## 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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.		
		entification Information					
For	calendar plan year 2009 or fiscal	plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009	
Α -	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	final retur	n/report			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program	
		special extension (enter descripti	on)				
Pa	rt II Basic Plan Inform	ation—enter all requested inform	nation				
1a	Name of plan	•			1b	Three-digit	
PETE	R K. LEDWITH PENSION PLAN	1				plan number	
						(PN) F	
					1C	Effective date of plan 01/01/2003	
2a	Plan enoneor's name and address	ss (employer, if for single-employe	r nlan)		2h	Employer Identification Num	her
	R K. LEDWITH	33 (cmployer, ii for single-employe	ι ριατι)			(EIN) 11-3539673	ibci
					2c	Plan sponsor's telephone nu	ımber
	T. JAMES PLACE BROOK, NY 11563				0-1	516-593-1771	
LIINL	ROOK, NT 11303				2a	Business code (see instructi 541110	ions)
3a	Plan administrator's name and a	ddress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN	
	R K. LEDWITH	14 ST. JAMI	ES PLACE			11-3539673	
		LYNBROOK	, 141 11500		3с	Administrator's telephone nu 516-593-1771	umber
4 1	the name and/or EIN of the plan	sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	EIN	-
		from the last return/report. Spons		,			
					4c	PN	
					5a		2
b	, ,				5b		2
С		n account balances as of the end c		ear (defined benefit plans do not	5c		2
6a	•			(See instructions.)	•	X Yes	No
				ndent qualified public accountant (IQI			_
				ions.)		Yes	No
			orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III   Financial Informa	tion		T			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
a	Total plan assets		<u>7a</u>	250359	+	3	308771
b	•			C	_		0
<u>c</u>		from line 7a)	7с	250359	9		308771
8	Income, Expenses, and Transfe			(a) Amount		(b) Total	
а	Contributions received or receiv  (1) Employers	able from:	8a(1)	50784	1		
	• • • • • • • • • • • • • • • • • • • •						
b	, , , , ,			7628	3		
С	` ,	a(2), 8a(3), and 8b)					58412
d	Benefits paid (including direct ro						
	to provide benefits)		8d		_		
е	Certain deemed and/or corrective	ve distributions (see instructions)			4		
f	Administrative service providers	(salaries, fees, commissions)	8f		_		
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h				0
į		8h from line 8c)					58412
j	Transfers to (from) the plan (see	e instructions)	8i				

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Part IV	Plan	Charac	teristics

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: 2A 3B 3D

D		e plan provides welfare benefits, enter the applicable welfare featu	ine codes from the L		otoriot		200 111 0	no mondone	, 110.			
Part	٧	Compliance Questions										
10	Dui	ing the plan year:	_		Yes	No	Α	Amount				
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X						
b		re there any nonexempt transactions with any party-in-interest? (Doine 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 fideli			10d		X					
е	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 ructions.)	e benefits under the	plan? (See	10e		X					
f		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					
		is is an individual account plan, was there a blackout period? (See			iog							
	252	20.101-3.)			10h							
i		Oh was answered "Yes," check the box if you either provided the reeptions 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							Yes	No		
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable										
	gra	waiver of the minimum funding standard for a prior year is being an nting the waiver.		Mont					e letter ruling Year	-		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	40h					
		er the minimum required contribution for this plan year				T T	12b 12c					
		er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the	-				120					
	neg	ative amount)				_	12d					
		the minimum funding amount reported on line 12d be met by the fu	unding 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?					Yes	No		
		es," enter the amount of any plan assets that reverted to the emplo					13a					
	of t	re all the plan assets distributed to participants or beneficiaries, tran- ne PBGC?							Yes	No		
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plar	n(s) to			<del> </del>			
1:	3c(1	) Name of plan(s):			<b>13c(2)</b> EIN(s) <b>13c(</b>				<b>13c(3)</b> P	N(s)		
Cauti	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.	1			
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e	examined this retu	rn/rep	ort, in	cludin	g, if applicab				
SIGN	, F	iled with authorized/valid electronic signature.	10/06/2010	SUZANNE MALE	N							
HERI		Signature of plan administrator         Date         Enter name of				individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Rovenue Senice

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

2009

This Form is Open to Public Inspection.

OMB Nos. 1210-0110 1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

	Complete all entries in accord	ance with	une instructio	ns to the Form 550	0-3F.	L	
	artill Annual Report Identification Information the catendar plan year 2009 or fiscal plan year beginning	01 /01	/2222				
_			./2009	and ending	12	2/31/2009	
			nployer plan (not	multiemployer)	l	one-participa	nt plan
B		final return	/report				
	an amended return/report	short plan	year return/repor	t (less than 12 mont	18)	_	
C	Check box if filing under: 🔀 Form 5558	automatic (	extension		[	DFVC progra	m
	special extension (enter description)						
P	Basic Plan Information enter all requested inform	ation.					
1a	Name of plan				1b	Three-digit	
	PETER K. LEDWITH PENSION PLAN					plan number (PN) ▶	001
					1c	Effective date of	
_						01/01/2003	
28	Plan sponsor's name and address (employer, if for single-employer plan PETER K. LEDWITH	1)			2b	Employer Identi	fication Number
	PEIER R. DEDWITH				20	(EIN) 11-35	diephone number
	14 ST. JAMES PLACE					(516) 593-	
us	LYNBROOK NY 11563				2d		see Instructions)
	Plan administrator's name and address (If same as plan employer, ente	r "Same")			3h	541110 Administrators	EIM
	SAME	,			""	,	<b>-</b> 111
					30	Administrators	telephone number
					🐃		reselvations remos
4	If the name and/or EIN of the plan sponsor has changed since the last r		A file of fee Abrie and				
7	name, EIN and the plan number from the last return. Sponsor's Name	erativieba	t med for this pi	an, enter the	4b		
Ea					40	PN	
b b	Total number of participants at the beginning of the plan year		• • • • •		5a	<del></del>	2
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	cian vest (	 defined benefit :	· · · · · · · · ·	5b	-	2
_	complete this item)			· · · · · · ·	5c		2
6a	The same that the same and the same to be same to be same to the same to be s						X Yes No
þ	Are you claiming a waiver of the annual examination and report of an in- under 29 CFR 2520.104-467 (See instructions on waiver eligibility and	dependent conditions					<b>©</b> ∨ □u-
	if you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	ind must instea	d uso Form 5500.	• •	• • • • •	(X)Yes ∐Nο
Pi	it illi Financial Information						
7	Plan Assets and Liabilities	[ , ;	(a) Be	inning of Year		(b) End	of Year
a	Total plan assets	7a		250,359	_		308,771
b	Total plan liabilities	76		0	$\neg$	-	0
C	Net plan assets (subtract line 7b from line 7a)	7c		250,359	_		308,771
8	Income, Expenses, and Transfers for this Plan Year		18	) Amount	_	(6)	Total
а	Contributions received or receivable from:			<u> </u>	ra:	(0)	
	(1) Employers	8a(1)		50,784	_		14
	(2) Participants	<u>8a(2)</u>					
L	(3) Others (including rollovers)	<u>8a(3)</u>			_   :		
b	Other income (loss)	8b		7,628	Ų.		
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58,412
_	to provide benefits)	8d					
0	Cartain deemed and/or corrective distributions (see instructions)	80			-		
f	Administrative service providers (salaries, fees, commissions)	81			-8		
8	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Š		0
ı	Net income (loss) (subject line 8h from line 8c)	81		<b>英国的</b>	31. G 3		50,412
					47: 24		,

		Form 6500-SF (2009)	Pa	ge 2-		_				
Par	til	Plan Characteristics	· · · · · · · · · · · · · · · · · · ·							
		e plan provides pension benefits, enter the applicable pension feat.	ire codes from the Lis	of Plan Characteri	istic (	Codes	in the	Instructions	3:	-
b	lf t	2A 3B 3D e plan provides welfare benefits, enter the applicable welfare featur	e codes from the List	of Plan Characteris	tic Co	odes i	n the ir	structions:		
Par	14	Compliance Questions								
10		uring the plan year:				Yes	No		Amount	
а		as there a fallure to transmit to the plan any participant contribution			400		×			
ь		9 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciar, fere there any nonexempt transactions with any party-in-interest? (C	y Correction Program) Do not include transac		10a	_	<del>                                     </del>			
_		n line 10a.)			10b		x			
C	١	/as the plan covered by a fidelity bond?			10c		x			
d		Id the plan have a loss, whether or not reimbursed by the plan's fide		- 1			×			
_		•		i	10d		+~	<del> </del>		
8	i	fere any fees or commisions paid to any brokers, agents, or other p surance services or other organization that provides some or all of sinuctions.)	ihe benefits under the	plan? (See	10e		x			
f	ŀ	as the plan failed to provide any benefit when due under the plan?			10f		×			
g	(	d the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10a		×			
h	. 1	this is an individual account plan, was there a blackout period? (Se	e instructions and 29	CFR			1			i.
1	-	520.101-3.)			10h	-	├			
		cceptions to providing the notice applied under 29 CFR 2520.101-3	• • • • • • • • •		101		<u> </u>			
_		Pension Funding Compliance							<del></del>	
11		this a defined benefit plan subject to minimum funding requiremen		uctions and comple	te Sc	hedu	le SB (	Form	. <b>□</b> Ye	s No
12	1	this a defined contribution plan subject to the minimum funding rec	ulrements of section	112 of the Code or	secti	on 30	2 of ER	IISA? .	. 🗆 Ye	s X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	-							
	8	a waiver of the minimum funding standard for a prior year is being a standard for a prior year is being a standard for a prior year is being the waiver		Moni	ns, a lh	nd en		date of the		
b	-	nter the minimum required contribution for this plan year	•	•		. [	12b	· · · · · ·		
C		nter the amount contributed by the employer to the plan for this plan				Ì	12c			
d	8	ubtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu				12d			
		fill the minimum funding amount reported on line 12d be met by the						Yes	□No	□N/A
Pág	W	Plan Terminations and Transfers of Assets								
13a		as a resolution to terminate the plan been adopted during the plan		7		٠ _	<u></u>		. □Ye	s XNo
		"Yes," enter the amount of any plan assets that reverted to the emp			•	<u> </u>	13a			
b		ere all the plan assets distributed to participants or beneficiaries, tr	ansferred to another p	nu thguard ro ,nsk	ier th	e con	trol		. □Ye	s XNo
	ı	during this plan year, any assets or liabilities were transferred from hich assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the p	olan(s	;) to				: <u>E</u> 140
	134	(1) Name of plan(s):	<del>-</del>			1	3c(2) E	IN(s)	13c(	3) PN(s)
					<del> </del>				_	
									1	
Cauti	lon	A ponaity for the late or incomplete filing of this return/report	will be assessed uni	ess reasonable ca	uso	ls ost	abilsh	ed.	<b></b>	
Under SB or	r p	nailles of perjury and other penalities set forth in the instructions, I c negule MB completed and signed by an enrolled actuary, as well as	fectore that I have ex	mined this return/o	eport	. Indu	iding, K	i applicable	, a Schedi wiedge ar	ufe 1d
		true, correct, and complete	10-1-10	Peter Ledwit	-h					
	H.		Date	Enter name of ind		al ele	nina aa	nian admir	nigirator	
	3	Signature of plan administrator	2816	Territor Heirie of Hit	vR14	on		Prest #1816#1		<del></del>
1	ON N	At a state of a market and a state of a stat	Date	Enter name of ind	livie.	مند او	nina ee	emeleser	er olan ene	10507
1,41	12	Signature of employeriplan aponsor	Date	Teurer trame or mo	HVIEU	or 20)	MH 42	employer (	n hau sho	11301