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).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending	12/31/	2009				
A	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В -	This return/report is for: first return/report								
	an amended return/report	short plar	year return/report (less than 12 m	nonths)					
C Check box if filing under:			extension		DFVC progra	ım			
	special extension (enter description	on)			_				
Pa	rt II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan			1b	Three-digit				
WILL	IAM HENRY ABSTRACT COMPANY INC PROFIT SHARING PLAN	N			plan number	003			
				10	(PN)				
				'	1c Effective date of plan 01/01/1993				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identi	fication Number			
WILL	IAM HENRY ABSTRACT COMPANY INC			0-	(EIN) 11-2584003				
104.0	DLD COUNTRY ROAD			2C	2c Plan sponsor's telephone numb 516-746-2806				
	OLA, NY 11501-0000			2d	2d Business code (see instructions				
					531390				
	Plan administrator's name and address (if same as Plan sponsor, e IAM HENRY ABSTRACT COMPANY INC 194 OLD CC			3b	3b Administrator's EIN				
VVILL	MINEOLA, N			3c	11-2584003 3c Administrator's telephone num				
					516-746-2806				
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN				
r	name, EIN, and the plan number from the last return/report. Sponso	or s name		4c	PN				
5a Total number of participants at the beginning of the plan year						2			
b Total number of participants at the end of the plan year					0				
С	Total number of participants with account balances as of the end o	f the plan y	ear (defined benefit plans do not	0.0					
	complete this item)			5c		0			
	Were all of the plan's assets during the plan year invested in eligib		,			X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	1803	59					
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	. 7с	1803	59	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)								
b	Other income (loss)		-165	21					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-16521			
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	1638	38					
	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>							
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses					400000			
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					163838			
I	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					-180359			
:									

D IV	Diam	Ol	. 4! - 4!
Part IV	Plan	Charac	cteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat.	are codes from the	LIST OF FIRE CHAIR	CICIIS	lic Cot	JC3 III I	uic ilisuu	cuoris.		
Part	٧	Compliance Questions									
10	During the plan year:								Amoun	t	
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		e there any nonexempt transactions with any party-in-interest? (D			10b		X				
С	Wa	s the plan covered by a fidelity bond?		10c	X				25000		
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	10d		X						
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	10e		X						
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			_	
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X				
h		s is an individual account plan, was there a blackout period? (See			10h		X				
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3			10i		X				
Part '	VI	Pension Funding Compliance									
11											
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
		vaiver of the minimum funding standard for a prior year is being a ting the waiver									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MI					Day		Teal _		
		r the minimum required contribution for this plan year		_			12b				
		r the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the f	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 ye	ear or any prior yea	r?					X	es No	
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this year				13a			0	
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		X	es 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.)										
13	13c(1) Name of plan(s):					13	c(2) El	N(s)	130	(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	ınless reasonab	le cau	ıse is	establ	ished.			
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	Filed with authorized/valid electronic signature. 06/22/2010 ASSOCIATED PENSION					SION CONSULTANTS					
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	individual signing as plan administrator					r	

Date

Date

Enter name of individual signing as plan administrator

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

D-41

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

******	Annual Report Identification Information									
FOI	the calendar plan year 2009 or fiscal plan year beginning	2009	9-01-01	and ending	20	09-12-31				
Α	This return/report is for: x single-employer plan	multiple-e	employer plan (r	ot multiemployer)	ſ	nt plan				
В	This return/report is for: first return/report	x final retui	n/report		_	_				
	an amended return/report	short plar	year return/rep	ort (less than 12 month	s)					
С	Check box if filing under: Form 5558	=	extension		Ĺ	DFVC progra	m			
	special extension (enter description	 on)			L					
P	art II Basic Plan Information enter all requested info			<u> </u>	···					
	Name of plan	ormation.			1h	Thursday 12, 24				
						Three-digit plan number				
	WILLIAM HENRY ABSTRACT COMPANY INC PROFIT SHA	RING PLA	N		(PN) ► 003					
					1c Effective date of plan					
2a	Plan sponsor's name and address (employer, if for single-employer p	olan)				1993-01-01 Employer Identif	igntion Number			
	WILLIAM HENRY ABSTRACT COMPANY INC	,,				(EIN) 11-258				
	194 OLD COUNTRY ROAD				2c	Plan sponsor's te	elephone number			
	134 OLD COUNTRI ROAD					(516) 746-2				
	MINEOLA NY 11501-0000					Business code (: 531390	see instructions)			
3a	Plan administrator's name and address (If same as plan employer, er SAME	nter "Same"))			Administrator's E	EIN			
	SAUL .									
					3c /	Administrator's to	elephone number			
							•			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/rep	ort filed for this r	plan, enter the	4b EIN					
	name, EIN and the plan number from the last return. Sponsor's Name	· '	.		4c PN					
5a	Total number of participants at the beginning of the plan year				5a	T				
b	Total number of participants at the end of the plan year				5b		0			
C	Total number of participants with account balances as of the end of the	plans do not								
62	complete this item)	· · · ·	· · · · ·	<u>····</u> .	5c		0			
b	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an	assets? (See	e instructions.)				X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independent d conditions	it qualified public				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use For	n 5500-SF a	and must instea	nd use Form 5500.	• •		[X] 103 []140			
Pa	rt III Financial Information				-					
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year			
а	Total plan assets	. 7a		180,359			0			
b	Total plan liabilities	. 7b					Marine Control of the			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		180,359			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		1			(~/ .				
	(1) Employers	. 8a(1)			-					
	(2) Participants	. 8a(2)				4.5				
b	(3) Others (including rollovers)	. 8a(3)	-		-		100			
		· 8b		(16,521)			4, 4			
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c					(16,521)			
	to provide benefits)	. 8d		163,838						
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e		103,030						
f	Administrative service providers (salaries, fees, commissions)	. 8f		··· · · · · · · · · · · · · · · · · ·	1					
g	Other expenses	. 8g			1					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					162 020			
i	Net income (loss) (subject line 8h from line 8c)	. 8i					(180,359)			
j	Transfers to (from) the plan (see instructions)	. 8i					(100,359)			
		-, 01	1		■ 0.00000000000000000000000000000000000	Service (CD4070) (1000) (1000) (1000)	CONTRACTOR OF THE PROPERTY OF			

	Form 5500-SF (2009)		Page 2-						
Par	IV Plan Characteristics			-					
9a	f the plan provides pension benefits, enter the applicable pension featu	ure codes from the Lis	st of Plan Character	istic Co	odes in	the in	structions:		
	2E 3D f the plan provides welfare benefits, enter the applicable welfare featur								
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contribution	within the time period	d described in					mount	
b	29 CFR 2510.3-102? (See instructions and DOL's Volutary Fiduciary Were there any nonexempt transactions with any party-in-intertest? (I	Correction Program)		10a		x			
_	on line 10a.)	Do not include transa	ctions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	х	<u> </u>			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide				**	 			
	or dishonestly?			10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other pe	ersons by an insuranc	ce carrier,					,	
	insurance services or other organization that provides some or all of t instructions.)	he benefits under the	plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?					x		•	
g	Did the plan have any participant loans? (If "Yes," enter amount as of					х		1.	-
h	If this is an individual account plan, was there a blackout period? (See	e instructions and 29	CFR	10g		<u> </u>			
	2520.101-3.)			10h					
1	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					
Part	VI Pension Funding Compliance			1.0.		1			
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see instru						☐Yes 5	V No
12	Is this a defined contribution plan subject to the minimum funding requ		12 of the Code or s	ection	302 o	f FRIS	A?		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	∍.)			0020	. 21110	• •		
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this plan	ear, see instructior	is, and	enter	the da	te of the lette	r ruling	
If v	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME		Moi	nth		Day	Y	ear	
b	Enter the minimum required contribution for this plan year		•		Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minus	sign to the left of a	• •	. -				
	negative amount)	· • • • • • •				12d			
e Part	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	· · · · · · ·			• •	Yes [No []N/A
•									
ısa	Has a resolution to terminate the plan been adopted during the plan years." enter the amount of any plan assets that reverted to the empl	ear or any prior year?			٠,	· ·	<u> </u>	X Yes	No
b			• • • • • •	• •		13a			0
, a	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	nsferred to another pl	an, or brought unde	er the c	ontrol			X Yes	Пыс
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pla	an(s), identify the pl	an(s) to	• •	• •		LA TES	_]No
1:	Bc(1) Name of plan(s):				130	c(2) EI	N(s)	13c(3) PN	J(e)
			***			-(-) -	(0)	100(0)11	•(3)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill be seenedt.		<u> </u>					
Under	penalties of perjury and other penalties set forth in the instructions, I de	olore that I have	ss reasonable cau	ise is e	stabl	ished.			
3D 01 C	ichedule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.	he electronic version	nined this return/rep of this return/report	oort, ind , and to	cluding the b	g, if apposest of	plicable, a Sc my knowledg	hedule je and	
JCIICI, I	The first fide, confect, and complete	<u> </u>							
SIGN	7/00 - 1 1 0 0 1	1/17/10				•			
	- gravar or plan daminionator	Date 6 [[/]/ ⁰	Enter name of ind	ividual	signin	g as p	an administra	ator	
SIGN									
	Signature of employer/plan sponsor	Date	Enter name of ind	vidual	sighni	ng as e	employer or p	olan sponsor	