## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information			10/01					
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	)9 <u>-</u>	and ending	12/31/	2009				
Α	This return/report is for:	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 plan	year return/report (less than 12 m	onths)					
С	Check box if filing under:	automatio	extension		DFVC progra	am			
	special extension (enter description	on)							
Pa	Irt II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
PPW	S RETIREMENT PLAN				plan number (PN) ▶	001			
				10	Effective date o	f plan			
				'0	01/01/2				
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identi	fication Number			
PRO	FESSIONAL PAINTING & WALLCOVERING SUPPLY				(EIN) 13-394				
10 N	ORTH MAIN STREET			2c	Plan sponsor's t	telephone number			
	RL RIVER, NY 10965			2d	Business code (				
					424990	<u> </u>			
3a	Plan administrator's name and address (if same as Plan sponsor, e FESSIONAL PAINTING & WALLCOVERING SUPPLY 19 NORTH I	enter "Same	e") ===	3b	Administrator's				
TIKO	PEARL RIVI			3c	13-3941192 <b>3c</b> Administrator's telephone numb				
					845-735-1010				
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN				
	name, EIN, and the plan number from the last return/report. Sponso	or s name		4c	PN				
5a	Total number of participants at the beginning of the plan year				5a				
	<b>b</b> Total number of participants at the end of the plan year				5b				
С						3			
	complete this item)			. 5c		3			
	Were all of the plan's assets during the plan year invested in eligib	,			X Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			X Yes □ No					
	If you answered "No" to either 6a or 6b, the plan cannot use F		, , , , , , , , , , , , , , , , , , ,						
Pa	rt III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning of Year		of Year				
а	Total plan assets		906	98		135674			
b	Total plan liabilities	7b		0					
C	Net plan assets (subtract line 7b from line 7a)	7с	906	98 13					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:  (1) Employers	8a(1)	50	47					
	(2) Participants		174	12					
	(3) Others (including rollovers)			0					
b	Other income (loss)		22487		187				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4					
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)			0					
e	Certain deemed and/or corrective distributions (see instructions)			0					
f	Administrative service providers (salaries, fees, commissions)			0					
g	Other expenses			0					
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					44076			
!	Net income (loss) (subtract line 8h from line 8c)					44976			
		Qi	1	$\cap$					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

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

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Charac	cteris	iic Co	des in	tne instruc	tions:	
Part	٧	Compliance Questions								
10	During the plan year:					Yes	No		Amount	t
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	C Was the plan covered by a fidelity bond?						X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
										691
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q		X			
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \		Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements:							∏ Ye	es 🗌 No
12		his a defined contribution plan subject to the minimum funding requ							☐ Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 110 0000	01 00	otion	JUZ 01	L1(10/(:	ш	- Ц
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							ruling
	-	nting the waiver.			h		Day		Year	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year									
							12c			
d							12d			
е	Will 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	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Ye	es X No
	lf "۱	'es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ontrol		Ye	es X No
		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 pla	n(s) to	)			
13c(1) Name of plan(s):						13	<b>c(2)</b> El	N(s)	13c	(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	e cau	se is	establ	lished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I do nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature. 10/15/2010 MICHAEL KAPLA				AN					
HERE						·				

Date

Enter name of individual signing as employer or plan sponsor

p.01

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 1210-0069

2009

Emplo	Department of Labor yee Benefits Security Administration	Refirement Income Security Act of 1974 (ERISA), and securit 6036(a) of the Internal Revenue Code (the Code).					Open to Public pection		
	ion Benefit Guaranty Corporation	1		the instructions to the Form 550	o-SF.	Ins	pection		
Part	Annual Report lo	lentification Information				** A ( ) T / A A A			
For ca	lendar plan year 2009 or fisc	al plan year beginning	01/01/20			12/31/200			
A Thi	is return/report is for:	X single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participa	nt plan		
	is return/report is for:	first return/report	final return	report					
200		an amended return/report	short plan	year return/report (less than 12 mo	inths)				
A 01		X Form 5558	automatic	extension		OFVC progra	m		
C Un	eck box if filing under:	special extension (enter descri	Li Intion)						
2 400,000							***************************************		
Part	- Marie	mation—enter all requested info	3111/2110(1)		16	Three-digit			
12 N	ame of plan PWS RETIREMENT PL	AN			-	plan number	American		
-						(PN) •	001		
		3			1c	C Effective date of plan			
					٠	01/01/200			
2a g	lan sponsor's name and add	ress (employer, if for single-emplo ING &	yer plan)		20	Employer identi (EIN) 13-394			
	ALLCOVERING SUPPL				20	<del></del>	telephone number		
1000					1	(845) 359-			
1	9 NORTH MAIN STRE	E.I.			2d		(see instructions)		
P	EARL RIVER			NY 10965	<del> </del>	424990			
3a P	ian administrator's name and	daddress (if same as Plan sponso	or, enter "Same	״	3b	Administrator's	EIN		
175.5					3c	Administrator's	telephone number		
			V 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7 GMM Moligios C			
4 If t	he name and/or EIN of the p	lan sponsor has changed since th	e last return/re	port filed for this plan, enter the	4b	4b EIN			
na	ame, EIN, and the plan numb	er from the last return/report. Spo	onsor's name		40	ON			
			<del></del>			PN	3		
	5a Total number of participants at the beginning of the plan year								
					5b		3		
c i	Fotal number of participants	with account balances as of the er	nd of the plan y	ear (defined benefit plans do not	5c		3		
				>n l	-		X Yes No		
6a	Were all of the plan's assets	during the plan year invested in e	eligible assets f	(See Instructions.) ident qualified public accountant (	OPAL		H 100 [] 10		
D ·	Are you claiming a waiver or under 29 CFR 2520.104-46?	(See instructions on waiver eligib	ality and condition	ons.)			X Yes No		
	If you answered "No" to el	ther 6a or 6b, the plan cannot u	se Form 5500-	SF and must instead use Form 5	500.				
	III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	t of Year		
a	Total plan assets	***************************************	7a	90,6	98	· · · · · · · · · · · · · · · · · · ·	135,674		
					0		0		
		7b from line 7a)		90,6	98	····	135,674		
	Income, Expenses, and Tran		140 110	(a) Amount		(b)	Tota!		
а	Contributions received or rec	eivable from:		5 /					
		************************************	8a(1)	5,0	_	10			
	(2) Participants	***************************************	I	17,4	42				
	(3) Others (including rollove)	rs)	8a(3)		_0				
				22,4	187				
		), 8a(2), 8a(3), and 8b)					44,976		
d	Benefits paid (including direc	t rollovers and insurance premiun	ns		0				
		**************************************							
		ctive distributions (see instruction							
		lers (salaries, fees, commissions)			0	- Jajoi Listi			
	· ·	***************************************			U .		<u> </u>		
	0.5	i, 8e. 8f, and 8g)					44 024		
	20 TO	ine 8h from line 8c)				These constitutes	44,976		
j	Transfers to (from) the plan	(see instructions)	8j		0				

	Form 5500-SF 2009	Page	, 2-		1000			
Part	N Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension feature  2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature							
Part	V Compliance Questions							
40	Ourion the plan year			Yes	No	Ar	nount	
a	Was there a failure to transmit to the plan any participant contributions via CEP 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary	COHECTON LINGS an	1)		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	*************		-	х			
C	Was the plan covered by a fidelity bond?		10	1	X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	** ********************		4	х			
е	Were any fees or commissions paid to any brokers, agants, or other perinsurance service or other organization that provides some or all of the instructions.)	rsons by an insurar benefits under the	olan? (See	X		69		
f	Has the plan failed to provide any benefit when due under the plan?		10	f	X			
a	Did the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)	10	g	Х			
h	If this is an individual account plan, was there a blackout period? (See i	Instructions and 29	CFR 10	h				<u> </u>
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	juired notice or one	of the					
Par	VI Pension Funding Compliance							
11	is this a defined benefit plan subject to minimum funding requirements (1500))	***********		***********	**********		Yes X	No
	is this a defined contribution plan subject to the minimum funding required (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. If a waiver of the minimum funding standard for a prior year is being an granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	.) nortized in this plan	year, see instructio	ns, and	enter II Day	e date of the	e letter ruling /ear	_
t	Enter the minimum required contribution for this plan year		***************************************		125			
c	Enter the amount contributed by the employer to the plan for this plan to	year		.,	12c			
C	negative amount)	,		*********	12d	Yes [	No 🗍 I	N/A
6	Will the minimum funding amount reported on line 12d be met by the fi	unding deadline?			********	1 122	1 140	3073
Par		<del></del>				<u></u>		8
138	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	<i>?</i>	•••••	T		Yes X	No
	if "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		.,,,,,,,,,	13a	1 .	<b>.</b>	
	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?		*************	*****			Yes X	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):			13c(2) EIN(5) 13c(3) PI			u(a)	
		<del> </del>			94 SEC. 1			
	tion: A penalty for the late or incomplete filing of this return/report	will be assessed	uniese reasonable	cause	is estat	lished.		Acres at
Un	for penalties of perjury and other penalties set forth in the instructions, to or Schedule MB completed and signed by an enrolled actuary, as well as lef, it is true, correct, and complete.	declare that I have	examined this return	report.	includi	no, is applica	ble, a Schedi (nowledge an	ıle d
	0 0) - 2-440	10-13-10	DAVID GOLDB	ERG			2000	10
	RE Signature of plan administrator	Date	Enter name of ind	ividual s	signing	as plan admi	nistrator	
	RE Standard of employerings sponsor	Date	Enter name of ind	ividual :	signina :	as employer	or plan soons	sor
10	Signature of employer/plan sponsor	- um	1 - mar traine or the		- S			V. 10-7