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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Ben	nefit Guaranty Corporation	▶ Complete all entries in accord	rdance witl	h the instructions to the Form 550	0-SF.	•				
	art I		dentification Information								
For	calenda	r plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009				
Α.	This retu	ırn/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This retu	rn/report is for:	n/report								
			an amended return/report	year return/report (less than 12 mo	nths)						
C	Check bo	ox if filing under:	X Form 5558	automatic	extension	nsion DFVC program					
			special extension (enter descripti	on)			_				
Pa	rt II	Basic Plan Infor	mation—enter all requested inform	nation							
	Name o					1b	Three-digit				
		•	NC. PROFIT SHARING PLAN				plan number				
							(PN)				
						1C	Effective date of plan 01/01/2004				
2a	Plan sp	onsor's name and add	ress (employer, if for single-employe	r nlan)		2b	Employer Identification Number				
		NG & IRON WORKS IN		ι ριατι)			(EIN) 11-2800847				
						2c	Plan sponsor's telephone number				
		STREET NY 11520				24	516-546-9787				
		141 11020				2 0	Business code (see instructions) 238900				
3a	Plan ad	ministrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
L&M	WELDIN	NG & IRON WORKS IN	NC. 10 TAYLOR FREEPORT			11-2800847					
			TREEFORT	, 141 11520		3с	Administrator's telephone number 516-546-9787				
4 1	f the nan	me and/or EIN of the p	lan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b EIN					
			er from the last return/report. Spons								
	T						C PN				
		umber of participants a	5a								
b			at the end of the plan year			5b	10				
С			vith account balances as of the end c			5c	10				
6a	Were a	all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		X Yes No				
b			the annual examination and report of								
			(See instructions on waiver eligibility				Yes No				
Do	rt III	answered "No" to eit Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.					
			lation								
7		ssets and Liabilities		_	(a) Beginning of Year	+	(b) End of Year				
	. ота. р.	lan assets		7a	149412		259465				
b	•		7h fanns line 7n)		440446		250465				
<u>C</u>			7b from line 7a)	7с	149412	2	259465				
8		e, Expenses, and Trans outions received or rece	sfers for this Plan Year		(a) Amount		(b) Total				
а				8a(1)	24398	3					
	(2) Pai	rticipants		8a(2)	51150)					
	(3) Oth	ners (including rollover	s)								
b	Other in	ncome (loss)		8b	39758	3					
С	Total in	ncome (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			115306				
d			rollovers and insurance premiums	8d	3054	1					
е			ctive distributions (see instructions)								
f			ers (salaries, fees, commissions)		2199	9					
g		·									
h		·	8e, 8f, and 8g)				5253				
i			ne 8h from line 8c)				110053				
j			see instructions)								

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cteris	ic Co	ies in	ine instruct	ions:		
Part	٧	Compliance Questions									
10	Du	ring the plan year:			Yes			Amoun	t		
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С										5000	
d		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X						
	ins	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the tructions.)	plan? (See	10e		X					
f	Ha	s 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 y	year end.)		10g		X				
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part \	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es X No	
12		0))his a defined contribution plan subject to the minimum funding requ							☐ Ye		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	⊔ '`	ж 🗀	
		waiver of the minimum funding standard for a prior year is being am		year, see instruc	tions,	and e	enter th	e date of t	he letter	ruling	
	granting the waiver Month Day Year										
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	12b				
		er the minimum required contribution for this plan year					12c				
d	Sub	er the amount contributed by the employer to the plan for this plan y etract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \		Plan Terminations and Transfers of Assets	<u> </u>								
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Ye	es X No	
		'es," enter the amount of any plan assets that reverted to the emplo					13a			<u> </u>	
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Ye	es 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):						13c(2) EIN(s) 13c(3)			(3) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	, F	iled with authorized/valid electronic signature.	09/20/2010	KAREN FRYANT							
UEDE						ndividual signing as plan administrator					

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.

	Annual Reno	rt Identification Information								
		9 or fiscal plan year beginning	2009-	-01-01	and ending	200	9-12-31			
	This return/report is for:	x single-employer plan	· · · · · · · · · · · · · · · · · · ·		ot multiemployer)	П	one-participant plan			
	This return/report is for:	first return/report	final return		,	ш	one participant plan			
b	this returning port is for.	an amended return/report	-	•	ort (loss than 12 months	•1				
_		H	i :	•	ort (less than 12 months	°)	DE 10			
С	Check box if filing under:	x Form 5558	automatic	extension			DFVC program			
		special extension (enter descriptio	n) 							
P	art II Basic Plan In	formation enter all requested info	rmation.							
1a	Name of plan						hree-digit lan number			
	L&M Welding & Iron	•	ON) ► 001							
		1c E	ffective date of plan							
_							004-01-01			
2a	· · · · · · · · · · · · · · · · · · ·	ddress (employer, if for single-employer	olan)		1	2b Employer Identification Number (EIN) 11-2800847				
	L&M Welding & Iron	WOFKS INC.			<u> </u>	2C Plan sponsor's telephone number				
	10 Taylor Street					(516) 546-9787				
116	Freeport	NY 11520					usiness code (see instructions)			
_		and address (if same as plan employer, e	nter "Same"	<u> </u>			38900 dministrator's EIN			
	Same	add. ood (ii dainid ad plair ciripidyor, a	inci ounc	,						
					F	3c ^	dministrator's telephone number			
						JC A	aministrator's telephone number			
_						4.				
4		ne plan sponsor has changed since the la The from the last return. Sponsor's Nam		ort filed for this	plan, enter the	4b EIN				
	name, Envarie me plan na	mor from the last retain. Opensor o Ham				4c P	N			
5a	Total number of participants	at the beginning of the plan year				5a	11			
þ		s at the end of the plan year				5b	10			
С		with account balances as of the end of the				5c	10			
6a		s during the plan year invested in eligible								
		f the annual examination and report of ar	-	•						
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibility ar	nd conditions	i.)			XYes No			
17		ither 6a or 6b, the plan cannot use For	m 5500-SF a	and must inste	ead use Form 5500.					
Pa	Financial Info	rmation	100H-0.00000000000	1						
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End of Year			
	Total plan assets	• • • • • • • • • • • • •	· 7a		149,412	<u> </u>	259,465			
b	Total plan liabilities .	• • • • • • • • • • • • • • • • • • • •	. 7b	<u> </u>	0	├				
C	Net plan assets (subtract lin	e 7b from line 7a)	. 7c		149,412	ļ	259,465			
3	Income, Expenses, and Train	nsfers for this Plan Year	17.30	(a) Amount	L	(b) Total			
а	Contributions received or re-	ceivable from:	0.44		24 300	10.8				
	(1) Employers	• • • • • • • • • • • • • • • • • • • •	. 8a(1)		24,398					
	(2) Participants		. 8a(2)		51,150					
b	(3) Others (including rollove Other income (loss)	ers)	. 8a(3)		20.750		Control of the second			
			. 8b		39,758					
c d	Total income(add lines 8a(1) Benefits paid (including direct	ot rollovers and insurance premiums	. 8c	erovaria in		4 63.860	115,306			
	to provide benefits)		. 8d		3,054					
е	Certain deemed and/or corre	ective distributions (see instructions) .	. 8e							
f	Administrative service provide	ders (salaries, fees, commissions)	. 8f		2,199					
g	Other expenses		- 8g							
h	Total expenses (add lines 80	i, 8e, 8f, and 8g)	8h				5,253			
	Net income (loss) (subject lir		. 81				110,053			
i	Transfers to (from) the plan	•	Ri		A CHARLES OF THE PARTY OF THE P	(A				

Pa	tiV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feati	ure codes from the L	ist of Plan Characteris	tic Code	s in the	instructions:				
	2E 3D 2G 2J 2A									
D	If the plan provides welfare benefits, enter the applicable welfare featur	e codes from the Lis	t of Plan Characteristic	c Codes	in the i	nstructions:				
	My 0									
	Compliance Questions			1	Т.:					
10	During the plan year:		Г	Yes	No	An	nount			
а	Was there a failure to transmit to the plan any participant contribution	within the time perio	od described in	0a	x					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D	y Correction Progran To not include transa	1)	-	+					
	on line 10a.)		· · · · · · · · · · · · · · · · · · ·	0Ь	x					
С	Was the plan covered by a fidelity bond?		Γ.	0c x	Ì			5,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide		· · · · · -	" -"	+			3,000		
.	or dishonesty?	-		od	x					
e	Were any fees or commissions paid to any brokers, agents, or other po				1					
-	insurance services or other organization that provides some or all of t	ersons by an insurar the benefits under th	e olan? (See		1					
	instructions.)			0e	×					
f	Has the plan failed to provide any benefit when due under the plan?		10	Of	x	[
g	Did the plan have any participant loans? (If "Yes," enter amount as of	vearend)		0a	x					
h	If this is an individual account plan, was there a blackout period? (See	•	<u>⊢</u>	og	+	9-5	erte er	* * 2 1 * .		
	2520.101-3.)			Oh	x			4.51		
i	If 10h was answered "Yes," check the box if you either provided the re						150	1		
. is Sect.o	exceptions to providing the notice applied under 29 CFR 2520.101-3	<u> </u>	1	0i <u> </u>				19-18		
	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement	•	•				□Yes	₹ No		
40	5500))									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes XNo									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being a									
if v	granting the waiver				. Day	/ ''				
b	Enter the minimum required contribution for this plan year		•	٢	12b					
				_ h	12c	<u> </u>		 -		
ď	Enter the amount contributed by the employer to the plan for this plan year									
u	negative amount)		s sign to the left of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the					Yes	No Γ]N/A		
Part	Plan Terminations and Transfers of Assets	toriding deadline:		<u> </u>	<u> </u>					
	— · · · · · · · · · · · · · · · · · · ·	··					Yes	₩.		
138	Has a resolution to terminate the plan been adopted during the plan y			٠. ١	· · ·	· · · · ·	res	X NO		
 -	If "Yes," enter the amount of any plan assets that reverted to the emp			· · · · · · · · · · · · · · · · · · ·	13a	<u> </u>				
D	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?		plan, or brought under	the con	trol					
С	If during this plan year, any assets or liabilities were transferred from t		lan(s) identify the pla	n/s) to			Yes	X JNO		
	which assets or liabilities were transferred. (See instructions.)	р.ш. то ш.тот.о. р	ianto, recitiny the plan							
1	3c(1) Name of plan(s):	<u></u>		1	3c(2) E	IN(s)	13c(3) F	N(s)		
				•		(0)	150(5)1	11(0)		
							Ì			
			İ							
Cautic	n: A penalty for the late or incomplete filing of this return/report w	rill be assessed unl	ess reasonable caus	e is est	ablishe	 ∌d.				
	penalties of perjury and other penalties set forth in the instructions, I de					_	Schedule			
SB or a	Schedule MB completed and signed by an enrolled actuary, as well as	the electronic versio	n of this return/report.	and to t	he best	of my knowle	dge and			
belief,	t is true, correct, and complete.									
S(G)	X /	9-17-10	LEO BOCCIA							
HER	Signature of plan administrator	Date	Enter name of individ	dividual signing as plan administrator						
8(G)								•		
HER	EG	Date	Enter name of individ	dual sico	vina oc	amplaires es -	lan anaa			
, ar ar vigazati		Date	Enter name of individ	audi Siği	mig as	employer or p	ian sponso			

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