plan, or brought under the control Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control	Yes 🗶 No
	of the PBGC?	
С	If during this plan year, any assets or liabilities were transforred from this plan to another plan(s), identify the plan(s) to	
	which assets or liabilitios were transferred. (See Instructions.)	

which assets or leadings were a analon eq. (asset instruction of the second sec	13c(2) EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):		ļ

	y for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Caution: A per	y for the lane of incomplete hing of this returning on this returning of this returning the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule
	and an and the postilize of forb in the institucions. I occare that they addition of the termination and the second

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Signature of plan administrator	111-14	LAURENCE ROSENBLATT
SIGN HERË	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor