



Established 1923

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**Anchin, Block & Anchin LLP**  
Certified Public Accountants

1375 Broadway  
New York, New York 10018  
(212) 840-3456

November 20, 1995

**CERTIFIED MAIL NO. Z266 369 662**  
**RETURN RECEIPT REQUESTED**

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Top Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room N-5638  
U.S. Department of Labor  
200 Constitution Ave., NW  
Washington, DC 20210

Dear Sir/Madam:

Pursuant to Department of Labor Reg. Sec. 2520.104-23, we are submitting the following information.

1. Anchin, Block & Anchin LLP  
1375 Broadway, 18th Floor  
New York, NY 10018-7001
2. EIN: 13-0436940
3. We maintain 7 deferred compensation plans, which currently have 1 participant in each plan.
4. The purpose of these plans is to provide pension benefits primarily to selected management or highly compensated employees.
5. The only documents for this plan are letters to the selected retirees. Copies will be submitted to the Secretary of Labor upon request.

A 5500 is being submitted today to: DFV Program, Pension and Welfare Benefits Administration, P.O. Box 277025, Atlanta, GA 30384-7025.

Very truly yours,

Anchin, Block & Anchin LLP  
Walter Sarnoff  
Partner

Title

MBR:cc/btp/MEMO9259  
Enclosure



TOP HAT PLAN / DEFIC. PLAN

5500

Form Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

(With 100 or more participants)

OMB No. 1210-0016

1994

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code. See separate instructions.

This Form is Open to Public Inspection.

For the calendar plan year 1994 or fiscal plan year beginning 1994, and ending 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only

EP-ID

- A This return/report is: (1) [X] the first return/report filed for the plan; (2) [ ] an amended return/report; (3) [ ] the final return/report filed for the plan; or (4) [ ] a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan [ ]
C If your plan year changed since the last return/report, check here [ ]
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension [ ]

1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)

ANCHIN BLOCK & ANCHIN LLP
1375 BROADWAY
NEW YORK, NEW YORK 10018

1b Employer identification number (EIN)

13 0436940

1c Sponsor's telephone number

212-840-3456

1d Business code (see instructions, page 23)

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

SAME

2b Administrator's EIN

2c Administrator's telephone number

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

- a Sponsor FIN Plan number
b Administrator FIN
c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No."

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.)

4

5a Name of plan SEE ATTACHED

5b Effective date of plan (mo., day, yr.)

SEE ATTACHED

5c Three-digit plan number 888

All filers must complete 6a through 6d, as applicable.

6a [ ] Welfare benefit plan 6b [X] Pension benefit plan (if the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

Grid for benefit plan codes

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

Grid for pension plan features

6d [ ] Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

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 and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor: OPEN SARATIA Date: 11/29/95
Type or print name of individual signing for the employer/plan sponsor: OPEN SARATIA
Signature of plan administrator: OPEN SARATIA Date: 11/29/95
Type or print name of individual signing for the plan administrator: OPEN SARATIA

For Paperwork Reduction Act Notice, see page 1 of the instructions.

ANCHIN, BLOCK & ANCHIN LLP  
ID # 13-0436940  
FORM 5500  
PLAN # 888

LINES 5a AND 5b, NAME OF PLAN AND EFFECTIVE DATE

ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -BF	5-1-89
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -CG	7-1-89
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -FS	4-1-82
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -FD	2-1-94
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -TG	5-1-94
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -GS	10-1-94
ANCHIN, BLOCK & ANCHIN NONQUALIFIED DEFERRED COMPENSATION PLAN -VB	7-1-93