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

2009

This Form is Open to Public Inspection

Р	Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Part I Annual Report Identification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:								
		year return/report (less than 12 mor	nths)						
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
Pa	rt II Basic Plan Infor	special extension (enter descripti mation—enter all requested inform							
	Name of plan	oritor air requested fillerin	idilori		1b	Three-digit			
	C PERFORMANCE SERVICE			plan number					
			(PN) • 001						
					1c	Effective date of plan			
- 20	Diameter and a state of the sta		1 \		26	01/01/2005			
	C PERFORMANCE SERVICE	ress (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 13-5630536			
moo	or Em Orani mod odraviol				2c Plan sponsor's telephone nur				
	AVENUE OF THE AMERICAS	;			212-391-3950				
	FLOOR YORK, NY 10018				2d	Business code (see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	۳۱)	3h	812990 Administrator's EIN			
	C PERFORMANCE SERVICE		JE OF THE	AMERICAS	OD	13-5630536			
		3с	Administrator's telephone number						
		NEW YORK			41	212-391-3950			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	40	EIN			
name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN									
5a	Total number of participants a		5a	15					
b	Total number of participants a		5b	16					
С	Total number of participants w	rear (defined benefit plans do not							
complete this item)						15			
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	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 Form 5500-SF and must instead use Form 5500.								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities	Plan Assets and Liabilities (a) Beginning of Year				(b) End of Year			
а	Total plan assets				5	394656			
b	Total plan liabilities		7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7с	305455	5	394656			
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or rece	ivable from:							
				13490	-				
				56305	<u> </u>				
	` ` ` ` `	5)	- ` '		_				
b	` '	ome (loss))				
С	, , ,	8a(2), 8a(3), and 8b)	. 8c			111384			
d		rollovers and insurance premiums	8d						
е		tive distributions (see instructions)	8e 2209						
f	Administrative service provide	rs (salaries, fees, commissions)	8f	125	5_				
g	Other expenses		8g						
h	·	8e, 8f, and 8g)				22183			
i		e 8h from line 8c)				89201			
i		ee instructions)							

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Par	t IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
		2F 2G 2J 2K 2T 3D 3H	ootorio	tio Cod	doo in	the inetruction	no:	
b	ii iiie	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	lic Coc	ili eək	ine msnuciic	лъ.	
Part	: V	Compliance Questions						
10	Duri	ng the plan year:		Yes	No	-	mount	
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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Wa	s the plan covered by a fidelity bond?	10c	X				1000000
d								
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 uctions.)	commissions paid to any brokers, agents, or other persons by an insurance carrier, or other organization that provides some or all of the benefits under the plan? (See					
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				22432
h		s 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 con					Пу	V Na
12							Yes	+
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes N (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						NO	
а	Ìfav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruting the waiver.						
lf :		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year			12b			
C		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		····-			Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)					_	_
1		Name of plan(s):		130	c(2) El	N(s)	13c(3) PN(s)
	. ,				. ,	. ,	<u> </u>	

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.	06/22/2010	DAVID J. CARPENTER
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