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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

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

Part I Annual Report Identification Information									
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 11/30/2010								
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	r) one-participant plan					
	This return/report is for:	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under: Form 5558	•	extension	/	DFVC program				
Ü	special extension (enter description		SACHEIGH.						
D									
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit				
	WILL ENTERPRISES, INC. PROFIT SHARING PLAN AND TRUST			ID	nlan number				
					(PN) ▶ 001				
				1c	Effective date of plan 01/01/2002				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
MAR	WILL ENTERPRISES, INC.	. ,			(EIN) 14-1713729				
1329	RUFFNER ROAD			2c	Plan sponsor's telephone number 518-783-6322				
SCH	ENECTADY, NY 12309			2d Business code (see instruction					
					423200				
	Plan administrator's name and address (if same as Plan sponsor, et WILL ENTERPRISES, INC. 1329 RUFFN			3b	Administrator's EIN 14-1713729				
	SCHENECTA			3c	Administrator's telephone number				
4					518-783-6322				
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	maine, Enti, and the plan number norm the last return popular openior	i o name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	3				
b	Total number of participants at the end of the plan year			5b	0				
С			•	E 0	0				
Δ-	complete this item)			5c					
ъа 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		'		Yes No				
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.					
Pa	art III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
	•	7a	266688	-	0				
b	Total plan liabilities	. 7b	0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	266688		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	O						
	(2) Participants	8a(2)	0	7					
	(3) Others (including rollovers)	ratiopans oa(z)		 					
b	Other income (loss)	8b	6107						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6107				
d	Benefits paid (including direct rollovers and insurance premiums	. 00							
<u></u>	to provide benefits)	8d	272795	_					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	_					
f	Administrative service providers (salaries, fees, commissions)	8f	0	_					
g	Other expenses	. 8g	C						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			272795				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-266688				
i	Transfers to (from) the plan (see instructions)	8j	C						

	F	Form 5500-SF 2010 Page 2-							
Dar	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	acteris	stic Co	des in	the instru	ıctions	S:	
		2G 2A 2F 2J 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	the instruc	ctions:		
art	: V	Compliance Questions							
0		ng the plan year:		Yes	No		Amo	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
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.)	10q		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					П	Yes	X No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver							
lf '		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Бау		Tea		
		r the minimum required contribution for this plan year		[12b				
		er the amount contributed by the employer to the plan for this plan year	1	12c					
_	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		T T	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A

Part VII Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e control X Yes No

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.)

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	Filed with authorized/valid electronic signature.	12/16/2010	HOWARD MARWILL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/16/2010	HOWARD MARWILL
HERE	Signature of employer/plan sponsor	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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

_		dance with	the instructions to the Form 5500-SI	F.			
	art I Annual Report Identification Information			<u> </u>			
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010 and ending	11/30/2010			
Α	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	one-participant plan			
В	This return/report is for: first return/report	final return					
	H		•				
_			year return/report (less than 12 months)				
С	Check box if filing under:	automatic e	extension	DFVC program			
	special extension (enter description))					
P	art II Basic Plan Information enter all requested information	mation.					
1a	Name of plan		1	b Three-digit			
	Marrill Potorovisos Tos Duckit Shaving Diag						
	Marwill Enterprises, Inc. Profit Sharing Plan	and Trus		(PN) ▶ 001			
			'	C Effective date of plan 01/01/2002			
2a	Plan sponsor's name and address (employer, if for single-employer plans	an)	2	b Employer Identification Number			
	Marwill Enterprises, Inc.	,		(EIN) 14-1713729			
			2	C Plan sponsor's telephone number			
	1329 Ruffner Road		<u> </u>	(518) 783-6322			
ບຣ	Schenectady NY 12309		2	d Business code (see instructions) 423200			
<u>3a</u>	Plan administrator's name and address (If same as plan employer, en	ter "Same")	- 3	Administrator's EIN			
	Same	,					
			3	3c Administrator's telephone number			
			"	Authinistrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/repo	ort filed for this plan, enter the	b ein			
	name, EIN and the plan number from the last return/report. Sponsor's	Name	4	C PN			
5a	Total number of participants at the beginning of the plan year		5	ia 3			
b	Total number of participants at the end of the plan year			ib 0			
С	Total number of participants with account balances as of the end of th	(defined benefit plans do not					
	complete this item)			C 0			
	Were all of the plan's assets during the plan year invested in eligible a			Yes No			
D	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form						
Pa	Time Financial Information			-			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	. 7a	266,688	0			
b	Total plan liabilities	7b	0	0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	266,688	0			
8	Income, Expenses, and Transfers for this Plan Year	248 1.4	(a) Amount	(b) Total			
а	Contributions received or receivable from:			CONTRACTOR OF THE PART OF THE			
	(1) Employers	. 8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	. 8a(3)	0				
b	Other income (loss)	. 8b	6,107	Section 1			
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		6,107			
ď	Benefits paid (including direct rollovers and insurance premiums			E STATE OF THE STA			
	to provide benefits)	8d	272,795				
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e	0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	0	A CALL TO STATE OF THE			
g	Other expenses	. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		272,795			
i	Net income (loss) (subject line 8h from line 8c)	. 8i		(266,688)			
i	Transfers to (from) the plan (see instructions)	. 8j	0	The second secon			
<u>_</u>	r Paperwork Reduction Act Notice and OMB Control Numbers, see			Form 5500-SF (2010)			

	Form 5500-SF 2010	Pa	ge 2-		_					
Part	IV Plan Characteristics									
9a 1	the plan provides pension benefits, enter the applicable pension featu	re codes from the List	of Plan Characte	ristic (Codes	in the i	nstructions:			
h H	2E 2G 2A 2F 2J 3D the plan provides welfare benefits, enter the applicable welfare feature	a codes from the List (of Plan Character	ictic C	odon i	n tha in	eta setie a es			
	the plan provides wellare beliefus, enter the applicable wellare realting	e codes nom the cist	DI FIAII CHAIACLEI	Suc	oues i	ii uie iii	structions.			
Pari	Compliance Questions	-								
10	During the plan year:				Yes	No	Am	ount		
а	Was there a failure to transmit to the plan any participant contribution	within the time period	described in			x				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D			10a		<u> </u>				
	on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, that was car	used by fraud							
	or dishonesty?			10d		x	_			
е	Were any fees or commissions paid to any brokers, agents, or other process.									
	insurance services or other organization that provides some or all of t instructions.)			10e		x				
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	fyear end.)		10a		х		-		
h	If this is an individual account plan, was there a blackout period? (See					١.,		y the same of the		
	2520.101-3.)			10h	_	Х				
'	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
FEIT	Pension Funding Compliance			1.4.			n in de la company de la compa	The second section of the second seco		
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	•	•			-		Yes X No		
12	Is this a defined contribution plan subject to the minimum funding req									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
а	If a waiver of the minimum funding standard for a prior year is being a									
lf v	granting the waiver			nth		Day	Ye	ear		
, b	Enter the minimum required contribution for this plan year				. [12b	_			
C	Enter the amount contributed by the employer to the plan for this plan					12c	_			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	•				12d				
	negative amount)			• •	· L					
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	· · · · · ·	<u> </u>	<u>· ·</u>	<u> </u>	Yes	No N/A		
	Plan Terminations and Transfers of Assets							X Yes No		
13a	Has a resolution to terminate the plan been adopted during the plan of "Yes," enter the amount of any plan assets that reverted to the emp			• •	٠,	13a	· · · ·	0		
				· ·	• •					
D	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	· · · · · · ·	· · · · ·	idei ili				XYes No		
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the	plan(s	s) to					
1	3c(1) Name of plan(s):				1:	3c(2) E	IN(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.										
	penalties of perjury and other penalties set forth in the instructions, I o							Schedule		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	of this return/rep	ort, a	nd to t	he best	of my knowle	dge and		
belief,	it is true, correct, and/complete.									
ે છે હ	Howed Murell	2/12/0	Howard Marw							
13.6		Date 13/10	Enter name of in		al sigr	ning as	plan administ	rator		
Sig	fand Manly	2/12/10	Howard Marw							
HE	Signature of employer/plan sponsor Date 2/3/19 Enter name of individual signing as employer or plan sponsor									