				Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> o be filed under sections 104 and 4065 of the Employee			2009				
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						500-SF.				
	Part I Annual Report Identification Information									
_	calendar plan year 2009 or fisca			g	1/31/2					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:		final retur	•						
an amended return/report X short plan year return/report (less than 12										
C	C Check box if filing under:									
De		special extension (enter descriptio	,							
	IT II Basic Plan Inform	nation—enter all requested informa	ation		1b	Three-digit				
	ARD HENRY BEHR PENSION	PLAN				plan number (PN) ▶ 002				
					1c	Effective date of plan				
		ess (employer, if for single-employer	plan)		2b	01/01/1990 Employer Identification Number				
RICH	IARD HENRY BEHR, ARCHITE	CT PC			2c	(EIN) 13-3378268 Plan sponsor's telephone number				
2 WEAVER STREET SCARSDALE, NY 10583						914-722-9020 Business code (see instructions)				
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")						541310 Administrator's EIN				
RICH	IARD HENRY BEHR, ARCHITE	CT PC 2 WEAVER S SCARSDALE		33	20	13-3378268				
						<b>3c</b> Administrator's telephone number 914-722-9020				
		n sponsor has changed since the las r from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN				
1		nom me last return/report. Sponsol	1 5 1101116		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	1				
b	Total number of participants at the end of the plan year					0				
С		th account balances as of the end of		5c						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
b		e annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	3615	5	0				
b	Total plan liabilities		7b	(	0					
<u> </u>	Net plan assets (subtract line 7b from line 7a)		7c	3615	0					
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	vable from:	8a(1)	(	)					
	(2) Participants		8a(2)	(						
	(3) Others (including rollovers)		8a(3)	(	)					
b	Other income (loss)		8b	(	)					
C		3a(2), 8a(3), and 8b)	8c			0				
d		ollovers and insurance premiums	8d	3615	5					
е	1 ,	ve distributions (see instructions)	8e	(	)					
f		s (salaries, fees, commissions)	8f	(	)					
g	Other expenses		8g	(	)					
h	Total expenses (add lines 8d, 8	al expenses (add lines 8d, 8e, 8f, and 8g)				3615				
i	Net income (loss) (subtract line	8h from line 8c)	8i							
j	Transfers to (from) the plan (se	e instructions)	8j	(						

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

Page 2-1

## 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: 1A 1I 3D
- **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	A	Mount		
а	Nas 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)			x				
b	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x				
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?			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				
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						
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								
lf y	<ul> <li>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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</li></ul>							
С	<b>C</b> Enter the amount contributed by the employer to the plan for this plan year			12c				
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o 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?		······			X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b	• Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						No	
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)					100		
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c			
			-					

## 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.	05/04/2010	RICHARD HENRY BEHR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/04/2010	RICHARD HENRY BEHR
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor