Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

Short Form Annual Return/Report of Small Employee

Benefit Plan

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Inform	ation				
For	r calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/2	2009
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report		_
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)	
C	Chack	box if filing under:	Form 5558	F		extension	,	DFVC program
Ü	CHECK	box ii iiiiig dilder.	special extension (ente	L ar descriptiv	1	Occident		_ 51 vo program
D	ort II	Pasia Blan Infor	rmation—enter all reque					
	art II Name		mation—enter all reque	stea inform	nation		1h	Three-digit
		HNEIDER PROFIT SHA	ARING PLAN				"	plan number
	. 0. 00	TIME DETECTION OF IT						(PN) • 001
							1c	Effective date of plan
								01/01/2002
		ponsor's name and add	dress (employer, if for single	e-employe	r plan)		2b	Employer Identification Number
IVAI	N 5 50F	INEIDER PC					20	(EIN) 26-4689890 Plan sponsor's telephone number
233	BROAD	OWAY 5TH FLOOR						917-509-1979
NEV	V YORK	K, NY 10279					2d	Business code (see instructions)
2-					. "0		21-	541990
		idministrator's name and HNEIDER PC	d address (if same as Plan		enter "Same WAY 5TH		30	Administrator's EIN 26-4689890
					, NY 10279		3c	Administrator's telephone number
								917-509-1979
4						port filed for this plan, enter the	4b	EIN
	name,	EIN, and the plan numb	per from the last return/repo	ort. Sponso	or s name		4c	PN
5a	Total	number of participants a	at the beginning of the plan	year				3
b							5b	3
С						vear (defined benefit plans do not	0.5	
		· ·					5c	3
6a	Were	all of the plan's assets	during the plan year invest	ted in eligib	ole assets?	(See instructions.)		X Yes No
b						ndent qualified public accountant (I		X Yes □ No
			•			ions.)SF and must instead use Form 5		A les [] No
Pá	art III	Financial Inform		mot use i	01111 3300	or and must instead use i orm t		
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year
a					7a	3368	50	400961
		plan liabilities			7b		0	
С	Net pl	Ian assets (subtract line	7b from line 7a)			3368	50	400961
8	•	ne, Expenses, and Trans	· · · · · · · · · · · · · · · · · · ·			(a) Amount		(b) Total
а		ibutions received or rec				(3) 1 3312 3311		(iii) ve tiiii
	(1) E	mployers			. 8a(1)	938	28	
	(2) P	articipants			. 8a(2)			
	(3) O	thers (including rollover	s)		. 8a(3)			
b	Other	income (loss)			8b	-297	17	
С		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			64111
d			t rollovers and insurance p		8d			
е			ctive distributions (see inst					
f	Admir	nistrative service provide	ers (salaries, fees, commis	sions)				
g	Other	expenses		·······				
h		•	, 8e, 8f, and 8g)					0
i			ne 8h from line 8c)					64111
j		` , `	see instructions)					

Form 5500-SF 2009 Page 2- 1	Page 2- 1
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B 4 11/	-	^ 1	
Part IV	Plan	Charact	teristics

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		plan provided monare boriones, other the applicable from the real			0.0110.		200 111		0110.
art	٧	Compliance Questions							
0	Duri	ng the plan year:		_		Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X		
b		e there any nonexempt transactions with any party-in-interest? (D		•	10b		X		
С	Was	the plan covered by a fidelity bond?			10c		X		
d		he plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		X		
е	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 actions.)	e benefits under the	e plan? (See	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X		
h	If this	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X		
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements							Yes X No
2	Is th	is a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being an							
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			n		Day		Year
		the minimum required contribution for this plan year				Г	12b		
		r the amount contributed by the employer to the plan for this plan					12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left o	of a		12d		
е	-	he minimum funding amount reported on line 12d be met by the f				_		Yes	No N/A
art		Plan Terminations and Transfers of Assets	•					<u> </u>	
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the emplo					13a		
b	Were	e all the plan assets distributed to participants or beneficiaries, tra	insferred to another				ntrol	1	Yes X No
С	If du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)		plan(s), identify th	e plar	n(s) to			
1		Name of plan(s):				13	c(2) EI	N(s)	13c(3) PN(s)
`a. 14	ion: A	penalty for the late or incomplete filing of this return/report	will be accessed:	inlace reseanch	0 031	so is	oetabl	ishad	
		alties of perjury and other penalties set forth in the instructions, I o							ble, a Schedule
SB o	· Sche	edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.							
SIGI	, Fil	ed with authorized/valid electronic signature.	08/30/2010	IVAN S. SCHNEI	DER				
ال	• —								

SIGN	Filed with authorized/valid electronic signature.	08/30/2010	IVAN S. SCHNEIDER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	08/30/2010	IVAN S. SCHNEIDER				
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

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.

	art I Annual Report Identification Information						
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01	and ending	20	09-12-31	
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (not	multiemployer)		one-participant	plan
В	This return/report is for:	final return	/report			_	
		short plan	vear return/report	(less than 12 month	is)		
c		automatic	•			DFVC program	
C			CATOLICIO		L	1 o p. og	
	special extension (enter description)						
	art II Basic Plan Information enter all requested information	nation.			4h z		
ıa	Name of plan					hree-digit lan number	
	Ivan S. Schneider Profit Sharing Plan				`	1 11) -	001
						Effective date of p	lan
22	Plan sponsor's name and address (employer, if for single-employer plan	an)				2002-01-01 Employer Identific	ation Number
4a	Ivan S Schneider PC	arry				EIN) 26-4689	
						Plan sponsor's tele	
	233 Broadway 5th floor					(917) 509-19	
US	New York NY 10279					Business code (se 541990	ee instructions)
3a	Plan administrator's name and address (If same as plan employer, en	ter "Same")			Administrator's Elf	N
	Same						
					3c A	dministrator's tele	ephone number
							•
1	If the name and/or EIN of the plan sponsor has changed since the last	returniren	art filed for this nis	on enter the	4b E	· IN	-
*	name, EIN and the plan number from the last return. Sponsor's Name	. returnirep	or med for this pie	an, enter the			
	·	****			4c F	'N	
5a	Total number of participants at the beginning of the plan year				5a		<u>3</u> 3
C D	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				<u>5b</u>		<u> </u>
L	complete this item)				5c		3
ŝа							X Yes No
b	Are you claiming a waiver of the annual examination and report of an I	ndepender	nt qualified public	accountant (IQPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form				• •		X Yes No
D.	irt III Financial Information	0000-01-6	III III III III III III III III III II	use i onii osoo.			
Ге 7	item Financial information						
•	Dian Assets and Lightities		(a) Bodi	aning of Vogz	<u> </u>	/h) End of	Voar
2	Plan Assets and Liabilities		(a) Begi	nning of Year		(b) End of	
	Total plan assets	7a	(a) Begi	336,850		(b) End of	Year 400,961
b	Total plan assets	7b	(a) Begli	336,850 0		(b) End of	400,961
	Total plan assets			336,850 0 336,850			400,961
b <u>c</u> 3	Total plan assets	7b		336,850 0		(b) End of	400,961
b	Total plan assets	7b 7c		336,850 0 336,850			400,961
b <u>c</u> 3	Total plan assets	7b		336,850 0 336,850 Amount			400,961
b <u>c</u> 3	Total plan assets	7b 7c 8a(1)		336,850 0 336,850 Amount			400,961
b <u>c</u> 3	Total plan assets	7b 7c 8a(1) 8a(2)		336,850 0 336,850 Amount			400,961
b c 3 a	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3)		336,850 0 336,850 Amount 93,828			400,961
b c 3 a b	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b cd	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b cd	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b cd	Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f		336,850 0 336,850 Amount 93,828			400,961 400,961 tal
b c 3 a b c d e f g	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g		336,850 0 336,850 Amount 93,828			400,961 400,961 tal 64,111

	Form 5500-SF (2009)	F	age 2-						
Par	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension feat	ure codes from the L	st of Plan Characte	ristic (Codes	in the	instruction	s:	
b	2E 3D f the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the Lis	t of Plan Character	istic C	odes ir	the i	nstructions	;	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution			10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include transa	ctions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was c	aused by fraud	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	the benefits under the	e plan? (See	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	f year end.)		10g		х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	CFR			x		vice vs. No. s	
j	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10ì			A company of the comp		
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	X No
12 a lf)	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver	de.) amortized in this plan	year, see instruction	ons, ar	nd ente	r the	date of the		
b	Enter the minimum required contribution for this plan year				. [12b			
C	Enter the amount contributed by the employer to the plan for this plan	nyear				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				•	12d			F-1N/A
A	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		• •		•	Yes	∐No	□N/A
Part								TVes	X No
างส	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp					13a	• • •		<u> </u>
b	Were all the plan assets distributed to participants or beneficiaries, tra								
	of the PBGC?							. Yes	X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	ian(s), identify the p	olan(s)	10				
1	3c(1) Name of plan(s):				130	(2) E	IN(s)	13c(3	PN(s)
-	- Linnan								
Cautle	n: A penalty for the late or incomplete filing of this return/report v	vill be assessed uni	ess reasonable ca	use Is	s estal	olishe	d.		
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as It is true, correct∦and complete. ╭								9
America (America)	11. 10/0 /11/2	8/24/10	IVAN S	50	HA	15	DER	,	
SIG	1 71.	Date	Enter name of inc						
SIG	MADIVALO		1NAN/				EIDE		
HEF		Date	Enter name of inc						sor

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see Instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Par	II Identification									
Α	Name of filer, plan administrator, or plan sponsor (see instructions) Ivan S Schneider PC	B X	B Filer's Identifying number (see instructions). Employer identification number (EIN).							
	Number, street, and room or sulte no. (If a P.O. box, see instructions.)			-468	9890					
	233 Broadway 5th floor		Soc	ial sect	rity number (S	SN)				
	City or town, state and ZIP code									
	New York NY 10279									
С	Plan name		Pla	ın	Pla	Plan year ending				
			nun	ber	MM	DD	YYYY			
			1	1						
	Ivan S. Schneider Profit Sharing Plan	0) 0	1	12	31	2009			
				1						
:	2			1						
			1	1						
:	3									
Par	Extension of Time to File Form 5500 or Form 5500-EZ (se-	e instruction	ons)	1						
1	I request an extension of time until 10 / 15 / 2010 to file	Form 5500	or i	orm 5	500-EZ.					
	The application is automatically approved to the date shown on line 1 (normal due date of Form 5500 or 5500-EZ for which this extension is requestional formal due date.		-							
	You must attach a copy of this Form 5558 to each Form 5500 and 5500	-EZ filed af	ter t	he due	date for the	plans listed	in C above.			
Note.	A signature is not required if you are requesting an extension to file Form	5500 or For	m 5	500-EZ	<u>.</u>					
	Extension of Time to File Form 5330 (see instructions)									
2	I request an extension of time until to file You may be approved for up to a six (6) month extension to file Form 533			mal du	e date of For	n 5330.				
	\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,								
а	Enter the Code section(s) imposing the tax		a	1			,			
b	Enter the payment amount attached		•			Ь				
C	For excise taxes under section 4980 or 4980F of the Code, enter the revision	ion/amendr	meni	date	>	c				
3	State in detail why you need the extension									
						-				
							•			