Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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

P	Pension Benefit Guaranty Corporation Complete	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Pa	art I Annual Report Identification									
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:	er plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	This return/report is for:	ort	final retu	rn/report		ы				
_	an amended		=	n year return/report (less than 12 m	onths)					
_	H	ctarr/report	╡ '	, ,	10111113)	DEVC program				
C	Check box if filing under: Form 5558			extension		DFVC program				
r		sion (enter descrip	-	111-40						
Pa	art II Basic Plan Information—enter	all requested infor	mation							
	Name of plan				1b	Three-digit				
ANNI	ETTE EADERESTO, LLC 401K PLAN					plan number (PN) • 001				
					10	Effective date of plan				
					10	01/01/2004				
2a	Plan sponsor's name and address (employer, if	for single-employ	er plan)		2b	Employer Identification Number				
	ETTE EADERESTO, LLC	Tor omigio omproy	or planty			(EIN) 11-3409567				
					2c	Plan sponsor's telephone number				
	AILROAD AVENUE TER MORICHES, NY 11934				<u></u>	631-878-2282				
					2d	Business code (see instructions) 541990				
32	Plan administrator's name and address (if same	ae Plan enoneor	enter "Sam	2"\	3h	Administrator's EIN				
ANNI	ETTE EADERESTO, LLC	18 RAILRO)AD AVENU	E	35	11-3409567				
		CENTER	MORICHES,	NY 11934	3c	Administrator's telephone number				
						631-878-2282				
	If the name and/or EIN of the plan sponsor has o			eport filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan number from the last re	turn/report. Spon	sors name		4c	PN				
	Total number of participants at the beginning o	the plan year				2				
b	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					2				
	·		5b							
С	Total number of participants with account balar complete this item)			•	5c	2				
6a	Were all of the plan's assets during the plan ye					X Yes □ No				
b				` ,						
	under 29 CFR 2520.104-46? (See instructions					X Yes No				
_	If you answered "No" to either 6a or 6b, the	plan cannot use	Form 5500-	SF and must instead use Form 5	5500.					
Pa	art III Financial Information			1						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	577	85	60992				
b	Total plan liabilities		7b		0	0				
С	Net plan assets (subtract line 7b from line 7a)		7с	577	85	60992				
8	Income, Expenses, and Transfers for this Plan	Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:				0					
	(1) Employers									
	(2) Participants		8a(2)		0					
	(3) Others (including rollovers)		8a(3)		0					
b	Other income (loss)		8b	32	07					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and	l 8b)	8c			3207				
d	Benefits paid (including direct rollovers and ins	•			0					
_	to provide benefits)				0					
e	Certain deemed and/or corrective distributions	` ,			0					
t	Administrative service providers (salaries, fees	, commissions)								
g	Other expenses				0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			0				
į	Net income (loss) (subtract line 8h from line 8c)	8i			3207				
i	Transfers to (from) the plan (see instructions)				0					

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		•	
Part IV	l Plan	Charac	tarietice
I all IV	ı ıaıı	Ollarac	ici ialici

9a 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:

art	V	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				10000
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	re 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.)	10g		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						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com)))					Yes	
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	s 🔼 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120			
		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	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?		<u>.</u>			Yes	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?	under	the co			Yes	s X No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				
1:	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Inde	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/	urn/rep	oort, in	cludin	g, if appl		

SIGN	Filed with authorized/valid electronic signature.	10/19/2011	ANNETTE EADERESTO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/19/2011	ANNETTE EADERESTO
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 4066 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information				<u></u>			
Fo	the calendar plan year 2010 or fiscal plan year beginning	01/	01/2010	and ending	12	/31/2010		
Α	This return/report is for: x single-employer plan	multiple-	employer plan (ı	oloyer plan (not multiemployer) one-participant plan				
В	his return/report is for: first return/report final return/report							
	an amended return/report	≓	•	oort (less than 12 mont	he)			
C	Check box if filing under: Form 5558	≒	ic extension	out fices tildit (\$11011)		J. p.c. ro		
•	x special extension (enter description	_			L	DFVC program		
			11-40	 				
	art II Basic Plan Information enter all requested info Name of plan	ormalion.						
14						Three-digil plan number		
	ANNETTE RADERESTO, LLC 401K PLAN					(PN) ► 001		
						Effective date of plan		
	Plan sponsor's name and address (employer, if for single-employer	nlonl				01/01/2004		
	ANNETTE EADERESTO, LLC	pratt)			2b Employer Identification Number (EIN) 11-3409567			
					2c Plan sponsor's telephone number			
	18 RAILROAD AVENUE				(631) 878-2282			
US	CENTER MORICHES NY 11934				2d Business code (see instructions)			
3а	Plan administrator's name and address (If same as plan employer, e	nter "Same	=			5 41990 Administrator's EIN		
	Same							
					3c /	Administrator's telephone number		
				İ	,	annual did bitacpholic number		
4	If the name and/or EIN of the plan sponsor has changed since the la	st returniro	nort filed for this	nlan ontar lbo	Alb and			
	name, EIN and the plan number from the last return/report. Sponsor	s Name	portinge for tina	bien, enter lite	4b ein			
5a	Total number of participants at the basispins of the standard				4c PN			
b	Total number of participants at the beginning of the plan year	5a 5b	2					
 Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 						2		
<u> </u>	complete this item)				5c	2		
oa b	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)			· · · · X Yes \ \ \ \ No		
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	independe	ent qualified publ e \					
	if you answered "No" to either 6a or 6b, the plan cannot use Forr	n 5500-SF	and must inste	20 USe Form 5500	• •	Yes No		
Рa	rt III Financial Information		<u> </u>					
7	Plan Assets and Liabilities	7-1	(a) Be	ginning of Year	1	(b) End of Year		
a	Total plan assets	7a	, , , , , , , , , , , , , , , , , , ,	57,785	┪—			
b	Total plan liabilities	7b		0	-	60,992		
С	Net plan assets (subtract line 7b from line 7a)	. 7c		57,785	 	0		
В	Income, Expenses, and Transfers for this Plan Year	1 12				60,992		
a	Contributions received or receivable from:		1) Amount	 	(b) Total		
	(1) Employers	. 8a(1)	<u> </u>	0				
	(2) Parlicipants	. 8a(2)		0				
6 _	(3) Others (including rollovers).	8a(3)	<u> </u>	0]			
	Other Income (loss)	8b		3,207				
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	3,207		
•	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				1.34			
	Certain deemed and/or corrective distributions (see instructions)	8d		0				
	Administrative service providers (salaries, fees, commissions)	8e	 	0				
	Other expenses	8f		0				
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	- 8g	9 -7 - 7	<u> </u>				
	Net income (loss) (subtract line 8h from line 8c).	8h				0		
	Transfers to (from) the plan (see instructions)	8i				3,207		
<u></u>	transfer of from and hour feed institucibility)	8i	ı	n		2.		

	Form 5500-SF 2010		Page 2-	_,				
Par	IV Plan Characteristics							-
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the t	ist of Plan Charec	teristic	Codes	In the	instructions:	
	2E 2J 2K 3D							
b	f the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characte	rístic C	odes i	n the l	nstructions:	
Par	t V Compliance Questions							_
10	During the plan year:		·		Yes	No		
	Was there a failure to transmit to the plan any participant contribution	on within the time peri	nd described in	-	1.00		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flducial	ary Correction Program	n)	, 10a	ļ	x		
n	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include transs	actions reported	. 10b		x		
C				10c	x		10.04	
d	Was the plan covered by a fidefity bond?			. 100			10,00	
-	or dishonesty?			. 10d		x		
e	Were any fees or commisions paid to any brokers, agents, or other	persons by an insura	nce carrier.					_
	insurance services or other organization that provides some or all o	f the benefits under th	e plan? (See	10e		x		
f	instructions.) Has the plan failed to provide any benefit when due under the plan?			.	 -	x	<u> </u>	
-				10f				
g h	Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (S			10g		x		
•••	2520.101-3.)	ee instructions and 2s	FUR	. 10h		ж		- 1
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	e of the					
	exceptions to providing the notice applied under 29 CFR 2520.101-	3. <u> , . , .</u>	f + 1 2 +	101	ļ			
<u>Part</u> 11	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see ins	tructions and comp	elete So	hedule	SB (I	Form Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	ble.)						
а	If a walver of the minimum funding standard for a prior year is being	amortized in this plar	ı year, see instruct	ions, ar	nd ente	er the i	date of the letter ruling	
lf y	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	B (Form 5500), and	Mo skin to line 13	nth		Day	/ Year	
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		_
ď	Subtract the amount in line 12c from the amount in line 12b. Enter ti	he result (enter a minu	ıs sian to the left o	f a		423		_
_	negative amount)					12d 		
Part	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				•	Yes No N/A	_
	. Tallaction and Transicio Of Assets	·						
เอส	Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the em	year or any prior year	?				Yes X No	_
d						13a		
~	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	plan, or brought ur	ider the	contre	οł	Yes X No	
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), Identify the	plan(s)	to	• •	· · · · Litas (vilato	
1	Sc(1) Name of plan(s):				130	(2) El	N(8) 13c(3) PN(s)	_
								_
				1				
Cautio	n: A penalty for the late or incomplete filing of this return/report	will he assessed uni	acc reseasable -	1		ile k -		_
Joder j	penalties of perjury and other penalties set forth in the instructions. Lo	factore that I have av-	aminod this returns			- 16		_
	and drive the Apprilegen distribution DAMIT SULCERS SCHOOL AS Mell at	s the electronic versio	n of this return/rep	report, ort, and	molual I to the	ng, ira besta	applicable, a Schedule of my knowledge and	
	1 Military William						g- with	
SIGN	C	10/19/11	ANNETTE EAD					_
	1.	Date	Enter name of inc	lividuai	signin	gasp	lan administrator	_
SIGN		-						_
iieKi	Signature of employer/plan sponsor	Date	Enter name of inc	lividual	signin	g as e	mplayer or plan sponsor	_