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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 5500	O-SF.		p		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan		
В	This return/report is: the first return/report	the final r	eturn/report		_			
_	an amended return/report a short plan year return/report (less than 12 months)							
_		• • •	3111110)	DFVC progra	m			
C		extension		☐ DF VC plogla	1111			
_	special extension (enter descriptio	,						
Pa	Irt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
LAUE	S AND DELANEY, LLP 401K PROFIT SHARING PLAN AND TRUST				plan number (PN) ▶	001		
				10	Effective date of			
				10	01/01/	•		
2a	Plan sponsor's name and address; include room or suite number (er	mnlover if	for a single-employer plan)	2h	Employer Identif			
	B AND DELANEY, LLP	mpioyor, n	for a single employer plany	20		96628		
				2c	Sponsor's telep	hone number		
277 7	ARRYTOWN ROAD				914-683			
	E PLAINS, NY 10607			2d	Business code (see instructions)		
					54111	,		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's I	ΞIN		
LAUE	AND DELANEY, LLP 277 TARRYTI WHITE PLAIN					96628		
	WHITE FEAR	NO, INT TO	007	3с	Administrator's t	elephone number		
4	If the name and/or FINI of the plan apparent has abanded since the la	oot roturn/	roport filed for this plan, enter the	4b		5-1112		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi returri/	report filed for trils plan, enter trie	40	EIN			
а	Sponsor's name			4c	PN			
5a	5a Total number of participants at the beginning of the plan year					7		
b	Total number of participants at the end of the plan year			5a 5b				
С	Number of participants with account balances as of the end of the p			0.0				
	complete this item)	• •	•	5c		9		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No		
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Information		I					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	. 7a	641885			641731		
b	Total plan liabilities	7b	0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	641885			641731		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	0-(4)	4705					
	(1) Employers	8a(1)						
	(2) Participants	. 8a(2)	520					
_	(3) Others (including rollovers)	. 8a(3)	0					
b	Other income (loss)	8b	-544					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4681		
d	Benefits paid (including direct rollovers and insurance premiums	0-1	0					
_	to provide benefits)	8d	0					
e	Certain deemed and/or corrective distributions (see instructions)	8e	4835					
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses	. 8g	0			4005		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4835		
į	Net income (loss) (subtract line 8h from line 8c)					-154		
j	Transfers to (from) the plan (see instructions)	Ri	0					

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Part IV	Plan Characteristics

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

Part \	Compliance Questions							
10	Ouring the plan year:		Yes	No		Am	ount	
а	Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	I0a		X				
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	l0b		X				
С	Nas the plan covered by a fidelity bond?	I0c	X					100000
	oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	l0d		X				
	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.)	l0e		Χ				
f	las the plan failed to provide any benefit when due under the plan?	10f		X				
g	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)	l0q		X				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	l0h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part \	Pension Funding Compliance							
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl					. [Yes	☐ No
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o						Yes	X No
a 1	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructive ranting the waiver							
	nter the minimum required contribution for this plan year		[12b				
	nter the amount contributed by the employer to the plan for this plan year			12c				-
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)	а		12d				
e \	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part \								<u>.</u>
	las a resolution to terminate the plan been adopted in any plan year?				res X	No		
	"Yes," enter the amount of any plan assets that reverted to the employer this year							
	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un			ntrol				
	f the PBGC?						Yes	X No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hich assets or liabilities were transferred. (See instructions.)	plar	n(s) to					
13	c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Cautic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	ished.			
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return is chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, in	cludin	g, if appli			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	ALFRED LAUB
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

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**

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the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning	F		dance wit	h the instructions to the Form 5500-	SF.				
A This return/report is for. B This return/report is									
This return/report is:	<u>For</u>		01/01/2	011 and ending		_12/31/201 _	.1		
C Check box if filing under: Form 5588 Serial submitted extension DPVC program DPVC pro	Α	This return/report is for: X a single-employer plan	e-employer plan (not multiemployer)		a one-particip	oant plan			
C Check box if filing under: Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan LAUB AND DELANEY, LLP 401K PROFIT SHARING PLAN AND TRUST 2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) LAUB AND DELANEY, LLP 277 TARRYTOWN ROAD WHITE PLAINS NY 10607 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') SAME 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 5a Total number of participants at the end of the plan year. C Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. C Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not not not year.) 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not not year.) 5 Number of participants with accou	В	This return/report is:	eturn/report						
Special extension (enter description) Special extension (enter description)		an amended return/report	an year return/report (less than 12 mor	nths)					
Part II Basic Plan Information—enter all requested information	С	Check box if filing under:	automatio	utomatic extension					
Part II Basic Plan Information—enter all requested information 1a Name of plan LAUB AND DELANEY, LLP 401K PROFIT SHARING 1c Effective date of plan number (PN) 001 1c Effective date of plan of 10/01/1939 2a Plan sporsor's name and address, include room or suite number (employer, if for a single-employer plan) LAUB AND DELANEY, LLP 277 TARRYTOWN ROAD 277 TARRYTOWN ROAD 288 Basic Plan sporsor's name and address (if same as plan sponsor, enter "Same") 3b Administrator's relephone number (PN) 20-2096628 2d Business code (see instructions) 541110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's telephone number (PN) 3c Admin		· · · · · · · · · · · · · · · · · · ·	on)		-	_			
1	P:								
LAUB AND DELANEY, LLP 401K PROFIT SHARING P(PN) O10	_				1b	Three-digit			
PLAN AND TRUST 1c Effective date of plan 0.1/01/1991 3c 2d 2d 2d 2d 2d 2d 2d 2		·	G		-	plan number			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EM) 20 - 2096628 2c Sonsor's telephone number (1914) 683-1112 27 TARRYTOWN ROAD 2d Business code (see instructions) 34 Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3c Administrator's EIN 3d EIN 3d Administrator's EIN 3d EIN 3d EIN 3d EIN 3d EIN				-		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			
2a Flan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LAUB AND DBLANEY, LLP		THE THOU							
LAUB AND DELANEY, LLP C (EIN) 2 - 2096628 20 Sponsor's telephone number (914) 683 - 1112 22d Business code (see instructions) 541110 31 541110 54111	-22	Plan spansor's name and address; include room or suite number (a	mployer if	for a single employer plan)					
277 TARRYTOWN ROAD WHITE PLAINS NY 10607 Set Business code (see instructions) 541110 SAME S	2 a	·	mployer, ii	ioi a single-employer plany					
277 TARRYTOWN ROAD WHITE PLAINS NY 10607 Set Business code (see instructions) 541110 SAME S				T	2c :	Sponsor's telep	none number		
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3B Plan administrator's name and address (if same as plan sponsor, enter "Same") 3C Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C S S S S S S S S S S S S S S S S S S		277 TARRYTOWN ROAD			2d E	Business code (see instructions)		
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a Sponsor's name Sa Total number of participants at the beginning of the plan year									
Sponsor's name	4		ast return/	report filed for this plan, enter the	4b 8	EIN			
5a Total number of participants at the beginning of the plan year 5a 7 b Total number of participants at the end of the plan year 5b 35 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 9 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☑ Yes ☐ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☑ Yes ☐ No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (subtract line 7b from line 7a) 7c 641, 885 641, 731 b Total plan ilabilities 7b 0 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 641, 885 641, 731 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 4, 705	_				4c	DNI			
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Sc Sc Sc Sc Sc Sc Sc Sc						-			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.). If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Plan Assets and Liabilities. 7 Plan Assets (subtract line 7b from line 7a). 7 Plan Assets (subtract line 7b from line 7a). 7 Plan Assets (subtract line 7b from line 7a). 7 Plan Assets (subtract line 7b from line 7a). 7 Plan Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (2) Participants (3) Others (including rollovers). 8 Ba(2) (5) Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 C C Cretain deemed and/or corrective distributions (see instructions). 8 Administrative service providers (salaries, fees, commissions). 8 Aft A, 835 G Other expenses. 8 Bh Total expenses (add lines 8d, 8e, 8f, and 8g). 8 And A A A A A A A A A A A A A A A A A A				·	5c		9		
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Financial Information	b						₩ Yes ∏ No		
Part III Financial Information Financial Informa		,		,			H 163 L 110		
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b Total plan liabilities	_		7a			(=) =			
C Net plan assets (subtract line 7b from line 7a) 7c 641,885 641,731 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:				0			0		
a Contributions received or receivable from: 8a(1) 4,705 (1) Employers 8a(2) 520 (2) Participants 8a(2) 520 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b (544) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4,681 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 4,835 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,835 i Net income (loss) (subtract line 8h from line 8c) 8i (154)	С	Net plan assets (subtract line 7b from line 7a)		641,885			641,731		
(1) Employers 8a(1) 4,705 (2) Participants 8a(2) 520 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b (544) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 4,681 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 4,835 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,835 i Net income (loss) (subtract line 8h from line 8c) 8i (154)	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
(2) Participants	а	Contributions received or receivable from:							
(3) Others (including rollovers)					1				
b Other income (loss)		• •		520	1				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , ,		(544)	4				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	þ			(544)					
to provide benefits)			8c		-		4,681		
e Certain deemed and/or corrective distributions (see instructions)	a		8d	0					
f Administrative service providers (salaries, fees, commissions) 8f 4,835 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,835 i Net income (loss) (subtract line 8h from line 8c) 8i (154)	е			. 0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4,835 i Net income (loss) (subtract line 8h from line 8c) 8i (154)	f		8f	4,835					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	0					
The time time (1935) (Substitute time etc.)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4,835		
j Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line 8h from line 8c)	8i				(154)		
	j	Transfers to (from) the plan (see instructions)	8j	0					

Part										
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 3B 3D									
b	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	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	c X				1(00,000	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo or dishonesty?			d	х					
	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the beninstructions.)	efits under the plan?	(See	e	. x					
f	Has the plan failed to provide any benefit when due under the plan?	*******************************	10	f	х					
	Did the plan have any participant loans? (If "Yes," enter amount as of year		<u>⊢''</u>	`	x					
h	If this is an individual account plan, was there a blackout period? (See instruction 101-3.)	ections and 29 CFR	<u> </u>	_	x					
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	d notice or one of the								
Part \		-		<u>'' </u>						
	s this a defined benefit plan subject to minimum funding requirements? (If "							7	п.,	
	5500))					_		Yes		
	Is this a defined contribution plan subject to the minimum funding requirement	ents of section 412 of	the Code or	section	302 of	ERIŞA?	L	Yes	X No	
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				441		. e al 1	- 44 1		
a (f a waiver of the minimum funding standard for a prior year is being amortizgranting the waiver.	ed in this plan year, s	ee instruction Month	is, and	Day	ie date t	ine i Ye	etter rui ar	ing	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For									
b E	Enter the minimum required contribution for this plan year				12b					
C E	Enter the amount contributed by the employer to the plan for this plan year			[12¢					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result regative amount)				12d					
e v	Nill the minimum funding amount reported on line 12d be met by the funding	deadline?		<u></u>		Yes		No	N/A	
Part V	II Plan Terminations and Transfers of Assets	\								
	las a resolution to terminate the plan been adopted in any plan year?				1	res X	No			
	f "Yes," enter the amount of any plan assets that reverted to the employer th		Г	13a						
	Vere all the plan assets distributed to participants or beneficiaries, transferre			er the c	ontrol		٦	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(1) Name of plan(s):						EIN(s) 13c(3) PN(s				
Cautio	n: A penalty for the late or incomplete filing of this return/report will be	assessed unless r	easonable c	use is	establ	ished.				
SB or S	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 completed.									
SIGN	ALFRED LAUB									
HERE	Signature of plan administrator Date ///// Enter name of individual signing as plan administrator									

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2011

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE