Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Pa	art I	Annual Report	Identification Inforr	nation						
For	calenda	ar plan year 2010 or fis	scal plan year beginning	01/01/201	0	and ending	12/31/	2010		
Α.	This retu	urn/report is for:	single-employer plan		multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
		urn/report is for:	first return/report		final retur	n/report		—		
		u,.opo	an amended return/re	eport	short plan	year return/report (less than 12 m	onths)			
_	hock b	oox if filing under:	Form 5558] .]	extension	,	DFVC progra	ım	
•	SHECK D	ox ii iiiiig under.	special extension (en	tor description	ı	CACCIOION		☐ Di vo piogio		
	m4 II	Dania Dian Info	<u> </u>		,					
	rt II		rmation—enter all requ	ested inform	ation		1h	Throo digit		
	Name of		PROFIT SHARING PLAN				10	Three-digit plan number		
	LITTOL	11.002.132.111,11.0.1	THO THE OFFICE AND THE					(PN) •	002	
					1c	Effective date of				
								01/01/2		
		oonsor's name and add ROSENBLATT AUDIO	dress (employer, if for sing	le-employer	· plan)		2b	(EIN) 13-290		
LAOI	KLINOL	ROOLINDLATTAODIC	5200101,10				2c	(LIIV)	elephone number	
		BEDFORD ROAD						914-666	6-4290	
IVI I . r	NISCO,	NY 10549					2d	Business code (
22	Dlan an	dministrator's name an	d addraga (if same as Dia		ntor "Come	,"\	2h	621340 Administrator's I		
LAUF	RENCE	ROSENBLATT AUDIO		103 SOUTH	BEDFORE	ROAD	30	13-290		
				MT. KISCO,	NY 10549		3с	Administrator's t	elephone number	
								914-666	6-4290	
			olan sponsor has changed oer from the last return/rep			port filed for this plan, enter the	4b	EIN		
'	iairio, L	int, and the plan numb	oci irom tric last returnire,	он. Оронас	or 3 marrie		4c	PN		
5a	Total n	Total number of participants at the beginning of the plan year							2	
b	Total n	number of participants	at the end of the plan yea	r			. 5b		2	
С						ear (defined benefit plans do not			2	
	complete this item)						5c		2	
		•	. ,	J		(See instructions.)			Yes No	
b						dent qualified public accountant (loons.)			X Yes ☐ No	
			•			SF and must instead use Form 5				
Pa	rt III	Financial Inform	nation							
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year	
а	Total p	olan assets			7a	313	78	'8		
b	Total p	olan liabilities			. 7b					
С	Net pla	an assets (subtract line	e 7b from line 7a)		. 7с	313	78		0	
8	Income	e, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total		
а		outions received or rec								
	` '				, ,					
	` '	•			, ,		_			
	` ,	` •	rs)		` '	101	20			
_		, ,				101	99		10199	
۲ C		,), 8a(2), 8a(3), and 8b)		. 8c				10199	
d			t rollovers and insurance		8d	415	77			
е	•	,	ective distributions (see ins							
f			ers (salaries, fees, comm	,						
g		•		,						
h		•	I, 8e, 8f, and 8g)						41577	
i			ne 8h from line 8c)						-31378	
j		` , `	see instructions)							

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Part IV	Dian	('harac	tarietice
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HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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 th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instru	uctions	:	
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c		Χ				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?		X					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance				1			
11	ls ti	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					 Г	Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0				1	
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Yes	X No
	If "\	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
13c(1) Name of plan(s):						13c(2) EIN(s)			PN(s)
`au+	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ادم اد	astahl	ished			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					icable	a Sche	edule
ВВ о	r Scł	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.		,		O, 11	,		
SIGI	N F	Filed with authorized/valid electronic signature. 09/13/2011 LAURENCE ROS	SENBI	_ATT					

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110 1210-0089

Short Form Annual Return/Report of Small Employee Form 5500-SF **Benefit Plan** Department of the Treasury

	This form is required to be filed under sections 104 and 4065 of the Employee						2010			
Department of Labor Retin	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the internal Revenue Code (the Code).					This Form is Open to Public				
	Complete all entries in accordance with the instructions to the Form 5500-8F.					\cdot	ins	pection		
Part I Annual Report Identification Information										
For calendar plan year 2010 or fiscal plan year	beginning	1120	0	and endin	9 12	3	1 200			
A This return/report is for:	nployer plan	multiple-cr	nployer pla	an (not multiemplo	yer)	П	one-participa	nt plan		
B This return/report is for:	n/report 🗍 f	linal return	/report			_				
- 1120 (21111111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	X an amended return/report short plan year return/report (less than									
H	吕									
C Check box if filling under: Form 5558 automatic extension U DFVC										
Part II Basic Plan Information	inter all requested imormal	OCKI			116	7	ree digit			
18 Name of plan LAURENCE ROSENBLATT, P.C. PROFIT SINA	DING DI AN						an number			
DAUKENCE ROSENODYTT. P.C. PROFIT SIM	WINTS LITTING				L.	(F	N) •	002		
					10	Effective date of plan 01/01/2005				
28 Plan sponsor's name and address (employ	er, if for single-employer p	olan)			2b	2b Employer Identification Number (EIN) 13-2905320				
					20	P	an sponsor's		e number	
103 SOUTH BEDFORD ROAD					-		914-66		11	
MT KISCO NY 10549							isiness code (621340)	rucuons)	
3a Plan administrator's name and address (If SAME	same as Plan sponsor, en	ter "Same	")			3b Administrator's EIN 13-2905320				
						3c Administrator's telephone number 914-666-4290				
4 If the name and/or EIN of the plan sponsor	has changed since the last	t return/rej	ort filed fo	or this plan, enter t	he 4th	4b ein				
name, EIN, and the plan number from the I	ast rotum/report. Sponsor	's name			40	P	N			
5a. Total number of participants at the beginn	ing of the bian year			. 8 8 7 7	5a				2	
b Total number of participants at the end of	-				<u> </u>	+			2	
						+				
C Total number of participants with account complete this item)						\perp			2	
6a Were all of the plan's assets during the p	lan year invosted in eligible	assets?	See instr	uctions.)				X Y	es 🔲 No	
b Are you claiming a waiver of the annual e	examination and report of a	n indepen	dent quali	fied public account	ant (IOPA)			M v	es No	
under 29 CFR 2520.104-46? (See instruction of the second o	tions on waiver eligibility &	ind condition.	2016.) 26 and inc	ust instant use E	5500		•••••••••••••	G,	ਯੂ ⊔ .ਚ	
Part !!! Financial Information	, and plant control and to	1111 3000								
7 Plan Assets and Liabilities			ia) Beginning of Yo	ar	(b) End of Year				
a Total plan assets		7=			31378				0	
b Total plan liabilities	Ī	7b								
C Net plan assets (subtract line 7b from line		7c			31378				0	
8 tricome, Expenses, and Transfers for this				(a) Amount			(b)	Total		
2 Contributions received or receivable from						_				
(1) Employers		8a(1)								
(2) Participants	;	8a(2)								
(3) Others (including rollovers),	1	8a(3)								
b Other income (loss)		8b			10199					
C Total income (add lines 8a(1), 8a(2), 8a(3)	i), and 8b)	8c							10199	
d Bonefits paid (including direct rollovers ar to provide benefits)	nd insurance premiums	8d_			41577		-	••		
Certain deemed and/or corrective distribution	ì	8e								
f Administrative service providers (salarles	· · · · · · · · · · · · · · · · · · ·	8f								
g Other expenses		8g								
	h Total expenses (add lines 8d, 8e, 8f, and 8g)								41577	
Net income (loss) (subtract line 8h from II	1	8i							-31378	
Transfers to (from) the plan (see instructi		81					· · · · · · · · · · · · · · · · · · ·			
For Paparwork Reduction Act Notice and OMS Contr			5500-9F.	· · · · · · · · · · · · · · · · · · ·	L_		,	Form #	100-SF (2010)	

Page 2-1 Form 5500-SF 2010 Part IV Plan Characteristics If the plan provides ponsion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: ь Part V Compliance Questions Yes No **Amount** During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b on line 10a.) Х 10c Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See х 106 instructions.) X Has the plan failed to provide any benefit when due under the plan? 101 х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR х 10h If 10h was answered "Yes," check the box if you ofther provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... Pension Funding Compliance Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA7... 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year...... Subtrect the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d nogative amount) N/A Yes Will the minimum funding amount reported on line 12d be met by the funding deadline?...... Plan Terminations and Transfers of Assets Part VII No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): 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 Sehedule 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. LAURENCE ROSENBLATT werce-SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor