Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accor	dance witl	h the instructions to the Form 55	00-SF.		spection		
Pá	art I	Annual Report	ld	entification Information				•			
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
Α.	This ret	turn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
		turn/report is for:	Г	first return/report	final retur	n/report					
			F	an amended return/report	short plan	n year return/report (less than 12 m	onths)				
C	Chack h	box if filing under:	X	Form 5558		extension	,	DFVC progra	am		
	OHECK I	box ii iiiiig under.	F	special extension (enter descripti	1	Octobiolis		☐ Di vo piogit			
De	v4 II	Pasis Blan Info		, , , , , , , , , , , , , , , , , , , ,							
_	art II)rii	nation—enter all requested inform	nation		1h	Thron digit	1		
	Name	or pian EWS / PRIME TIME 40	11(k) PLAN			15	Three-digit plan number			
0			. (.	, , , , , , , , , , , , , , , , , , , ,				(PN) ▶	001		
							1c	Effective date of			
								01/01/2			
		ponsor's name and ad CIATES, INC.	ldre	ss (employer, if for single-employe	r plan)		2b	Employer Identi (EIN) 11-298			
	ESTYL						2c		telephone number		
		I COUNTRY ROAD						631-28	•		
BELL	₋PORT,	, NY 11713-2549					2d		(see instructions)		
32	Dlan a	dministrator's name as	nd 1	address (if same as Plan sponsor, e	ontor "Same	\"\	3h	511110 Administrator's			
		CIATES, INC.	iu c	146 SOUTH			35	11-298			
				BELLPORT	NY 11713	-2549	3с		telephone number		
								631-28	6-0058		
				n sponsor has changed since the la from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
	namo, L	Ent, and the plan nam		Trom the last retain, report. Opens	or o marmo		4c	PN			
5a	Total r	number of participants	at	the beginning of the plan year			5a		17		
b Total number of participants at the end of the plan year							5b		17		
С	Total r	number of participants	wit	h account balances as of the end o	of the plan y	ear (defined benefit plans do not					
	compl	lete this item)					5c		17		
		•		ıring the plan year invested in eligil		,			X Yes N		
b	Are yo	ou claiming a waiver o	f the	e annual examination and report of See instructions on waiver eligibility	an indeper	ndent qualified public accountant (l	QPA)		X Yes N		
				er 6a or 6b, the plan cannot use F							
Pa	rt III	Financial Infor									
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total p	plan assets			7a	1500	24		198504		
b											
С	Net pla	an assets (subtract lin	e 7l	o from line 7a)	. 7с	1500	24		198504		
8	Incom	e, Expenses, and Tra	nsfe	ers for this Plan Year		(a) Amount		(b) ⁻	Total		
а		butions received or re-									
	` ,	•				223	32				
b		` ,				261	48		40.404		
۲ C				Ba(2), 8a(3), and 8b)	8c				48480		
d		. ,		ollovers and insurance premiums	8d						
е				ve distributions (see instructions)							
f				s (salaries, fees, commissions)							
g		·									
h		•		e, 8f, and 8g)					(
i				8h from line 8c)					48480		
j		` , `		e instructions)							
					-,	1					

Part IV	Plan	Charac	teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

2F 2G 2J 3D

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

D	it tn	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	iic Co	des in	tne instri	actions	:		
art	٧	Compliance Questions								
0	Du	ring the plan year:		Yes	No		Am	ount		
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X					
С	Wa	as the plan covered by a fidelity bond?	10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X					
е										
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 year end.)	10g		X					
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					[Yes	Пи	lo
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	XN	Ю
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0, 00	011011	JUL 01	21110711				
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver						etter rul ar	-	
lf y	ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ent	er the minimum required contribution for this plan year			12b					
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c					
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d			_		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No >	N/A	1
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	N	lo
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year			13a					0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol			Yes	X	lo
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1					
1	13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	establ	lished				
Inde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retained the MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/rep	ort, ir	cludin	g, if appl				
	, it is	s true, correct, and complete.	<u> </u>	,			,			
SIGI	ų F	FRANK TROTTA 09/28/2010 FRANK TROTTA	1							

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

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

Per	nsion Benefit Guaranty Corporation	Complete all entries in accor	dance with	the instructions to the Form 5500	-SF.		
Pa	rt I Annual Report i	dentification Information					
	alendar plan year 2009 or fis	cal plan year beginning (01/01/20	09 and ending		12/31/200	9
A TI	his return/report is for:	X single-employer plan	-	nployer plan (not multiemployer)	[one-participa	nt plan
ВТ	his return/report is for:	first return/report	final return	•			
	•	an amended return/report	short plan	year return/report (less than 12 mor	iths)		
C c	heck box if filing under:	K Form 5558	automatic	extension		DFVC progra	ım
•	HOOK DON II HINING WHOO!	special extension (enter descripti	ion)				
Day	4 II Danie Blan Info	rmation—enter all requested inform				.	·
Par	Vame of plan	IIIIauon - enter all requested inform	iacon		1b	Three-digit	,
121 5	Name orpian Senior News / Prim	ne Time 401(k) Plan				plan number	
_						(PN) 🕨	001
						Effective date o 01/01/200	
2a !	Plan sponsor's name and add	dress (employer, if for single-employed	r plan)	-		Employer Identi (EIN) 11-298	fication Number 1328
	0 ifestyles	P3			2c	Plan sponsor's (631)286-	telephone number 0058
	146 South Country	RUAU		NY 11713-2549	2d	Business code 511110	(see instructions)
		d address (if same as Plan sponsor,	enter "Same		3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 if	the name and/or EIN of the	plan sponsor has changed since the l	ast return/re	port filed for this plan, enter the	4b	EIN	
п	ame, EIN, and the plan numl	ber from the last return/report. Spons	sor's name		4c	DNI	
		40 4 5 2 2 2 6 4 2 2 2 2 2 2		5a	1	17	
	-	at the beginning of the plan year			<u> </u>	 	17
		at the end of the plan year			5b	 -	
C	Total number of participants complete this item)	with account balances as of the end	of the plan y	ear (denned benent plans do not	5c		17
62		s during the plan year invested in elig					X Yes No
b	Are you claiming a waiver of	f the annual examination and recort of	of an indeper	ndent qualified public accountant (IC	⊇PA)		X Yes No
_	under 29 CFR 2520.104-461	? (See instructions on waiver eligibility	y and conditi	ons.)			X Yes ∐ No
		ither 6a or 6b, the plan cannot use	Form 5 <u>500-</u>	SF and must instead use Form 5	30U.		
Pa	rt III Financial Inform	<u>mation </u>		·	$\overline{}$		
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) <u>En</u>	d of Year
а	Total plan assets		7a	150,0	24		198,504
b	Total plan liabilities		7b				
C	Net plan assets (subtract lin	e 7b from line 7a)	7c	150,0	24		198,504
8	Income, Expenses, and Trai	nsfers for this Plan Year		(a) Amount	_ _	_(b)	Total
а	Contributions received or re	ceivable from:					
	• •				-		
	(2) Participants	***************************************	<u>8a(2)</u>	22,3	12		
	(3) Others (including rollove	ers)	8a(3)		_		
Ь	Other income (loss)		8ь	26,1	48		
C	Total income (add lines 8a(1	1), 8a(2), 8a(3), and 8b)	8c _				48,480
d	Benefits paid (including dire	ct rollovers and insurance premiums	8d				
e	•	ective distributions (see instructions).	Ве		_		
f		ders (salaries, fees, commissions)					
g			1				<u>-</u>
h		d, 8e, 8f, and 8g)	I				
;		line 8h from line 8c)		-			48,480
i		(see instructions)					
			ı OI				

Page	2-	
Jawe	_	

	Form	5500-	SF	2009
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SIGN HERE

Signature of employer/plan sponsor

Pai	rt IV	Plan Characteristics									
9a	If the	plan provides pension benefits, enter the applicable pension featu	re codes from the Li	st of Plan Charac	teris	tic Co	des in th	e instruc	tions:		
		2F 2G 2J 3D	1 6 . 45-11-	4 -f Dl Charael	la dak	ia Cad	lan ia th	a inefruet	ione:		
b	If the	plan provides welfare benefits, enter the applicable welfare featur	e codes from the Lis	TOT Plan Charac	(ensi		es III ui	e mediaci	iulis.		
Раг	ťΥ	Compliance Questions				1					
10	Duri	ng the plan year.			_	Yes	No		Amo	ınt	
	29	there a failure to transmit to the plan any participant contributions CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary	Correction Program	ı) [<u>ˈ</u>	10a		х			. 	
b	Wei on i	e there any nonexempt transactions with any party-in-interest? (Done 10a.)	o not include transac	tions reported	10b		х				
C	Wa	s the plan covered by a fidelity bond?			10c		Х				
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fideli	ty bond, that was ca	used by fraud	10d		х				
е	د ۱۸/۵	e any fees or commissions paid to any brokers, agents, or other pa	ersons by an insurar	ce carrier,			ŀ				
	inst inst	rance service or other organization (hal provides some or all of the uctions.)	benefits under the p	plan7 (See	10e		x				
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х				
g	l Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	,	10g		x				
H	i If ih	is is an individual account plan, was there a blackout period? (See	instructions and 29	CFR	10h		х				
i	If 1	on was answered "Yes," check the box if you either provided the respitions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10ì	L.					
Раг		Pension Funding Compliance									
11	le ti	is a defined benefit plan subject to minimum funding requirements D))	7 (If "Yes," see instr	uctions and comp	olete	Sched	dule SB	(Form		Yes	No
12	le f	his a defined contribution plan subject to the minimum funding requ	uirements of section	412 of the Code	or se	ection	302 of E	ERISA?		Yes	X No
	/16 A	Vac " complete 12s or 12h, 12c, 12d, and 12e below, as applicable	e.)								
	l Ifa	waiver of the minimum funding standard for a prior year Is being an	mortized in this plan	Mont	tions th	, and (enter the Day	e date of	the le	ter ruli r	ng
ŀ	f you	completed line 12a, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), and	skip to line 13.		г		1	-		
Ł		er the minimum required contribution for this plan year					12b				
•	: Enl	er the amount contributed by the employer to the plan for this plan	year				12c			_	
	Reg	stract the amount in line 12c from the amount in line 12b. Enter the alive amount)		4,			12d		п.		1
•	e Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	<u>П</u>	No Z	N/A
Pai	rt VII	Plan Terminations and Transfers of Assets		<u>. </u>							_
		a resolution to terminate the plan been adopted during the plan y	ear or any prior year	?					X	Yes	No
	lf ™	es " enter the amount of any plan assets that reverted to the empl	loyer this year				13a				0
ì	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Of the PBGC? Yes X No										
(lf c wh	uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify ti	he pla	ал(s) t	0				
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) Pl						PN(s)					
					1				1		
					1			-			
								_			
Ca	ution:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le ca	use i	s es <u>tab</u>	lished.			
Un SB	der pe	nalties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	deciare that I have a	examined this reli	urn/n	abort.	ınchıdın	g, if appli	icable, y know	a Sch wledge	edule and
D6(iei, K	Silve, correct, and complete.	alastin 1	Frank Trot	ta					_	
	GN		- '/' /				lanios -	e ploe ed	minie	rator	
HE	RE	Signature of plan administrator	Date	Enter name of in	natvk	oual S	gning a	s pian ao	<u> </u>	Idiol	

Date |

Enter name of individual signing as employer or plan sponsor