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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009	
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
В .	This return/report is for:	first return/report	final retur	n/report		_	
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
С	Check box if filing under:		automatic	extension		DFVC progra	am
	eneek sex ii iiii ig unuen	special extension (enter description				ы . ў	
Da	rt II Basic Plan Infori	mation—enter all requested inform					
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit	
	•	01K PROFIT SHARING PLA N			10	plan number	
						(PN) •	002
					1c	Effective date of	
					01	04/01/1	
	Plan sponsor's name and addr EY-HODKIN CORPORATION	ess (employer, if for single-employer	plan)		2b	Employer Identi (EIN) 13-272	
DALL	1-HODRIN CORPORATION				2c	(=:,	telephone number
68 S	OUTH SERVICE RD					631-29	
	E 100 VILLE, NY 11747-3243				2d		(see instructions)
		address (if some as Discourage)	"C		2 h	561490	
	Plan administrator's name and EY-HODKIN CORPORATION	address (if same as Plan sponsor, e 68 SOUTH S			30	Administrator's 13-272	
		SUITE 100			3c	Administrator's	telephone number
		MELVILLE, N	NT 11/4/-	5243		631-29	
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, Em, and the plan numbe	er from the last return/report. Sponso	or s name		4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		11
b	Total number of participants a	t the end of the plan year			5b		13
	, ,	rith account balances as of the end of		ļ	35		10
					5c		10
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No
b		ne annual examination and report of					X Yes No
		See instructions on waiver eligibility and the second sections on the second section is the second section in the second section is the second section in the second section is section.					Yes No
Pa	rt III Financial Inform		01111 0000-	or and must mistead use i orm soc	 		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
-	Total plan assets		. 7a	1642953	3	(b) Elle	1680533
b			7b				
С	•	7b from line 7a)	7c	1642953	3		1680533
8	Income, Expenses, and Trans	·	,,,	(a) Amount		(b) :	Total
а	Contributions received or rece			(a) / imbant		(2)	· Otta
	(1) Employers		. 8a(1)	8548	3		
	(2) Participants		8a(2)	49982	2		
	(3) Others (including rollovers	·)	8a(3)				
b	Other income (loss)		8b	140767	,		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				199297
d		rollovers and insurance premiums	. 8d	157742	2		
е		tive distributions (see instructions)	. 8e				
f		rs (salaries, fees, commissions)	. 8f				
g			. 8g	3975	5		
h	·	8e, 8f, and 8g)					161717
i	•	e 8h from line 8c)					37580
i		ee instructions)					

		Form 5500-SF 2009 Page 2- 1				
Par	t IV	Plan Characteristics				
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2 F 2 G 2 J 2 K 3 D	racteris	stic Co	des in	the instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in t	the instructions:
Part	: V	Compliance Questions				
10	Durir	ng the plan year:		Yes	No	Amount
а		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		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		X	
С	Was	the plan covered by a fidelity bond?	10c	X		1000000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X	
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Χ	
q	Did t	he plan have any participant loans? (If "Yes." enter amount as of year end.)	100	X		12457

Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

	5500))	Yes		No
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	X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			

Χ

Yes X No

10h

10i

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

Part VII | Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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) PN(s)
		_

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.	09/28/2010	JAMES BURDETT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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).

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

Pa	rt : Annual Report Identification Information	(0.5 (0.6				10/21/200	
For c		1/01/20		and ending		12/31/200	
AT	his return/report is for: Single-employer plan	multiple-er	nployer plan (n	ot multiemployer)		one-participa	nt plan
Вт	tils fetutimebolt is for.	final return	•	•			
	an amended return/report	short plan	year return/rep	ort (less than 12 mo	nths)		
C	check box if filing under:	automatic	extension			DFVC progra	m
	special extension (enter description	n)					
Pa	RIL Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			•	1b	Three-digit	
]	Daley-Hodkin Corporation 401k Profit Shar	ring P	.a			plan number (PN) ▶	002
1	n				1c	Effective date of	
						04/01/198	
2a	Plan sponsor's name and address (employer, if for single-employer Daley-Hodkin Corporation	plan)				Employer Identi	
3	Daley-Hodkin Corporation					(EIN) 13-272	
	_				20	(631) 293-0	elephone number 0200
	68 South Service Rd				2d	Business code (see instructions)
1	Suite 100 Melville			1747-3243		561490	
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	")		3b	Administrator's	EIN
•					3c	Administrator's	telephone number
4 #	the name and/or EIN of the plan sponsor has changed since the las	t return/re	oort filed for thi	s plan, enter the	4b	EIN	
r	name, EIN, and the plan number from the last return/report. Sponso	r's name			4c	PN	
	Total number of participants at the beginning of the plan year					T	11
	Total number of participants at the end of the plan year						13
	Total number of participants with account balances as of the end of				36		
·	complete this item)			***************************************	5c		10
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instruction	ns.)			X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified	public accountant (l	QPA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditi orm 5500.	Ons.; SE and must i	stead use Form 5	500.	••••••	- · · · · · · · · · · · · · · · · · · ·
Pa	Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
·a	Total plan assets	7a		1,642,9	53		1,680,533
	Total plan liabilities						
	Net plan assets (subtract line 7b from line 7a)	7c		1,642,9	53		1,680,533
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total
а	Contributions received or receivable from:	0-141		8,5	4.8		
	(1) Employers	8a(1)	,,,,		23		
	(2) Participants	8a(2)		49,9	24 11	de de la lace de lace de la lace de lace d	
_	(3) Others (including rollovers)	8a(3)		140.7	c 7		
þ	Other income (loss)		and the second section of the sectio	140,7) / [[]		199,297
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			lacare Jacore		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d_		157,7	42	A Company of the Comp	
. 0	Certain deemed and/or corrective distributions (see instructions)	8e			256-216 231-116 231-116	Control of the second s	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
f	Administrative service providers (salaries, fees, commissions)	. 8f			5112 2112 5112		[1] L. L. Land B. L.
g	Other expenses	. 8g	Characteristic Co.	3,9	75		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					161,717
ĵ	Net income (loss) (subtract line 8h from line 8c)				ing ing	Section of the section	37,580
i	Transfers to (from) the plan (see instructions)	8]	1				

		Form 5500-SF 2009	Pa	ige Z-					
Par 9a	if th	e plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 3D							
b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the I	ist of Plan Chara	cteris	tic Cod	les in t	he instruction	ens:
Part	tΥ	Compliance Questions							
10	Du	ring the plan year;				Yes	No	Ą	mount
	29	as there a failure to transmit to the plan any participant contribution: CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducian	ry Correction Progra	ım)	10a		х		
b		ere there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		х		
C	W	as the plan covered by a fidelity bond?		****************	10c	x			1,000,000
d	Die	I the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	lity bond, that was o	aused by fraud	10d		х		
8	Wi	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	persons by an insura te benefits under the	ance carrier, plan? (See	10e		Х		
f	Ha	s the plan failed to provide any benefit when due under the plan?.	4+1 444 1 1 1 1 1 1 1 1		10f		х		
g	Die	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	*************	10a	х			12,457
h	lf t	his is an individual account plan, was there a blackout period? (Sec	e instructions and 29	9 CFR	10h		х		
i	lf 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or an	e of the	10i				
Part		Pension Funding Compliance			•			In eru 18	The second secon
11	ls 1	his a defined benefit plan subject to minimum funding requirements							☐ Yes ☐ No
12		this a defined contribution plan subject to the minimum funding req							Yes X No
	lf a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	mortized in this plan	Mor	1th	and e	Day	e date of the	e letter ruting Year
b	En	er the minimum required contribution for this plan year		****			12b		
C	En	ier the amount contributed by the employer to the plan for this plan	year	***************************************		<u>L</u>	12c		
d	Su ne	otract the amount in line 12c from the amount In line 12b. Enter the pative amount)	result (enter a min	us sign to the left	of a	[12d		
e	Wi	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	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	1?					Yes X No
		Yes," enter the amount of any plan assets that reverted to the emp					13a		
b		re all the plan assets distributed to participants or beneficiaries, tra		-		the co	ontrol		Yes X No
C		turing 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 t	he pla	n(s) to)		
	13c(1) Name of plan(s):				13	c(2) E1	N(s)	13c(3) PN(s)
Caut	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed o	uniess reasonat	le ca	use is	estab	lished.	
Unde SB d	er pe	naities of perjury and other penalties set forth in the instructions, inhedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete	declare that I have	examined this ret	um/re	port, ir	cludin	g, if applicat	ole, a Schedule nowledge and
SIG	N.	1900	9/28/10	MORRI	2	40	DK	IN	
HEF		Signature of plan administrator	Date	Enter name of i	•				nistrator
SIG	N								
HEF	Œ	Signature of employer/plan sponsor	Date	Enter name of	ndivid	ual sig	ning a	s employer o	or plan sponsor