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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.					
		lentification Information								
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan			
	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am			
		special extension (enter description	on)							
Pa	rt II Basic Plan Infori	mation—enter all requested inform	ation							
	Name of plan				1b	Three-digit				
		CORP. PROFIT SHARING TRUST				plan number	001			
						(PN) •				
					1c	Effective date of 06/30/2				
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	· plan)		2b	Employer Ident				
	STRIAL OVERALL SERVICE		ρ.ω,			(EIN) 13-171				
10 B	ARTELS PLACE				2c Plan sponsor's telephone numb					
	ROCHELLE, NY 10801				2d		(see instructions)			
					24	812320				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's				
INDU	STRIAL OVERALL SERVICE (CORP. 10 BARTELS NEW ROCH		10801	20	13-171				
					30	914-23	telephone number 5-1220			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN					
1	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		40	PN				
5a	Total number of participants a	t the beginning of the plan year			5a	<u> </u>				
	Total number of participants a	5b								
		ith account balances as of the end o			30					
	·			` .	5c		0			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No			
b		ne annual examination and report of					X Yes No			
		See instructions on waiver eligibility er 6a or 6b, the plan cannot use F								
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year			
, a	Total plan assets		. 7a	(a) Beginning of Teal 537719	9	(b) Life	0			
				()		0			
		7b from line 7a)		537719	9		0			
8	Income, Expenses, and Trans	<u>'</u>	., ,,	(a) Amount		(b) :	Total			
а	Contributions received or rece			(a) Amount		(8)	Iotai			
-			. 8a(1)							
	(2) Participants		. 8a(2)							
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)		. 8b	12852	2					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				12852			
d		rollovers and insurance premiums	. 8d	550571	1					
е		tive distributions (see instructions)	8e							
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g							
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				550571			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-537719			
i	Transfers to (from) the plan (se	ee instructions)	. 8i							

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Part IV	Dian	('harac	tarietice
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

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

	in the plant provides wellare benefits, enter the applicable wellare reactive codes from the List of Flan Chara-							
art								
0	During the plan year:		Yes	No		Amo	unt	
а	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)	10a		X				
b	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		X				
d	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				
е	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.)	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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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	10i						
art								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	□ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 56	CHOIT	002 01	LNISA!	Ш	100	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	rtions	and a	nter th	a data of th	ום בר	tor ruli	na
u	granting the waiver							
lf y	ou 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			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol		X	Yes	No
С	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.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						<u> </u>	
ВВ о	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/inschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/insisted it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 06/02/2011 ROBERT O'BRIE	N						

SIGN HERE
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefits 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).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	/ Complete all chines in accord	11161				I			
Pa	art I Annual Report Identification Information	1 /A1 /A	010	and and the		12/31/2010			
For		1/01/2		and ending		-			
	This return/report is for: Single-employer plan	multiple-employer plan (not multiemployer)							
В.	This return/report is for: first return/report	final retur	•						
	an amended return/report	•		eport (less than 12 mo	ntns)	7 55.40			
C	Check box if filing under: X Form 5558		extension		l	DFVC program			
	special extension (enter description								
Pa	int II Basic Plan Information—enter all requested information	ation			1 4.				
	Name of plan INDUSTRIAL OVERALL SERVICE CORP.					Three-digit plan number			
						(PN) ▶ 001			
	PROFIT SHARING TRUST					Effective date of plan			
					+	06/30/1973			
2a	Plan sponsor's name and address (employer, if for single-employer INDUSTRIAL OVERALL SERVICE CORP.	plan)				Employer Identification Number (EIN) 13-1713317			
						Plan sponsor's telephone number			
	10 BARTELS PLACE				0.1	(914) 235–1220			
	NEW ROCHELLE		ΝŢ	10801		Business code (see instructions) 812320			
	NEW ROCHELLE Plan administrator's name and address (if same as Plan sponsor, e	nter "Same			3b	Administrator's EIN			
	SAME				2-	A J			
					3C	Administrator's telephone number			
4 1	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for t	his plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso				4c	PN			
52	Total number of participants at the beginning of the plan year				5a	I IN			
ъа b	Total number of participants at the beginning of the plan year				ļ	(
	Total number of participants with account balances as of the end of				30				
	complete this item)				5c				
	Were all of the plan's assets during the plan year invested in eligib					X Yes No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
а	Total plan assets	. 7a		537,7					
b	•	7b			0	(
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		537,7	19	(
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)			12,8	52				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				12,852			
d	Benefits paid (including direct rollovers and insurance premiums			550,5	71				
_	to provide benefits)	. 8d		330,3	′ 1				
e	Certain deemed and/or corrective distributions (see instructions)								
t ~	Administrative service providers (salaries, fees, commissions)				\dashv				
g	Other expenses (add lines 3d, 2s, 2f, and 3g)	8g				550,571			
U	Total expenses (add lines 8d, 8e, 8f, and 8g)					(537,719)			
1;	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					(331,119)			
	transiers to (nom) the plan (see instructions)	8j	I		8 3333333	00000000000000000000000000000000000000			

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Day	rt IV	Plan Characteristics								
aı Ba	If the p	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:			
b	If the p	2E 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	he instruc	tions:			
ar	t V	Compliance Questions								
0		g the plan year:		Yes	No		Amou	nt		
	29 C	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		Х					
b	Were on lin	there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		Х				· · · · · · · · · · · · · · · · · · ·	
С	Was	the plan covered by a fidelity bond?	10c		Х					
d	l Did th	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х					
f	Hast	the plan failed to provide any benefit when due under the plan?	10f		Х					
q	I Did th	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Х					
_	l If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		Х					
i	If 10h	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								
arı	t VI	Pension Funding Compliance								
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	plete	Sched	lule SE	(Form	<u></u> _	Yes	No	
12	ls thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	□,	Yes	X No	
	(If "Ye	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.	nth	, and (enter th Day	e date of	the lette Year	er rulir	.g 	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	42h	Ī				
		r the minimum required contribution for this plan year			12b					
C	Enter	r the amount contributed by the employer to the plan for this plan year			12c					
	negat	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	• • • • • • • • • • •		12d					
е	Will th	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	∐ No	·	N/A	
ar	t VII	Plan Terminations and Transfers of Assets								
3a	Hasa	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					X	Yes [No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t h assets or liabilities were transferred. (See instructions.)	he pla	in(s) to						
-	13c(1) Name of plan(s):			13c(2) EIN(s)			1:	3c(3) F	²N(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	Robert R Bri	5/31/2011	ROBERT O'BRIEN
HERE	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