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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1,000				
		dentification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
Α.	This return/report is for:	single-employer plan	employer plan (not multiemployer)		one-participant plan					
В	This return/report is for:		_							
		an amended return/report	short plan	year return/report (less than 12 mor	nths)					
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program				
	3 · · ·	special extension (enter description	on)							
Da	rt II Basic Plan Infor	mation—enter all requested inform	,							
	Name of plan	mation—enter all requested inform	allon		1h	Three-digit				
	WELDING & IRON WORKS IN	IC. PROFIT SHARING PLAN				nlan number				
						(PN) ▶ 001				
					1c	Effective date of plan				
						01/01/2004				
	•	ress (employer, if for single-employer	plan)		2b	Employer Identification Number				
L&M	WELDING & IRON WORKS IN	IC.			20	(EIN) 11-2800847				
10 T/	AYLOR STREET				20	Plan sponsor's telephone number 516-546-9787				
FREI	EPORT, NY 11520				2d	Business code (see instructions)				
						238900				
3a	Plan administrator's name and WELDING & IRON WORKS IN	address (if same as Plan sponsor, e	nter "Same	∍")	3b	Administrator's EIN				
LXIVI	WELDING & IRON WORKS IN	FREEPORT,)	11-2800847					
					3C	Administrator's telephone number 516-546-9787				
4	f the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
		er from the last return/report. Sponso		,						
					4c					
5a	Total number of participants a	t the beginning of the plan year			5a	12				
b	Total number of participants a		5b	12						
С	• • •	rith account balances as of the end o		•	-	12				
					5c	Д., □				
	•	during the plan year invested in eligib		,		Yes No				
D	Are you claiming a waiver of the lunder 29 CFR 2520 104-462	he annual examination and report of (See instructions on waiver eligibility	an indeper and conditi	ident qualified public accountant (IQI	PA)	X Yes No				
		ner 6a or 6b, the plan cannot use F								
Pa	rt III Financial Inform									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	259465	5	356247				
b	Total plan liabilities									
С		7b from line 7a)	7c	259465	356247					
8	Income, Expenses, and Trans			(a) Amount	(b) Total					
а	Contributions received or rece					(8) 10441				
-			. 8a(1)	26654	<u> </u>					
	(2) Participants		. 8a(2)	37400)					
	(3) Others (including rollovers	s)	. 8a(3)							
b	Other income (loss)		. 8b	33367	7					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			97421				
d		rollovers and insurance premiums								
	to provide benefits)		. 8d		4					
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e		_					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	639	9					
g	Other expenses		. 8g							
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				639				
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			96782				
i		ee instructions)								

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Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable p	ension feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			Х			
L	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a					
D	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				5
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				1
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		Х			
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	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	nplete	Sched	lule SE	3 (Form	Yes	X
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		ı		
b	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)		L	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	ا
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?		<u>.</u>			Yes	X
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		Yes	X
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.)	he pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)) PN
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.	1	
Inde B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/re _l	port, ir	cludin	g, if applical		
elief	it is true, correct, and complete. Filed with authorized/valid electronic signature. 10/14/2011 KAREN FRYANT						
	Filed with authorized/valid electronic signature. 10/14/2011 KAREN FRYANT	_					

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	KAREN FRYANT
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

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

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2	Partil Annual Report Identification Information	rdance w	th the Instructions to the Form	5500-SF	·						
20.00	or the calendar plan year 2010 or fiscal plan year beginning	01 /	01/2010 and ending		10/21/2010						
_	A This polytratement is form										
В			one-participant plan								
_		╡	rm/report								
_	an amended return/report	₹	nn year return/report (less than 12 m	onths)							
С		J	ic extension		DFVC program						
552	special extension (enter descriptio										
-	Part II Basic Plan Information — enter all requested info	mation.									
78	Name of plan			1b	Three-digit						
	L&M Welding & Iron Works Inc. Profit Sharing	Plan			plan number (PN) ► 001						
				1c	Effective date of plan						
2.					01/01/2004						
20	l Plan sponsor's name and address (employer, if for single-employer p LEM Welding & Iron Works Inc.	olan)		2b	Employer Identification Number						
	and working a fron works fine.			20	(EIN) 11–2800847 2c Plan sponsor's telephone number						
	10 Taylor Street				(516) 546-9787						
US	Freeport NY 11520			2d	Business code (see instructions)						
3a	Pfan administrator's name and address (If same as plan employer, el	nter "Same	2")	35	238900 Administrator's EIN						
	Same		,	0.0	Commission of File						
				30	A decision and Antonio						
				50	Administrator's telephone number						
4	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. Sponsor's	st returnire s Name	port filed for this plan, enter the.	<u> </u>	4b EIN						
=				4c	PN						
5a b	the second secon	• • •		. <u>5</u> a	12						
3	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	e olan vor	or (defined banefit place de det	. <u>5b</u>	12						
_	complete this item)	ie biait yez	in fragmen negent blank do vot	. 5c	5c 12						
6a	Were all of the plan's assets during the plan year invested in eligible a	assets? (Se	e instructions.)	• • •							
þ	Are you claiming a waiver of the annual examination and report of an	independe	nt qualified public accountant (IQP	4)							
	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 Form 5500-SF and must instead use Form 5500.										
Pa	Partill Financial Information										
7	Plan Assets and Lizabilities		(a) Beginning of Year	\neg	the trade of Manager						
а	Total plan assets	. 7a		.	(b) End of Year						
b	Total plan liabilities	7b	259,465		356,247						
c	Net plan assets (subtract line 7b from line 7a)	7c	259,465	 -	350.045						
8	Income, Expenses, and Transfers for this Plan Year			-	356,247						
а	Contributions received or receivable from:	CHEST STATE	(a) Amount	120	(b) Total						
	(1) Employers	8a(1)	26,654								
	(2) Participants	8a(2)	37,400								
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	33,367								
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			97,421						
ď	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
e	Certain deemed and/or corrective distributions (see instructions)	8d									
f	Administrative service providers (salaries, fees, commissions)	8e									
g	Other expenses	8f	639								
_		8g									
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			639						
:	Net income (loss) (subtract line 8h from line 8c)	18			96,782						
5	Transfers to (from) the plan (see instructions)	8)									

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Pai	Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fea 2E 3D 2G 2J 2A If the plan provides welfare benefits, enter the applicable welfare featu								·	
~	n the plant provides werrare bettering, enter the applicable werrare realt	he codes from the Li	st of Plan Characten	Suc C	oaes i	n the I	nstructions	:		
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	<u> </u>	Amount		
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia	n within the time per	iod described in	10a		x				
b		(Do not include trans	actions reported	10b		x			· · · · ·	
С	Was the plan covered by a fidelity bond?			10c	х				5,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond, that was	caused by fraud	10d		х				
е	Were any fees or commisions paid to any brokers, agents, or other pinsurance services or other organization that provides some or all of instructions.)	the benefits under th	ne plan? (See	10e	x			:	1,466	
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 o	of year end.)		10a		х				
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	O CFR	10h		х				
j	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10ì						
	M Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	its? (if "Yes," see ins	tructions and comple	te Scl	nedule	SB (Form	☐Yes 🔯	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 applicab	quirements of section le.)	412 of the Code or	sectio	п 302	of ER	ISA? .	. Yes X		
a If v	If a walver of the minimum funding standard for a prior year is being a granting the walver		Mont	ns, an h	d ente	the Day		letter ruling Year		
b	Enter the minimum required contribution for this plan year				Γ	12b				
C	Enter the amount contributed by the employer to the plan for this plan					12c			<u> </u>	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left of a	ı		12d				
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	□No □	N/A	
art	Plan Terminations and Transfers of Assets									
3a	Has a resolution to terminate the plan been adopted during the plan y		?		٠ <u>. </u>		<u> </u>	Yes 🗓]No	
	If "Yes," enter the amount of any plan assets that reverted to the emp			٠.		13a				
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					ol • •		. Yes 🗓	No	
	which assets or liabilities were transferred. (See instructions.)	uus pian to anomer p	nan(s), identify the pi	ап(s)	10					
1:	sc(1) Name of plan(s):	······································			130	(2) El	N(s)	13c(3) PN((s)	
autio	n: A penalty for the late or incomplete filing of this return/report w	ill be assessed uni	ess reasonable cau	se is	estab	lished	ı.			
B or S	penalties of perjury and other penalties set forth in the instructions, I de tchedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	eclare that I have exa the electronic version	amined this return/re n of this return/report	port, i i, and	ncludio to the	ng, if a best o	ipplicable, of my know	a Schedule rledge and		
SIGN						e- Becca				
	Signature of plan agrininistrator	Date /0/3/11		lividual signing as plan administrator						
SIGN		77				<u> P</u>			-	
		Date	Enter name of indiv	idual	signin	g as e	mplayer or	plan sponsor		