Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
L&R DISTRIBUTORS INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
L&R DISTRIBUTORS

9301 AVE D
BROOKLYN, NY 11236

2b Employer Identification Number (EIN)
11-1812912

2c Sponsor's telephone number
718-272-2100

2d Business code (see instructions)
423990

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/14/2010	L R DISTRIBUTORS
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
L&R DISTRIBUTORS

9301 AVE D
BROOKLYN, NY 11236

3b Administrator's EIN
11-1812912

3c Administrator's telephone number
718-272-2100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	231
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	380
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	381
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	381
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	187
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
L&R DISTRIBUTORS INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&R DISTRIBUTORS

D Employer Identification Number (EIN)
11-1812912

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2954585	2443927
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	173382	150829
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	923361	1791045
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4051328	4385801
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4051328	4385801

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	74385	
	(B) Participants	2a(1)(B)	604602	
	(C) Others (including rollovers)	2a(1)(C)	2142	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		681129
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3552	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9624	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13176
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24780	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24780
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		281951
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1001036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	639194	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		639194
f Corrective distributions (see instructions)	2f		19171
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8198	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8198
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		666563
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		334473
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: IRVING ROTH & RUBIN PLLC (2) EIN: 13-3845495

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
L&R DISTRIBUTORS INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&R DISTRIBUTORS

D Employer Identification Number (EIN)
11-1812912

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

IRVINGS ROTH & RUBIN PLLC
Certified Public Accountants
55 West 39th Street • 9th Floor • New York, NY 10018
Phone: 212-447-0333 • Fax: 212-447-5806 • Web: www.irrcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
L & R Distributors Inc.

We have audited the accompanying statements of net assets available for benefits of the L&R Distributors, Inc. 401K Profit Sharing Plan & Trust (The Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management and the management of the Plan's Sponsor. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

IRVINGS ROTH & RUBIN PLLC
New York, New York
October 1, 2010

L & R DISTRIBUTORS INC.

401 K PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

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L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments		
Mutual Funds	$ 4,225,183	$ 3,867,119
Cash - In Transit	9,789	10,827
Total Investments	4,234,972	3,877,946
Receivables:		
Participant loans	150,829	173,382
TOTAL ASSETS	4,385,801	4,051,328
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,385,801	$ 4,051,328

See Accompanying Notes to Financial Statements

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS:		
Additions to net assets available for benefits attributed to:		
Net appreciation in fair value of investments	$ 319,907	$ -
Contributions:		
Participants	604,602	679,765
Employer	74,385	76,970
Employee Rollovers	2,142	760,779
	681,129	1,517,514
TOTAL ADDITIONS	1,001,036	1,517,514
DEDUCTIONS:		
Net depreciation in fair value of invesments	-	513,748
Benefits paid to participants	658,365	453,160
Administrative	8,198	1,268
TOTAL DEDUCTIONS	666,563	968,176
NET INCREASE	334,473	549,338
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	4,051,328	3,501,990
END OF YEAR	$ 4,385,801	$ 4,051,328

See Accompanying Notes to Financial Statements

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - **Description of Plan**

The following description of the L&R Distributors Inc.("Company") 401K Profit Sharing Plan and Trust (" Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974.

Contributions
Each year, participants may contribute up to 96% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contribution plans. Participants may also contribute amounts representing distribution from other qualified benefit or contribution plans. Participants' direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 25% of the first 4% of base compensation that a participant contributes to the Plan.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant is 100 percent vested after six years of credited service, except upon the death or disability of the participant, when it becomes 100% vested.

Participant Loans
Participants may borrow from their fund accounts. The loans are secured by the balance in the participant's account and bear interest, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodic installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

NOTE 2 - **Summary of Accounting Policies**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and change therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2- **Summary of Accounting Policies-Continued**

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Participant loans are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

Concentrations of Credit Risk

Financial instruments, which potentially subject the Fund to concentrations of credit risk, are investments in mutual funds with The Mid Atlantic Co., an investment firm whose investments are not insured under the FDIC. The management of the Plan and of the Plan's Sponsor has evaluated the financial strength of the investment firm and is satisfied as to their financial stability.

NOTE 3 - **Investments**

The Plan adopted Statement of Financial Accounting Standards No. 157, "Fair Value Measurements" ("SFAS 157"), effective January 1, 2008. When determining fair value, SFAS 157 establishes a hierarchy of inputs that emphasizes maximizing the usage of observable inputs, while putting the least emphasis on unobservable inputs. The three levels of hierarchy under SFAS 157 are:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Prices determined utilizing other observable inputs. Such observable inputs would include quoted prices for similar assets or liabilities, quoted prices in markets that are not as active as in Level 1, and other inputs that can be substantiated by observable market information.

Level 3 - Prices determined utilizing unobservable inputs. Where quoted prices or observable inputs are not available, unobservable inputs can be used. Unobservable inputs typically reflect the Plan's own estimates and assumptions in determining pricing, and are not substantiated by market information. Rather, the unobservable inputs would be based on the best information available.

In evaluating what level of input to classify the Plan's investments in mutual funds, the Plan's Trustees and Management concluded that since the mutual funds were valued based on quoted prices in active markets, the investments in the mutual funds should be measured in the fair value hierarchy under Level 1.

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 - Investments - Continued

A) The following presents investments held by the Plan as of December 31, 2009 and 2008 that represent applicable investments that exceed 5% or more of the Plan's net assets available for benefits

	2009	2008
Automated Cash Management	$2,439,569	$2,947,885

B) For the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments both held and sold, as well as held during the year) appreciated (depreciated) in value by $319,907 and $(513,748) .

C) Upon termination of the Plan, participants will be paid their vested benefits in accordance with the provisions of the Plan, until all net assets available for the benefits of the Plan are distributed.

NOTE 4 - Tax Status

The Plan was established in 1997 under the pre-approved non-standardized prototype document of its third party administrator (TPA), Paychex, Inc. This document has been submitted to the Internal Revenue Service for a specific determination letter, the TPA, the Trustees and management of the Plan and the management of the Plan Sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - Plan Termination

Upon termination of the Plan, participants will be paid their vested benefits in accordance with the provisions of the Plan, until all net assets available for benefits of the Plan are distributed.

IRVINGS ROTH & RUBIN PLLC
Certified Public Accountants
55 West 39th Street • 9th Floor • New York, NY 10018
Phone: 212-447-0333 • Fax: 212-447-5806 • Web: www.irrcpa.com

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

To the Board of Directors
L&R Distributors Inc.

Our audit of the financial statements of the L&R Distributors Inc 401k Profit Sharing Plan and Trust as of December 31, 2009 was made for the purpose of forming an opinion on the basic financial statements, taken as a whole. The accompanying schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule of assets held for investment purposes as of December 31, 2009 has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

IRVINGS ROTH & RUBIN PLLC
New York, New York
October 1, 2010

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2009

SCHEDULE H, LINE 4i
EIN - 11-1812912

IDENTITY OF ISSUE	DESCRIPTION OF INVESTMENT			CURRENT VALUE
AIM INTERNATIONAL GROWTH R	5,761.467	SHARES	(1)	$ 141,386
ALLIANCE BERNSTEIN GROWTH & INCOME R	2,763.941	SHARES	(1)	8,043
ALLIANCE BERNSTEIN WEALTH PRES STRAT R	2,983.651	SHARES	(1)	31,507
ALLIANCE BERNSTEIN BALANCE WEALTH STR R	8,836.769	SHARES	(1)	95,879
ALLIANCE BERNSTEIN WEALTH APPREC STRAT R	3,609.134	SHARES	(1)	38,329
ALLIANCE BERNSTEIN INTL VALUE R	6,271.714	SHARES	(1)	85,295
ALLIANZ NFJ LARGE CAP VALUE R	2,673.166	SHARES	(1)	33,922
AMERICAN FUNDS AMCAP R3	446.687	SHARES	(1)	7,321
AMERICAN FUNDS AMERICAN BALANCED R3	615.939	SHARES	(1)	9,947
AMERICAN CENTURY TARGET MAT 2025 ADV	527.819	SHARES	(1)	28,919
AMERICAN CENTURY EMERGING MARKETS A	21,061.966	SHARES	(1)	156,490
COLUMBIA MARISCO 21ST CENTURY R	11,019.393	SHARES	(1)	127,494
DAVIS NY VENTURE R	3,230.244	SHARES	(1)	100,331
DELAWARE HIGH YEILD OPPORTUNITIES R	18,784.087	SHARES	(1)	73,070
DELAWARE CORPORATE BOND R	14,117.635	SHARES	(1)	82,023
AMERICAN FUNDS EUROPACIFIC GR R3	1,213.513	SHARES	(1)	45,725
AMERICAN FUNDS FUNDAMENTAL INVS R3	4,530.724	SHARES	(1)	148,019

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2009

SCHEDULE H, LINE 4i
EIN - 11-1812912

AMERICAN FUNDS GRTH FUND OF AMERICA	2,463.984	SHARES	(1)	66,355
AMERICAN FUNDS INMT CO OF AMER R2	774.918	SHARES	(1)	20,032
AUTOMATED CASH MANAGEMENT K	2,439,584	SHARES	(1)	2,439,569
NATIONWIDE INV DESTINATIONS MOD CON R	688.103	SHARES	(1)	6,468
NATIONWIDE S&P 500 INDEX SVC	1,806.087	SHARES	(1)	16,779
OPPENHEIMER MAIN ST SMALL CAP N	10,804.570	SHARES	(1)	174,278
PIMCO REAL RETURN R	5,308.382	SHARES	(1)	57,277
PUTNAM INTERNATIONAL CAPITAL OPP R	3,191.980	SHARES	(1)	95,408
VICTORY SPECIAL VALUE R	5,982.192	SHARES	(1)	79,144
VICTORY SMALL COMPANY OPPORTUNITY R	814.759	SHARES	(1)	14,791
AMERICAN BOND FUNDS OF AMER R 3	3,506.962	SHARES	(1)	41,382
CASH IN TRANSIT				9,789
				$ 4,234,972

(1) VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANY

L & R DISTRIBUTORS INC.

401 K PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

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L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments		
Mutual Funds	$ 4,225,183	$ 3,867,119
Cash - In Transit	9,789	10,827
Total Investments	4,234,972	3,877,946
Receivables:		
Participant loans	150,829	173,382
TOTAL ASSETS	4,385,801	4,051,328
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,385,801	$ 4,051,328

See Accompanying Notes to Financial Statements

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS:		
Additions to net assets available for benefits attributed to:		
Net appreciation in fair value of investments	$ 319,907	$ -
Contributions:		
Participants	604,602	679,765
Employer	74,385	76,970
Employee Rollovers	2,142	760,779
	681,129	1,517,514
TOTAL ADDITIONS	1,001,036	1,517,514
DEDUCTIONS:		
Net depreciation in fair value of invesments	-	513,748
Benefits paid to participants	658,365	453,160
Administrative	8,198	1,268
TOTAL DEDUCTIONS	666,563	968,176
NET INCREASE	334,473	549,338
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	4,051,328	3,501,990
END OF YEAR	$ 4,385,801	$ 4,051,328

See Accompanying Notes to Financial Statements

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - **Description of Plan**

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NOTE 2 - **Summary of Accounting Policies**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and change therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2- **Summary of Accounting Policies-Continued**

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Participant loans are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

Concentrations of Credit Risk

Financial instruments, which potentially subject the Fund to concentrations of credit risk, are investments in mutual funds with The Mid Atlantic Co., an investment firm whose investments are not insured under the FDIC. The management of the Plan and of the Plan's Sponsor has evaluated the financial strength of the investment firm and is satisfied as to their financial stability.

NOTE 3 - **Investments**

The Plan adopted Statement of Financial Accounting Standards No. 157, "Fair Value Measurements" ("SFAS 157"), effective January 1, 2008. When determining fair value, SFAS 157 establishes a hierarchy of inputs that emphasizes maximizing the usage of observable inputs, while putting the least emphasis on unobservable inputs. The three levels of hierarchy under SFAS 157 are:

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In evaluating what level of input to classify the Plan's investments in mutual funds, the Plan's Trustees and Management concluded that since the mutual funds were valued based on quoted prices in active markets, the investments in the mutual funds should be measured in the fair value hierarchy under Level 1.

L & R DISTRIBUTORS
401K PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 - Investments - Continued

A) The following presents investments held by the Plan as of December 31, 2009 and 2008 that represent applicable investments that exceed 5% or more of the Plan's net assets available for benefits

	2009	2008
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C) Upon termination of the Plan, participants will be paid their vested benefits in accordance with the provisions of the Plan, until all net assets available for the benefits of the Plan are distributed.

NOTE 4 - Tax Status

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NOTE 5 - Plan Termination

Upon termination of the Plan, participants will be paid their vested benefits in accordance with the provisions of the Plan, until all net assets available for benefits of the Plan are distributed.

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INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

To the Board of Directors
L&R Distributors Inc.

Our audit of the financial statements of the L&R Distributors Inc 401k Profit Sharing Plan and Trust as of December 31, 2009 was made for the purpose of forming an opinion on the basic financial statements, taken as a whole. The accompanying schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule of assets held for investment purposes as of December 31, 2009 has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

IRVINGS ROTH & RUBIN PLLC
New York, New York
October 1, 2010

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2009

SCHEDULE H, LINE 4i
EIN - 11-1812912

IDENTITY OF ISSUE	DESCRIPTION OF INVESTMENT			CURRENT VALUE
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L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2009

SCHEDULE H, LINE 4i
EIN - 11-1812912

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CASH IN TRANSIT				9,789
				$ 4,234,972

(1) VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANY