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.

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I	Annual Report I	lden	tification Informa	ation							
		ar plan year 2009 or fis			01/01/200)9	and ending	12/31/	2009			
Α	This ret	urn/report is for:	X	ingle-employer plan	Г	multiple-e	employer plan (not multiemployer)		one-participant	plan		
					final retur	n/report		_				
			X	in amended return/repo	ort	short plar	year return/report (less than 12 m	onths)				
C	Check h	nox if filing under	X	Form 5558		<u>.</u> 1	extension	ŕ	☐ DFVC program			
C Check box if filing under: X Form 5558					, onto note in	☐ 5. vo program						
Pa	art II	Rasic Plan Infor	Щ	tion—enter all reques	•							
	Name		IIIIa	ilon—enter all reques	ileu illioiti	ialion		1b	Three-digit			
		ND CO., LLC PROFIT S	SHAF	RING PLAN					plan number	000		
									(PN) •	002		
								1c	Effective date of pl 01/01/200			
		ponsor's name and add	dress	(employer, if for single	-employe	r plan)		2b	Employer Identifica	ation Number		
KEE(GAN &	CO., LLC						20	(EIN) 22-390116			
350 -	THEOD	ORE FREMD						2C	Plan sponsor's tele			
	NY 10							2d	Business code (se			
								-	531110			
		dministrator's name and CO., LLC	id add			enter "Same ORE FREN		36	Administrator's EIN 22-390116			
		oo., ==o			E, NY 10			3с	Administrator's tele			
									914-967-9)421 		
		ame and/or EIN of the p EIN, and the plan numb					port filed for this plan, enter the	4b	EIN			
	name, L	int, and the plan numb	Jei III	on the last return repor	т. Оропас	or s riarrie		4c	PN			
5a	Total r	number of participants a	at the	beginning of the plan	year			- 5a	a			
b							- 5b		3			
C Total number of participants with account balances as of the end of the plan year (d				rear (defined benefit plans do not								
	•	•						. 5c		3		
		•			Ū		(See instructions.)			Yes No		
b							ndent qualified public accountant (IC ions.)			X Yes No		
			•				SF and must instead use Form 5					
Pa	rt III	Financial Inform	natio	on								
7	Plan A	Assets and Liabilities					(a) Beginning of Year		(b) End of	Year		
а	Total p	olan assets				7a	9739	7		198594		
b	Total p	olan liabilities				7b						
С	Net pla	an assets (subtract line	7b f	om line 7a)		7с	9739	7		198594		
8		e, Expenses, and Trans					(a) Amount		(b) Tot	al		
а		butions received or recomployers				8a(1)	9829	93				
	. ,	articipants				` '						
	. ,	thers (including rollover				` '						
b		income (loss)	,			` '	290)4				
С	Total i	ncome (add lines 8a(1)), 8a(2), 8a(3), and 8b)		8c				101197		
d	Benefi	its paid (including direc	t rollo	overs and insurance pr	emiums							
	•	vide benefits)										
e		n deemed and/or corre		`	,							
†		istrative service provide	,		,			-				
g		expenses										
n :		expenses (add lines 8d								101107		
 		come (loss) (subtract lir		,						101197		
J	ranst	fers to (from) the plan (s	see II	ISHUCTIONS)		··· 8j						

Part IV	Plan	Charact	eristics

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 2E 3B 3D

D	ii the	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	des in	ine instruct	ions:			
Part	٧	Compliance Questions										
10	Dui	ing the plan year:		_		Yes	No		Amoun	t		
а	a 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 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?											
d		the plan have a loss, whether or not reimbursed by the plan's fideli	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 instructions.)											
f	Has	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 20.101-3.)) CFR	10h		X					
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?							Пу	es X No		
12		0))his a defined contribution plan subject to the minimum funding requ								es X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 36	Clion	JUZ UI	LINIOA:	□ .,	ос 🗆		
		waiver of the minimum funding standard for a prior year is being am		year, see instruc	tions,	and e	enter th	ne date of t	he letter	ruling		
	-	nting the waiver.			h		Day		Year			
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	,	•		Γ	12b					
		er the minimum required contribution for this plan year er the amount contributed by the employer to the plan for this plan y					12c					
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A		
Part \		Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Ye	es X No		
		'es," enter the amount of any plan assets that reverted to the emplo					13a					
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Y	es X No		
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e plai	n(s) to	1		-i			
13	13c(1) Name of plan(s):					13c(2) EIN(s) 13				(3) PN(s)		
Cautio	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.				
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.										
SIGN	F	iled with authorized/valid electronic signature.	1/10/2010	WARREN KEEGA	λN							
HERE	IFDE						individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

1	Pension Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 550	3-SF.				
P	Part Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 0	1/01/2			12/31/200	9		
Α	his return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan							
В	This return/report is for: first return/report final return/report							
	X an amended return/report		year return/report (less than 12 mo	ntns)	m			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m		
-	special extension (enter description	on)						
D	art II Basic Plan Information—enter all requested inform	ation						
	Name of plan			1b	Three-digit			
•~	KEEGAN AND CO., LLC PROFIT SHARING PLAN				plan number (PN)	002		
				40	Effective date of	i nlan		
				ו ויי	01/01/2008			
		-lon)		2h	Employer Identi			
2a	Plan sponsor's name and address (employer, if for single-employer KEEGAN & CO., LLC	pian)			(EIN) 22-390	1164		
				2c	Plan sponsor's t	elephone number		
	350 THEODORE FREMD			<u> </u>	(914) 967-9421 Business code (see instructions)			
	Journal President			2a	Business code (531110	see instructions)		
	RYE	ntes "Com	NY 10580	3h	Administrator's	=IN		
3a	Plan administrator's name and address (if same as Plan sponsor, e	прег Запи	=)	0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				3с	Administrator's	elephone number		
					 			
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c PN				
	The second secon			5a				
	a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					3		
b	Total number of participants at the end of the plan year	(d-Snod honoff plane do not	5b					
C	Total number of participants with account balances as of the end of complete this item)	tue bisu ?	ear (defined beneat plans of not	5c		3		
62	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			Xi Yes ∏ No		
va h	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IV	JP (4)		X Yes No		
~	under 29 CFR 2520.104-467 (See instructions on waiver eligibility)	and condit	ions.)	********		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	ω.				
Pa	rt III Financial Information	T		<u> </u>	/E) Ed	of Year		
7	Plan Assets and Liabilities		(a) Beginning of Year 97, 39	17	(0) End	198,594		
а	Total plan assets	. 7a	37,73.	'				
	Total plan liabilities		97.20	27		198,594		
C	Net plan assets (subtract line 7b from line 7a)	7c	97,39	-	4.			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	+	(b)	rotal		
а	Contributions received or receivable from:	8a(1)	98,29	3				
	(1) Employers			1				
	(2) Participants	1		┪.				
	(3) Others (including rollovers)	8a(3)	2,90)4				
þ	Other income (loss)	8b		+		101,197		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		_				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_				
f	Administrative service providers (salaries, fees, commissions)	ž	·····					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i	Net income (loss) (subtract line 8h from line 8c)	1				101,197		
i	Transfers to (from) the plan (see instructions)							

	Form 5500-SF 2009	Page 2										
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from X 2A 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from	•										
n	V Compliance Questions	······································			······································		-					
Part				Yes	No		Amoun	t				
10	During the plan year: Was there a fallure to transmit to the plan any participant contributions within the time	e period described in										
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction P	rogram)	10a		X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include to n line 10a.)	ransactions reported	10b		х							
С	Was the plan covered by a fidelity bond?		10c		X	l						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that or dishonesty?	vas caused by fraud	10d		х				,			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance service or other organization that provides some or all of the benefits under	nsurance carrier, er the plan? (See			x							
	instructions.)		10e									
f	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		Х							
h	If this is an individual account plan, was there a blackout period? (See instructions a 2520.101-3.)		10h		х							
I	If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3	or one of the	101									
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," ser	instructions and co	mpiete	Sched	ule SB	(Form		es X				
	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver											
	cu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500) Enter the minimum required contribution for this plan year			[12b							
					12c							
d	Enter the amount contributed by the employer to the plan for this plan year	minus sign to the lef	t of a	ł	12d							
_	Will the minimum funding amount reported on line 12d be met by the funding deadlin					Yes	No		N/A			
	VII Plan Terminations and Transfers of Assets						Пү	es X	No			
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior				13a							
ža.	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 and	ofher plan, or brough	t unde	the co	entrol	<u> </u>						
	of the PBGC?			** ** * * * * * * * * * * * * * * * * *	*****		ЦΥ	∕es 🔀	No			
	which assets or liabilities were transferred. (See instructions.)						1 40	- (0) 5)				
1:	3c(1) Name of plan(s):		-	13	c(2) El	N(s)	130	c(3) PN	((S)			
			_			<u></u>	-					
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assess	sed unless reasona	ble ca	use is	<u>establ</u>	ished.						
SB or	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.											
DCHC!	Waven 100gm 11/8/201	WARREN KE	EGAN									
SIGN		Enter name of		ual ein	ning 25	s olan admi	inistratr	0.0				
HER	Olgitativi or print garage				anig di	- 10:014 00:111						
SIĞN	Waver 1000				nine et	o omployer	or plan	ener				
HERE	ERE Signature of employer/plan sponsor Date Enter name of					individual signing as employer or plan sponsor						