## 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.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 05/03/2010							
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)	r) one-participant plan				
В .	This return/report is for: first return/report							
an amended return/report short plan year return/report (less than 12 months)								
С	Check box if filing under: Form 5558		DFVC program					
	special extension (enter description							
Pa	art II Basic Plan Information—enter all requested informa	ition						
	Name of plan			1b	Three-digit			
CUR	TIN-HEBERT COMPANY, INC. 401(K) PLAN				plan number			
		4.0	(PN)					
				10	Effective date of plan 09/15/1966			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
CUR	TIN-HEBERT COMPANY, INC.				(EIN) 14-0593810			
E 44	FORFOT OTREET			2c	Plan sponsor's telephone number 518-725-7157			
	FOREST STREET VERSVILLE, NY 12078			2d	Business code (see instructions)			
					333200			
	Plan administrator's name and address (if same as Plan sponsor, en TIN-HEBERT COMPANY, INC. 5-11 FOREST			3b	Administrator's EIN 14-0593810			
CUR	GLOVERSVIL			30	Administrator's telephone number			
					518-725-7157			
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	s name		4c	PN			
5a	Total number of participants at the beginning of the plan year				3			
b					0			
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not			_				
	complete this item)			. 5c	0			
ьа b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a		` ,		X Yes No			
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information		I					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	35126		0			
_	Total plan liabilities	7b	05406	0				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	35126	50				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	540	06				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			5406			
d	Benefits paid (including direct rollovers and insurance premiums		24.450					
_	to provide benefits)	8d	31453					
e	Certain deemed and/or corrective distributions (see instructions)	8e	4203					
t	Administrative service providers (salaries, fees, commissions)	8f	10	10				
g	Other expenses (odd lines 2d, 2c, 2f, and 2d)	8g			356666			
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h o:			-351260			
i	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i			-531200			
J	Transiers to (iroin) the plan (see instructions)	8j						

Part IV	Plan	Charact	eristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T

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

	Compliance Questions								
a \	During the plan year:		Yes	No		Amount	:		
	Vas 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)	10a		X					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ				200000		
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
i	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						571		
f I	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
	f 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
rt V	Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 500))					. Ye	s X No		
2									
(	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc ranting the waiver								
-	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г						
<b>b</b> E	nter the minimum required contribution for this plan year			12b					
	inter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)	L	12d						
<b>e</b> \	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
rt V	II Plan Terminations and Transfers of Assets								
a I	las a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X Ye	s No		
ŀ	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			(		
b \	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upfithe PBGC?	ınder		ntrol		X Ye	s No		
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the vhich assets or liabilities were transferred. (See instructions.)	e pla	n(s) to			_			
13	13c(1) Name of plan(s):				N(s)	13c(	( <b>3)</b> PN(s)		
	A manualty fact the late an incomplete filling of their natural transfer with the control of			4-1:	laha d				
	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					abla - C	ah a di il a		

SIGN	Filed with authorized/valid electronic signature.	10/27/2010	MCGLADREY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/27/2010	MCGLADREY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Trousary

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

OMB Nos. 1210-0110 1210-0089

	рерализи от по Троналу (поста Вачания Зегую	This form is required to be file	ed under se	ctions 104 and 4065 of the Employee	1	2009			
_	Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the motors benefit Security Administration Internal Revenue Code (the Code).					This Form is Open to Public			
	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF,								
	calendar plan year 2009 or fisca	lentification information	10/01/2	009 and ending		05/03/2010			
	<u> </u>	X single-employer plan							
	This total broken to tot.		₹ '	mpleyer plan (not multiempleyer)		one-participant plan			
В.	This return/report is for:	first return/report	=	•					
		an amended return/report	Short plan	r year return/report (less than 12 mor	nhe)	***			
C	Check box if filing under:	Form 5558	automatic	extension		∐ DFVC program			
		special extension (enter descript	ion)						
Pa	ırt II 🥇 Basic Plan Infол	nation enter all requested infor	nation						
	Name of plan	NAME TATE 401/W NT 3M			16	Three-digit plan number			
	CORTIN-HEBERT COMPA	ANY, INC. 401(K) PLAN				(PN) 001			
					1c	Effective date of plan			
						09/15/1966			
Ża	Plan aconsors name and adding	eas (employer, if for single-employe ANY, INC.	or plan)		2b	D Employer identification Number (EIN) 14-0593810			
					2c	Plan sponsor's telephone number (518) 725-7157			
	5-11 FOREST STREET			ŀ	24	Business code (see Instructions)			
	GLOVERSVILLE			NY 12078	~~	333200			
3 <b>a</b>	Plan administrator's name and	address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's EIN			
					9				
					JE	Administrator's telephone number (518) 725-7157			
		an sponsor has changed since the I		eport filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan numbe	er from the last return/report, Spons	or's name		4	mai			
52	Total number of medicinants of	t the beginning of the plan way		A		PN			
					<u>5a</u>	3			
					5b	0			
	complete this item)	ith account balances as of the end	oruma pran	Aast (deiluen neueur bistie do unt	5c				
<b>β</b> a				(See instructions.)	,	X Yes No			
	Are you claiming a walver of t	he annual examination and raport of	of an indepe	ndent qualified public accountant (IQ	PA)				
	Under 29 CFR 2520,704-467 (	See instructions on waiver eligibility	y Bhd condii Easa saidh	ions.) SF and must instead use Form 550	••••••	Yes No			
Pa	rt III Financial Inform		FOILI 630V	SE and thust macean has Form 55	IV.				
7	Pign Assets and Liabilities			(a) Beginning of Year	Т	(b) End of Year			
а			7a	351,26	0	(b) Lind of Teas			
b		######################################			ā				
		7b from line 7a)		351,26	0	0			
8	income, Expenses, and Trans	fers for this Plan Year		(a) Amount	1	(b) Total			
а	Contributions received or received	ivable from:			32.00	New white each to C			
		***************************************	سلسلم مستق			"快速转移"。这种发现的企业的发现了。 1.872条(1.12)等数型。			
		***************************************			1.5				
		)			_\``				
		***************************************		5,40	6	A CANADA CONTRACTOR OF THE CON			
c d		8a(2), 8a(3), and 8b)	Bc		-	5,406			
u	to provide benefits)	offits paid (including direct rollovers and insurance premiums by tide benefits)		314,53	1				
		in deemed and/or corrective distributions (see instructions) Be 42,0		<del></del>					
f		rs (selecies, fees, commissions)		10	_				
g					∄.	•			
h		8e, 8f, and 8g)			╁	356,666			
1		e 8h from line 8c)			1-	(351, 260)			
j	Transfers to (from) the plan (se	ee instructions)	93		┪	(332,260)			

Page 2-Form 5500-SF 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ЗD 21 **2G** 2.3 2K b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V: Compliance Questions Yes Νo Amount During the plan year: 8 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) ...... Х Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b 100 Was the plan covered by a fidelity bond?..... 200,000 Did the plan have a loss, whether or not reimburged by the plan's fidelity bond, that was caused by fraud 10d x Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 571 instructions.) Has the plan failed to provide any benefit when due under the plan? ..... х 101 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 2520.101-3.} .... 101 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3..... 161 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day\_ If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the infulmum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in fine 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d M/Δ Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... Res Ki If "Yes," enter the amount of any plan assets that reverted to the employer this year,...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control X Yes No If during this plan year, any assats 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 10-20-10 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator 10-20-10 SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Dete