| Descriment if is Transville         Descriment if is Transville         Descriment is come to be filled under sections 104 and 4085 of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Employee Reterement Income Secting Viet of 1814 (ERSA), and section 485(a) of the Imstitute Open Come Participant plan           Part I Annual Ropport Identification Information         First return/report         and ending tempsore Viet of 1814 (ERSA), and section 485(a) of the Imstitute Open Come Participant plan           B This return/report         If rist return/report         If rist return/report         If rist return/report           B This return/report         If and return/report         If and return/report         If an amendod return/report           B This return/report         If and an ending temp and address (regulated information         180         If an employ of temp and address (regulated information           B Annotext of the Image Secting Viet Open Part II         Basic Plan Information Part II Reserver         12         Part II Reserver         12         Part II Reserver         12         12         Part II Reserver         12         12         Part II Reserver         12 <td< th=""><th>Decision Solities         2009           Decision Labor         Entry and Labor         This form is required to be filed under section 500 and 4065 of the Employee<br/>Breatment increase Social Viet (1974 (ERISA), and section 500 Sec) (1974 (ERISA), and sec) (1974 (ERI</th><th></th><th>Form 5500-SF</th><th></th><th></th><th>Report of Small Emplo</th><th colspan="3">OMB Nos. 1210-0110<br/>1210-0089</th></td<> | Decision Solities         2009           Decision Labor         Entry and Labor         This form is required to be filed under section 500 and 4065 of the Employee<br>Breatment increase Social Viet (1974 (ERISA), and section 500 Sec) (1974 (ERISA), and sec) (1974 (ERI   |   | Form 5500-SF   |   |           | Report of Small Emplo               | OMB Nos. 1210-0110<br>1210-0089 |  |  |  |  |
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| Description         Description         Description         This Form is Open to Public Internal Revenue Code (the Code).         This Form is Open to Public Internal Revenue Code (the Code).           Part L         Annual Report Identification Information         and ending         12312009           A This return/report is for:         Information Public Internal Revenue Code (the Code).         one-participant plan         one-participant plan           B This return/report is for:         Information Public Internation Part Public Internation         Information Part Public Internation         Information Public Internation           C Oteck box if filing under:         Prom 5558         Internation Part Public Internation         Information Public Internation           I a Name of plan         Inter description         Inter description         Inter description         Internation Public Internation           I a Name of plan         Internation Public Internation Public Internation         Internation Public Internation         Internation Public Internation         Internation Public Internation           I a Name of plan         Internation Public Internatin Public Public Internatin Public Public Internati  | Dependent of table         Retirement Indent Baser VA cdr 1974 (ERISA), and section BDS(9) of the<br>Internal Recent Code (the Code)         This Form is Open to Public<br>Interpretation Code (the Code)           Part I         Annual Report Identification Information         and entity         231/2009           For cidentify pin year 2008 of Ison Jain year beginning         0.001/2009         and entity         223/2009           B         This return/export is for:         Intertextmitreport         intertextmitreport         intertextmitreport           B         Check box if filing under:         -precision         DFVC program           DEV Cover Physical TheRaPY P.C.         Proof FSAR         Dot intertextmitreport           GLEN COVE Physical ThERAPY P.C.         Proof FSAR         21         Effective date of plan.           GLEN COVE Physical ThERAPY P.C.         Proof FSAR<  |   | Department of the Treasury<br>Internal Revenue Service   | <b>Benefit Plan</b>                     |           |                                     |                                 | 2009                                       |  |  |  |
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| 2a Plan sponsor's name and address (employer, if for single-employer plan)       1c Effective date of plan       0101/1985         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number         GLEN COVE PHYSICAL THERAPY P.C.       2b Employer Identification Number         2d Business code (see instructions)       516-674-3397         2d Business code (see instructions)       621340         3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's EIN         GLEN COVE PHYSICAL THERAPY P.C.       122 FOREST AVENUE         GLEN COVE PHYSICAL THERAPY PLOT THE AVENUE       3c Administrator's telephone number         5a Tota  | Ic       Effective date of plan<br>01/01/1995         Za       Plan sponsor's name and address (employer, if for single-employer plan)<br>GLEN COVE PHYSICAL THERAPY P.C.       Zb       Employer Identification Number<br>(EN)         122 FOREST AVENUE<br>GLEN COVE, NY 11522       Zb       Employer Identification Number<br>(EN)       Zb         33 Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE PHYSICAL THERAPY P.C.       Zb       Endesphore number<br>516/674-3397         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number form the last return/report. Sponsor's name       3b       Administrator's EIN<br>11:331/8041         5a       Total number of participants at the end of the plan year<br>complete this item)       5a       3         6a       Were all of the plan's assets during the plan year invested in eligible asset? (See instructions, )  | GLE   | N COVE PHYSICAL THERAPY  | P.C. PROFIT SHARING PLAN                |           |                                     |                                 | 001  |  |  |  |
| 01001/1965         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer identification Number         01001/1965         2a Clen COVE PHYSICAL THERAPY P.C.       2c Plan sponsor's telephone number         122 FOREST AVENUE       2d Business code (see instructions)         021340       2d Business code (see instructions)         021340       2d Business code (see instructions)         021340       3b Administrator's lemphone number         131318041       3c Administrator's lemphone number         1413018041       3c Administrator's lemphone number         131318041       3c Administrator's lemphone number         132 FOREST AVENUE       3b Administrator's lemphone number         131318041       3c Administrator's lemphone number         132 FOREST AVENUE       3c Administrator's lemphone number         133 For attrator's dephone number from the last return/report. Sponsor's name       4b EliN         5c       3         5c       3         5c       3         5b       3         5c  | 23. Plan sponsor's name and address (employer, if for single-employer plan)     2b. Employer identification Number<br>(EIN COVE PHYSICAL THERAPY P.C.       122.FOREST AVENUE<br>GLEN COVE, PHYSICAL THERAPY P.C.     2b. Employer identification Number<br>(EIN)       33. Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE, PHYSICAL THERAPY P.C.     22. FOREST AVENUE<br>GLEN COVE, WY 11542       34. If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. Sponsor's name     4b. EIN       55. Total number of participants at the edginning of the plan year     5a.     3b.     3       64. Were all of the plan's assets during the plan year     5b.     3     3       65. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <ul> <li>Yes</li> <li>No</li> <li>Are you clarining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>Yes</li> <li>No</li> <li>Part UII "Financial Information"</li> <li>Yes</li> <li>No</li> <li>O total number of participants with account balances as of the error 5500-SF and must instead use Form 5500.</li> <li>Part 20.0144-16 (See instructions.)</li> <li>Yes</li> <li>No</li> <li>Are you clarining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>Yes</li> <li>No</li> <li>Data plan isbilities</li> <li>7a</li> <li>438216</li> <li>530423</li> <li>Totat plan assets and Liabilities</li> <li>T</li></ul>   |   |  |   |           |                                     | 1c                              |  |  |  |  |
| GLEN COVE PHYSICAL THERAPY P.C.       (EIN) 11-3318041         122 FOREST AVENUE       2C         GLEN COVE, NY 11542       2C         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b         GLEN COVE, NY 11542       3b         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, and the plan number from the last return/report. Sponsor's name       3b         5a       Total number of participants at the beginning of the plan year.       5a       3b         5a       Total number of participants at the end of the plan year.       5a       3b         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Avery culaiming a waiver of the annual examination and report of an independent qualified public accountant ((DPA)       Yes       No         Part III       Financial Information       7a       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       (a) Amount       (b) End of Year         a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Yes       No         b       Aver you claiming a waiver of the annual examination and report of an in  | GLEN COVE PHYSICAL THERAPY P.C.       Image: Cover Physical therapy product stepphone number 516-674-3397         2d Business code (see instructions)       516-674-3397         2d Business code (see instructions)       621340         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number 516-674-3397         2d It he name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the edginning of the plan year.       5a       3a         5a Total number of participants at the end of the plan year.       5a       3b         6 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       3c         6 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.)       If Yes   No       No         1 Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)       If Yes   No         7 Plan Assets and Liabilities       7a       432216       530423         8 Total plan assets and Liabilities       7a       432216       530423         9 Total plan assets and Liabilities       7a       432216       530423         9 Total plan assets and Liab  |   |  |   |           |                                     |                                 |  |  |  |  |
| 122 FOREST AVENUE<br>GLEN COVE, NY 11542               516-674-3397          3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE, PHYSICAL THERAPY P.C.              122 FOREST AVENUE<br>GLEN COVE, NY 11542               3b Administrator's EIN<br>11-3318041          4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. Sponsor's name               4b EIN               5ta             -5a             -5a   | 122 FOREST AVENUE<br>GLEN COVE, NY 11542       516-674-3397         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE PHYSICAL THERAPY P.C.       3b Administrator's EIN<br>122 FOREST AVENUE<br>GLEN COVE, NY 11542         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the do for the plan year       5a         6 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       5b         5a Vers Ver 247 252.01-04*? (See instructions on waiver eligiblity and conditions).       Yes No         Y vou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       7a         7a 483216       530423         8 Income, Expenses, and Transfers for this Plan Year       6a(3)         6) Other plan assets       7a       483216         7a 483216       530423         8 Income, Expenses, and Transfers for this Plan Year       6a(3)         6) Other fincome (loss)       8b       30.0207         7a tat plan assets (subtract line 7b from line 7a)       7c       483216       530423         8 Income, Expenses, and Transfers for this Plan Year       6a(3) <th></th> <th></th> <th></th> <th>plan)</th> <th></th> <th>2b</th> <th></th>  |   |  |   | plan)     |                                     | 2b                              |  |  |  |  |
| GLEN COVE, NY 11542       2d Business code (see instructions)<br>(521340         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE PHYSICAL THERAPY P.C.<br>122 FOREST AVENUE<br>GLEN COVE, NY 11542       3b Administrator's EIN<br>11:3318041         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN<br>4c PN<br>5a Total number of participants at the beginning of the plan year         5a Total number of participants at the end of the plan year       5a 3<br>5b 3<br>5c 3<br>5c 3<br>5c 3<br>5c 3<br>5c 3<br>5c 3<br>5c 3<br>5c  | GLENCOVE, NV11542       2d Business code (see instructions)<br>621340         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>GLEN COVE PHYSICAL THERAPY P.C.<br>CLEN COVE PHYSICAL THERAPY P.C.<br>CLEN COVE NV11542       3b Administrator's EIN<br>11-3318041         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report filed for this plan, enter the<br>name, EIN, and the plan number of participants at the beginning of the plan year.       5a       3b         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not<br>complete this item).       5c       3         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       § Yes ] No       No         b A rotal number of participants with account balances as of the end or the plan year (defined benefit plans do not<br>complete this item).       § Yes ] No         b A der you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       § Yes ] No         b Total plan babilities       (a) Beginning of Year       (b) End of Year         7 Plan Assets and Liabilities       7a       483216       530423         b Total plan assets (subtract line 7b from line 7a)       7c       483216       530423         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total <td< th=""><th>122 F</th><th></th><th></th><th></th><th></th><th>2c</th><th></th></td<>  | 122 F   |  |   |           |                                     | 2c                              |  |  |  |  |
| 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         GLEN COVE PHYSICAL THERAPY P.C.       122 FOREST AVENUE<br>GLEN COVE, NY 11542       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the<br>name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       3         5a Total number of participants at the add of the plan year.       5a       3         5a Total number of participants at the add of the plan year.       5a       3         5a Total number of participants at the add of the plan year.       5b       3         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sec       3         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sec       3         7a delayed assets.       7a delayed addition of Year       4b EIN delayed       50.000         7a delayed additions.       0       0       0       0         7a delayed additions.       7a delayed additions.       50.000       0       0         7a delayed additions.       7a delayed additions.       50.000       0       0         7a delayed addit  | 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         GLEN COVE PHYSICAL THERAPY P.C.       122 FOREST A ENUL       11-3318041         3c Administrator's telephone number       3c Administrator's telephone number         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, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       3b         c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       3         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Si Yes       No         b Ary ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         Part III       Financial Information       7a       483216       5304233         b Total plan liabilities       7a       483216       5304233         b Total plan isasets (subtract line 7b from line 7a)       7c       485216       5304233         b Administrator's tell       60       0       0       0         c Total number of participants with valuer digibility and conditions.       7a       485216 <t< th=""><th></th><th></th><th></th><th></th><th></th><th>2d</th><th>Business code (see instructions)</th></t<>   |   |  |   |           |                                     | 2d                              | Business code (see instructions)           |  |  |  |
| GLEN COVE, NY 11542     3C Administrator's telephone number S16-674-3397       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, and the plan number from the last return/report. Sponsor's name     4b EIN       5a     Total number of participants at the beginning of the plan year     5a     3a       5a     Total number of participants at the end of the plan year     5a     3a       6     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     No       5a     Acc you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7a     483216     530423       8     0     0       9     Total plan assets (subtract line 7b from line 7a).     7c     483216       8     30207     0     0       9     Otal income (ss3(1), 8a(2), 8a(3), and 8b)     8b     30207       6     Other income (load lines 8a(1), 8a(2), 8a(3), and 8b)     8c     40207   | GLEN COVE, NY 11542       3c Administrator's telephone number         3 c Administrator's telephone number         S16-674-3397         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, and the plan number of participants at the beginning of the plan year.       5a       3 a 3       5b 3         5a       3 a 3       5b 3       3 b 3         5a       3 a 3       5b 3       3 b 3       3 c Administrator's telephone number for the last return/report. Sponsor's name       4c PN         5a       7 a 3       5b 3       3 colspan="2">5b 3       3 colspan="2">5c       3 colspan="2">3 colspan="2">3 colspan="2">3 colspan="2">3 colspan="2">3 colspan="2">3 colspan="2">3 colspan="2">3 colspan= 20 colspan= 20 colspan="2">3 colspan= 20 colspan= 20 colspan="2">3 colspan= 20 colspan="2">3 colspan= 20 colspan= 20 colspan="2">3 colspan= 20 colspan= 20 colspan="2">3 colspan= 20 colspan="2">3 colspan= 20 colspan= 20 colspan= 20 colspan="2">3 colspan= 20 colspan=   |   |  |   |           | ")                                  | 3b                              | Administrator's EIN                        |  |  |  |
| name, EIN, and the plan number from the last return/report. Sponsor's name       4c PN         5a       Total number of participants at the beginning of the plan year.       5a       3         b       Total number of participants at the end of the plan year.       5b       3         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       3         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         ft you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       Total plan assets (subtract line 7b from line 7a).       7c       483216       530423         a       Total plan assets (subtract line 7b from line 7a).       7c       483216       530423         a       Contributions receivable from:       (a) Amount       (b) Total       530423   | name, EIN, and the plan number from the last return/report. Sponsor's name     4c PN       5a     Total number of participants at the beginning of the plan year  | OLLI  |  |   |           | 2                                   | 3c                              | <b>3c</b> Administrator's telephone number |  |  |  |
| 4c     PN       5a     Total number of participants at the beginning of the plan year     5a     3       b     Total number of participants at the end of the plan year     5b     3       c     Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c     3       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Styres     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)     Yes     No       f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Part III     Financial Information       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan isasets.     7a     483216     530423       b     Total plan isaset (subtract line 7b from line 7a)  | 4c     PN       5a     Total number of participants at the beginning of the plan year   |   |  |   |           | port filed for this plan, enter the | 4b                              | EIN  |  |  |  |
| b       Total number of participants at the end of the plan year  | b       Total number of participants at the end of the plan year       5b       3         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       3         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Set       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         Part III       Financial Information       Yes       No       0       0         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       6       30423         a       Total plan liabilities       7b       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0   | I   | name, EIN, and the plan numbe  | r from the last return/report. Sponso   | r's name  |                                     | 4c                              | PN   |  |  |  |
| c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   | c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Image: Complete this item).  | 5a  | Total number of participants at  | the beginning of the plan year          |           |                                     | 5a                              | 3  |  |  |  |
| complete this item)   | complete this item)       5c       3         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         inder 29 CFR 252.014-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         Part III       Financial Information       X       Yes       No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       (b) End of Year         a       Total plan assets       Ta       483216       530423         b       Total plan liabilities       7b       0       0       0         contributions received or receivable from:       (a) Amount       (b) Total       6b) Total         a       Contributions received or receivable from:       8a(1)       19151         (2)       Participants       8a(2)       30       49358         d       Denore (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including rollovers)       8d       49358         d       Benefits paid (including rollovers and insurance  | b   | Total number of participants at the end of the plan year   |   |           |                                     | 5b                              | 3  |  |  |  |
| b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions 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.       Image: Constructions on waiver eligibility and conditions.       Image: Constructions on waiver eligibility and conditions.         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       Total plan assets (subtract line 7b from line 7a).       7c       483216       530423         b       Total plan assets (subtract line 7b from line 7a).       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       19151         (2)       Participants       8a(2)       30207         b       Other income (loss)       8b       30207         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358  | b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (I(QPA)<br>under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)       Image: Construction of the annual examination and report of an independent qualified public accountant (I(QPA))         Part III       Financial Information       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       Total plan assets (subtract line 7b from line 7a).       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       19151         (3)       Other (including rollovers)       8a(3)       30207         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums to providers (salaries, fees, commissions)       8f       9         g       Other expenses.       8d       2151       49358  | С   |  |   |           | · · ·                               | 5c                              | 3  |  |  |  |
| 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.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       19151         (2)       Participants       8a(2)       30207       49358         b       Other income (loss)       8b       30207       49358  | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       0       0       0       0       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       3a(1)       19151         (2)       Part (including rollovers)       8a(3)       30207         C       Total income (loss)       8b       30207         C       Total income (loss)       8d       49358         9       Other expenses, and Ba(1), 8a(2), 8a(3), and 8b)       8c       49358         6       Certain deemed and/or corrective distributions (see instructions)       8e       49358         9       Other expenses       8g       2151 <th< th=""><th>6a</th><th>Were all of the plan's assets d</th><th>uring the plan year invested in eligibl</th><th>e assets?</th><th>(See instructions.)</th><th></th><th>X Yes No</th></th<>  | 6a  | Were all of the plan's assets d  | uring the plan year invested in eligibl | e assets? | (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 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       483216       530423         b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       19151         (2)       Participants       8a(2)       30207       49358         b       Other income (loss)       8b       30207       49358   | If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       483216       530423         b       Total plan liabilities.       7b       0       0         c       Net plan assets (subtract line 7b from line 7a).       7c       483216       530423         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       19151         (2)       Participants       8a(2)       30207         (3)       Other income (loss)       8b       30207         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       49358         g       Other expenses       8g       2151       49358         f       Administrative service providers (salaries, fees, commissions)       8f       2151   | b   | <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) |   |           |                                     |                                 |  |  |  |  |
| Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a483216530423bTotal plan assets (subtract line 7b from line 7a)7b00cNet plan assets (subtract line 7b from line 7a)7c4832165304238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:<br>(1) Employers8a(1)19151(2) Participants8a(2)(a) Amount19151(3) Others (including rollovers)8a(3)3020749358bGother income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c49358dBenefits paid (including direct rollovers and insurance premiums49358   | Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a483216530423bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c4832165304238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:<br>(1) Employers8a(1)19151(2)Participants8a(2)30207(3)Others (including rollovers)8b30207cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c49358dBenefits paid (including direct rollovers and insurance premiums<br>to provide benefits)8d493589Other expenses8g2151hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h2151  |   | ,  |   |           |                                     |                                 |  |  |  |  |
| aTotal plan assets7a483216530423bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c4832165304238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:<br>(1) Employers8a(1)19151(2) Participants8a(2)8a(3)(3) Others (including rollovers)8a30207cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c49358dBenefits paid (including direct rollovers and insurance premiums49358  | aTotal plan assets7a483216530423bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c4832165304238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:<br>(1) Employers8a(1)19151(2) Participants8a(2)(a) Amount(b) Total(3) Others (including rollovers)8a(3)8b30207bOther income (loss)8b3020749358dBenefits paid (including direct rollovers and insurance premiums<br>to provide benefits)8c49358fAdministrative service providers (salaries, fees, commissions)8f9gOther expenses8g2151hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h2151  | Pa  |  |   |           |                                     |                                 |  |  |  |  |
| bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c4832165304238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:<br>(1) Employers8a(1)19151(2) Participants8a(2)(3) Others (including rollovers)8a(3)bOther income (loss)8b30207CTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c49358dBenefits paid (including direct rollovers and insurance premiums8c49358  | bTotal plan liabilities   | 7   | Plan Assets and Liabilities  |   |           |                                     |                                 |  |  |  |  |
| C       Net plan assets (subtract line 7b from line 7a)   | CNet plan assets (subtract line 7b from line 7a)  |   |  |   |           |                                     |                                 |  |  |  |  |
| 8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       19151         (1)       Employers       8a(1)       19151         (2)       Participants       8a(2)       8a(3)         (3)       Others (including rollovers)       8a(3)       30207         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums       49358   | 8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       19151       19151         (1)       Employers       8a(1)       19151         (2)       Participants       8a(2)       19151         (3)       Others (including rollovers)       8a(3)       30207         C       Total income (loss)       8b       30207         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       2151         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2151  |   |  |   |           |                                     | -                               |  |  |  |  |
| a Contributions received or receivable from:       8a(1)       19151         (1) Employers       8a(2)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       30207         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d Benefits paid (including direct rollovers and insurance premiums       4       49358  | a Contributions received or receivable from:       (a) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |   |  |   | 70        |                                     | 0                               |  |  |  |  |
| (2) Participants  | (2) Participants8a(2)(3) Others (including rollovers)8a(3)b Other income (loss)8b30207c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cd Benefits paid (including direct rollovers and insurance premiums to provide benefits)8de Certain deemed and/or corrective distributions (see instructions)8ef Administrative service providers (salaries, fees, commissions)8fg Other expenses8g2151  | -   |  |   |           | (a) Amount                          |                                 | (b) Total                                  |  |  |  |
| (3) Others (including rollovers)  | (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d         e Certain deemed and/or corrective distributions (see instructions)       8e         f Administrative service providers (salaries, fees, commissions)       8f         g Other expenses       8g       2151         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2151  |   | (1) Employers  |   | 8a(1)     | 1915                                | 1                               |  |  |  |  |
| b       Other income (loss)       8b       30207         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums       8c       49358  | bOther income (loss)  |   |  |   |           |                                     |                                 |  |  |  |  |
| C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums       4  | C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49358         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       6         g       Other expenses       8g       2151         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2151  | L   |  |   |           |                                     | _                               |  |  |  |  |
| d Benefits paid (including direct rollovers and insurance premiums  | d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | _   |  |   |           | 3020                                | /                               | 40358                                      |  |  |  |
|   | to provide benefits)       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses   |   |  |   | 00        |                                     |                                 | 45000                                      |  |  |  |
|   | f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses  |   |  | •                                       | 8d        |                                     |                                 |  |  |  |  |
|   | g         Other expenses         8g         2151           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         2151  |   |  |   |           |                                     |                                 |  |  |  |  |
|   | h Total expenses (add lines 8d, 8e, 8f, and 8g)   |   | •  | ( · · · · /                             |           |                                     | _                               |  |  |  |  |
|   |   |   | •  |   |           | 215                                 | 1                               | 0454                                       |  |  |  |
|   |   | n<br>;  |  |   |           |                                     |                                 |  |  |  |  |
|   | j Transfers to (from) the plan (see instructions)   | j   |  | ,                                       |           |                                     |                                 |  |  |  |  |

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

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 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:

| Part   | V Compliance Questions  |         |          |         |        |    |        |        |
|--|---|---------|----------|---------|--------|----|--------|--------|
| 10   | During the plan year:   |         | Yes      | No      |        | Am | ount   |        |
| 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)                      |         |          | х       |        |    |        |        |
| b  | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)   | 10b     |          | Х       |        |    |        |        |
| C  | Was the plan covered by a fidelity bond?  | 10c     | X        |         |        |    |        | 100000 |
| 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     |          | Х       |        |    |        |        |
| 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     |          | Х       |        |    |        |        |
| f  | Has the plan failed to provide any benefit when due under the plan?   | 10f     |          | Х       |        |    |        |        |
| g  | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   | 10g     |          | Х       |        |    |        |        |
| 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     |          |         |        |    |        |        |
| Part   | VI Pension Funding Compliance   |         |          |         |        |    |        |        |
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))  |         |          |         |        |    | Yes    | No     |
| 12   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  | e or se | ction 3  | 302 of  | ERISA' | ?  | Yes    | X No   |
|  | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |         |          |         |        |    |        |        |
| а  | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.   |         |          |         |        |    |        |        |
| lf :   | 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  | 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)  |         |          |         |        |    |        |        |
| е  | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |         |          |         | 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 "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?   | under   | the co   |         | L      |    | Yes    | X No   |
| С  | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)                                      |         |          |         |        |    | -      |        |
| 1  | 3c(1) Name of plan(s):  |         | 130      | c(2) El | N(s)   |    | 13c(3) | PN(s)  |
|  |   |         |          |         |        |    |        | . *    |
|  |   |         |          |         |        |    |        |        |
| Caut   | ion. A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab   | le cai  | ise is i | establ  | lished | I  |        |        |

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. | 07/27/2010 | ANDREW QUASHA  |  |  |  |  |  |
| 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 |  |  |  |  |  |