Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).	2009
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2009
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ide	ntification Information	
For calendar plan year 2009 or fisca	I plan year beginning 01/01/2007 and ending 12/31/	2007
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
·	a single-employer plan; a DFE (specify)	
B This return/report is:	the first return/report; the final return/report;	
·	an amended return/report; a short plan year return/report (less t	han 12 months).
C If the plan is a collectively-bargai	ned plan, check here.	
D Check box if filing under:	☐ Form 5558; ☐ automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Infor	mation—enter all requested information	
1a Name of plan C & W CLEANING SERVICE INC 40	01 K PROFIT SHARING PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2000
2a Plan sponsor's name and addre (Address should include room or C & W CLEANING SERVICE	ss (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN) 13-3631582
		2c Sponsor's telephone number
309 LA FAYETTE AVE SUITE 11 I BROOKLYN, NY 11238	309 LA FAYETTE AVE SUITE 11 I BROOKLYN, NY 11238	2d Business code (see instructions)

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 accompanying schedules, statements and attachments, 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 HERE			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Plan administrator's name and address (if same as plan sponsor, enter "Same")		dministrator's EIN -3631582
30	309 LA FAYETTE AVE SUITE 11 I BROOKLYN, NY 11238		Iministrator's telephone umber
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	. 6c	
d	Subtotal. Add lines 6a, 6b, and 6c	6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines 6d and 6e	. 6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan bene	əfit	t arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)		Trust		(3)		Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, wh	ner	re indicated, enter the number attached. (See instructions)
а	Pensic	on Sc	hedules	b	General	Sc	chedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)		SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

Page 2

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Form 5500		Irn/Report of En			Official U OMB Nos. 1		
Department of the Treasury Internal Revenue Service Department of Labor	Price Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).					7	
Emplayee Banafits Security Administration	►	Complete all entries in a the instructions to the	ccordance with	,	This Form i Public Ins		
Pension Benefit Guaranty Carporation	Annual Report Identification Information						
For the calendar plan year 200	7 or fiscal plan year beg	Inning	, and e	nding	<u>.</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
A This return/report is for: (1 (2	a multiemployer plai X a single-employer p multiple-employer p	lan (other than a	· · H	tiple-employer pla E (specify)	n; of		
B This return/report is: (1	, t-1	• •	· · • • •	nal return/report fik rt plan year return	, .	n 12 months).	
C If the plan is a collectively-b	• 🖬	•				▶□	
D If filing under an extension o			required information	. (see instructions)) 		
	nformation enter a	all requested information.		1b Three-dig	h	··	
18 Name of plan C&W CLEANING SERVI	CE INC			plan numb		001	
401(K) PROFIT SHAR	ING PLAN & TRUS	ST		1C Effective of	, ,	<mark>day. yr.)</mark> 1 / 2 0 0 0	
		·				Salar Salar	
28 Plan sponsor's name and a (Address should include ro		single-employer plan)		2b Employer	Identification Nu 13-3	1 mber (EIN) 631582	
C&W CLEANING SERVI	CE INC	· ·		2C Sponsor's	telephone num 917-84		
		•		2d Business	code (see instru	ctions) 561720	
309 LAFAYETTE AVE Suite 11-I							
BROOKLYN		NY	11238				
Caution: A penelty for the late of							
Under penalties of perjury and othe attachments, as well as the electronic	r panalties set forth in the inst version of this roturn/report if	ructions, I declare that I have e it is being filed electronically,	ixamined this return/repo and to the best of my kno	rt, including accompa wiedge and belief, it l	nying schedules, st is true, correct and	atements and complete,	
And		10/11/10	Hand	P. No.	,		
Signature of pl	administrator	Date _	Type or print nam	e of individual alg	ning as plan adr	ninistrator	
		10/4/10	the ait	(2,)			
Signature of employ	espian sponsor/DFE	Date -	Type or print name of	In dividual signing as	Employer, plan spor	sorarOFE	
For Paperwork Reduction Act						5500 (2007)	
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Form 5500 (2007)	Dece 7	
	Page 2	Official Use Only
Pian administrator's name and address (if same as plan sponsor, enter "Same")	3b Administrat	
AME	075- 4	y 18
	an se an The second se	일 한 관 관 한 한 한
	an this plan, parter the name	b Ein
If the name end/or EIN of the plan sponsor has changed alnoe the last return/report filed & EIN and the plan number from the last return/report below:	or sans plan, annes une nario,	
a Sponsor's name		C PN
Preparer Information (optional) a Name (Including firm name, if applicable) and addre	906	b EIN
		C Telephone numb
		6
Total number of participants at the beginning of the plan year	a, 7b, 7c, and 7d)	
a Active participants,		7a
b Retired or separated participants receiving benefits		<u>7b</u>
C Other retired or separated participants entitled to future benefits		7c
 d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 		78
Deceased participants whose beneficianes are receiving or are entitled to receive benefics Total. Add lines 7d and 7e	···· · · · · · · · · · · · · · · · · ·	71
g Number of participants with account balances as of the end of the plan year (only defined		
complete this item)	····	7g
h Number of participants that terminated employment during the plan year with accrued ber 100% vested.	nemns (nat were less than	7h
If any participant(s) separated from service with a deferred vested benefit, enter the numb	er of separated	
participants required to be reported on a Schedule SSA (Form 5500)		7
Benefits provided under the plan (complete 5a and 5b , as applicable) a A Pension benefits (check this box if the plan provides pension benefits and enter the app	ntanha nansian fastura con	ies from the List of Plan
Characteristics Codes printed in the instructions): 2E 2G 2J 3E		
b Walfare benefits (check this box if the plan provides welfare benefits and enter the appl	icable welfare feature code	from the List of Plan
Characteristics Codes printed in the instructions):		
	fit arrangement (check all th	at oophi
	arangement (check all tr sulance	at apply)
	ode section 412(i) insurance	contracta
	ust	
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	Form 5	500 (2007)		Page 3	
					Official Use Only
10	Schedules a	ttached (Check all applicable boxes and, where indicated	d, enter the numbe	r attached. See in	structions.)
a	Pension Ber	nefit Schedules	b Financiai	Schedules	
	(1) []	R (Retirement Plan Information)	() () []	H (Fina	ncial information)
	(2)	B (Actuarial Information)	(2) 🛛	I (Fina	ncial Information Small Plan)
	(3)	E (ESOP Annual Information)	(3)	A (Insu	rance Information)
	(4)	SSA (Separated Vested Participant Information)	(4)	C (Serv	ice Provider information)
			(6)	D (DFE	Participating Plan Information)
			(6)	G (Fina	ncial Transaction Schedules)



		FAX NO. :		U)ct. 04 201		
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I							
		Financial Informa	ation -	Small	Plan	Off	icial Use Only
	SCHEDULE I (Form 5500)					t.	No. 1210-0110
			ed under So 1974 (FRIS)	ection 104 of the A) and section 60	058(a) of the		
	Department of the Treasury Internal Revenue Service Retirement Income Security Act of 1974 (ERISA) and se Department of Labor Internal Revenue Code (the Code).		e Code).			2007	
	Employee Benefits Security Administration	► File as an attac	•				orm is Open to
-	Pension Benefit Guaranty Corporation celender year 2007 or fiscal plan yea	- basissing		and endin		1	
	Calendar year 2007 or liscal plan year Name of plan	e beginnung	······		B Three-digi	it	
		C 401(K) PROFIT SHARIN	IG PLAN	l	plan numb		(
-	Plan eponeor's name as shown on lin				D Employer	Identificati	ion Number
	W CLEANING SERVICE IN						13-3631
		fewer than 100 participants as of the	heginning	of the plan year.	You may also c	complete Sc	hedule I if you
are	filing as a small plan under the 80-12	20 participant rule (see instructions).	Complete S	chedule H If repo	orting as a large	plan or DF	E.
	Small Plan Financia						
10.000							Combine the
Rep	ort below the current value of assets	and liabilities, income, expenses, trai		changes in net a	issers during me	a bisu Ana	Compine uie
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valu	e of plan assets held in more than of	ne trust. Do not entar the value of the	portion of	an insurance cor	ntract that guara	ante mointai	nod fundle) on
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s a resolution to terminate the plan been adopted during the plan year or any pr	lor plan y	ear? If y	es, en	ter the am	ount of any plan assets
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	The secured by the participant's account balance	The secured by the participant's account balance	has secured by the participant's account balance 4b irre any lasses to which the plan was a party in default or classified during the year as collectible? 4c irre there any nonexempt transactions with any party-in-interest? (Do not include macritons reported on line 4a.) 4c is the plan covered by a fidality bond? 4c is the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was used by fraud or dishonesty? 4f it the plan hold any assets whose current value was neither readily determinable on an ablished market nor set by an independent third party appraiser? 4g it the plan at any time hold 20% or more of its assets in any single security, debt, rigage, parcel of real setate, or partnership/joint venture interest? 4i it the plan assets sither distributed to participants or beneficiaries, transferred to bother plan, or brought under the control of the PBGC? 4j it are all the plan assets sither distributed to participants or beneficiaries, transferred to ablished bilic accountant (IQPA) under 29 CFR 2520.104–46? If no, attach an IQPA's report or 20.104–50 statement. (See instructions on waiver eligibility and conditions.) 4k is a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yeared to the employer this year. Year Xi No iuring this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea retransferred. (See instructions.) Year Xi No	has secured by the participant's account balance 4b re any lasses to which the plan was a party in default or classified during the year as collectible? 4c re there any nonexempt transactions with any party-in-interest? (Do not include mactions reported on line 4a.) 4d as the plan covered by a fidality bond? 4d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was used by fraud or dishonesty? 4f the plan hold any assets whose current value was neither readily determinable on an ablished market nor set by an independent third party appraiser? 4g It the plan receive any noncash contributions whose value was neither readily terminable on an established market nor set by an independent third party appraiser? 4h It the plan at any time hold 20% or more of its assets in any single security, debt, rigage, parcel of real setate, or partnership/joint venture interest? 4i at all the plan assets either distributed to participants or beneficiaries, transferred to other plan, or brought under the control of the PBGC? 4i you clairning a waiver of the annual examination and report of an independent qualified bilic accountant (IOPA) under 29 CFR 2520.104–46? If no, attach an IOPA's report or 20.104–50 statement. (See instructions on waiver eligibility and conditions.) 4k X s a resolution to terminate the plan been edopted during the plan year or any prior plan year? If yes, em luring this plan year, any assets or liablities were transferred from this plan to another pla	has secured by the participant's account balance 4b X re any leases to which the plan was a party in default or classified during tha year as collectible? 4c X re there any nonexempt transactions with any party-in-interest? (Do not include haccions reported on line 4a.) 4d X re there any nonexempt transactions with any party-in-interest? (Do not include haccions reported on line 4a.) 4d X re there any nonexempt transactions with any party-in-interest? (Do not include haccions reported on line 4a.) 4d X is the plan covered by a fidality bond? 4d X 4e X the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was used by fraud or dishonesty? 4f X 4f X the plan hold any assets whose current value was neither readily determinable on an abisted market nor set by an independent third party appraiser? 4g X It he plan receive any noncesh contributions whose value was neither readily werminable on an established market nor set by an independent third party appraiser? 4h X It he plan assets either distributed to participants or beneficiaries, transferred to other plan, or brought under the control of the PBGC? 4i X ey ou claiming a waiver of the annual examination and report of an independent qualified blic accountant (IQPA) under 29 CFR 2520.104–46? If no, attach an IQPA's repor