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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)			_
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
CIRC	CLE MORTGAGE CORP. PENSION PLAN				plan number
				10	(PN)
				'	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
CIRC	CLE MORTGAGE CORP.			0-	(EIN) 36-4248028
500 1	MAMARONECK AVENUE SUITE 320			2C	Plan sponsor's telephone number 914-422-0810
HAR	RISON, NY 10528			2d	Business code (see instructions)
					522292
	Plan administrator's name and address (if same as Plan sponsor, er CLE MORTGAGE CORP. 500 MAMARO		e") /ENUE SUITE 320	3b	Administrator's EIN 36-4248028
Onte	HARRISON, I		VENUE GOTTE 320	3c	Administrator's telephone number
					914-422-0810
	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		port filed for this plan, enter the	4b	EIN
	name, Lin, and the plan number from the last return/report. Sponsor	S Hallie		4c	PN
5a	Total number of participants at the beginning of the plan year			- 5a	2
b	Total number of participants at the end of the plan year			5b	2
С	Total number of participants with account balances as of the end of			_	
	complete this item)				
6a b	, , , , ,				X Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.	
Pa	art III Financial Information			-	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	37317		491643
b	Total plan liabilities	7b		0	0
<u>_</u>	Net plan assets (subtract line 7b from line 7a)	7c	37317	'3	491643
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	3000	00	
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	8847	' 0	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			118470
d	Benefits paid (including direct rollovers and insurance premiums				
_	to provide benefits)	8d		\dashv	
e	Certain deemed and/or corrective distributions (see instructions)	8e		\dashv	
t ~	Administrative service providers (salaries, fees, commissions)	8f		\dashv	
g	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g			
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			118470
ı	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			1104/0
i		8j		1	

Dart IV	Dlan	Characteristic	
Part IV	Plan	Characteristic	ç

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

1A 1G 3D

SIGN HERE

Signature of employer/plan sponsor

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

~	ii tiio pia	in provided would be believe, onter the applicable wellare lea	tare seaso mem and	List of Flair Griara	0101101		200			
Part	V Co	ompliance Questions								
10		he plan year:				Yes	No	Į.	Mount	
а	Was the	ere a failure to transmit to the plan any participant contribution R 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time pe ary Correction Progra	riod described in am)	10a		X			
b		ere any nonexempt transactions with any party-in-interest? (I		•	10b		X			
С	Was th	e plan covered by a fidelity bond?			10c	X				55000
d		plan have a loss, whether or not reimbursed by the plan's fidnesty?			10d		X			
е	insuran	ny fees or commissions paid to any brokers, agents, or other ce service or other organization that provides some or all of the ons.)	he benefits under the	e plan? (See	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 o	of year end.)		10g		X			
h		an individual account plan, was there a blackout period? (Se			10h					
i		as answered "Yes," check the box if you either provided the lons to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI Pe	ension Funding Compliance								
11		defined benefit plan subject to minimum funding requirement							X Yes	No
12	Is this a	defined contribution plan subject to the minimum funding red	quirements of sectio	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
	If a waiv	" complete 12a or 12b, 12c, 12d, and 12e below, as applicaber of the minimum funding standard for a prior year is being a the waiver	amortized in this pla	Mont						
		e minimum required contribution for this plan year		-		Γ	12b			
		e amount contributed by the employer to the plan for this plan					12c			
	Subtrac	the amount in line 12c from the amount in line 12b. Enter the amount)	e result (enter a min	us sign to the left o	of a		12d			
е	•	minimum funding amount reported on line 12d be met by the						Yes	No	N/A
art		lan Terminations and Transfers of Assets	<u> </u>							
3a	Has a re	solution to terminate the plan been adopted during the plan	year or any prior yea	r?					Yes	X No
		enter the amount of any plan assets that reverted to the emp					13a			
b	Were al	the plan assets distributed to participants or beneficiaries, tr.	ansferred to another				ntrol		Yes	X No
С		this plan year, any assets or liabilities were transferred from ssets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plai	n(s) to			.	
1	3c(1) Na	me of plan(s):				13	c(2) EI	N(s)	13c(3) PN(s)
Caut	ion: A pe	enalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	e cau	ıse is	establ	ished.		
SB o	r Schedu	es of perjury and other penalties set forth in the instructions, I e MB completed and signed by an enrolled actuary, as well a correct, and complete.								
SIG	Filed	with authorized/valid electronic signature.	09/08/2010	DALE SIEGEL						
HER	_	nature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admir	istrator	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calcular plan year 2009 of fiscal plan year bolginning	_						File as an attach		it to Form	oouu or	5500-8		. 40	104 100	00			
Name of plan Section A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. Section A Name of plan Section A Section A Name of plan Section A Section A Section A Name of plan Section A Section A Name of plan Section A Section A Name of plan Section A Section A Section A Section A Name of plan Section A Sectio							g 01/01/2009	19				and end	ding 12	:/31/20	U9			_
A Name of plan CIRCLE MORTGAGE CORP. PENSION PLAN CIRCLE MORTGAGE CORP. PENSION PLAN CIRCLE MORTGAGE CORP. CIRCLE MORTGAGE CORP. D Employer Identification Number (EIN) 36-4248028 E Type of plan: Single Multiple-A Multiple-B F Prior year plan sizes: 100 or fewer 101-500 More than 500 Part I																		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Pype of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part t Basic Information 1	<u> </u>	Caut	ion: A	penalty of \$1	,000 will be as	sessed for late	e filing of this rep	port u	nless reaso	nable ca	ause is	establish	ed.					
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2009 2 Assets:					P. PENSION P	LAN							•	1)	•	00	01	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2009 2 Assets:																		
E Type or plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2009 2 Assets: 2 2 373173 3 Market value. 22 b 373173 3 Funding target participants count breakdown (1) Number of participants (2) Funding Target 10 b For terminated vestee by a participants. (3) Funding target participants and beneficiaries receiving payment 3b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C	Plan	sponso	r's name as s	hown on line 2	2a of Form 550	00 or 5500-SF				D E	Employer	Identific	cation 1	Number	(EIN)		
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2009	CIR	CLE	MORT	GAGE CORP	2.						36-4	1248028						
1 Enter the valuation date: Month 01 Day 01 Year 2009 2 Assets: 2 2a 373173	E -	уре о	of plan:	X Single	Multiple-A	Multiple-E	3	F P	rior year pla	n size:	X 100 (or fewer	101	-500	More	than 500		
1 Enter the valuation date: Month 01 Day 01 Year 2009 2 Assets: 2 2a 373173	P	art I	В	asic Inform	nation													
2 Assets: a Market value	1					Month 01	Day 01	1	Year 2	009								_
a Market value	2			raidalloi: date	·													
b Actuarial value	_			et value									2a				37317	 73
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment 3		_																_
a For retired participants and beneficiaries receiving payment														-		\ F !!		_
b For terminated vested participants: C For active participants: (1) Non-vested benefits	3	_		0 1 1				Г	20	(1) P	number	or partic	•	0	(2) Funding		_
C For active participants: (1) Non-vested benefits							01)	-										_
(1) Non-vested benefits						its		·····-	30					U				_
(2) Vested benefits 3c(2) 441976 (3) Total active 3c(3) 2 441976 (d Total 5d Total 6d Total 5d Total 6d Total 6		C						Г	2-(4)									_
(3) Total active								-	• •									Ť
d Total			` '					-	. ,					0				_
4 If the plan is at-risk, check the box and complete items (a) and (b) a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 6 Target normal cost To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accorate. Each prescribed assumption was applied in accordance with applicable law and regulations, in my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date O7/26/2010 Signature of actuary Most recent enrollment number 669-409-6004 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			` '					-	` '									_
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 6 6.38 % 6 Target normal cost. To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 07/26/2010 Signature of actuary Most recent enrollment number 609-409-6004 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see														2			44197	0
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	4	If th	•	•		•	` , ` , ,				ш							
at-risk for fewer than five consecutive years and disregarding loading factor		а	Func	ing target disr	egarding pres	cribed at-risk	assumptions						4a					_
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 08-02561 Type or print name of actuary WILIAM G. PRUSLIN Type or print name of actuary Most recent enrollment number 609-409-6004 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		b											4b					
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date WILLIAM G. PRUSLIN Type or print name of actuary Most recent enrollment number WILIAM G. PRUSLIN Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5	Effe	ective	nterest rate									5				6.38 %	,
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN	6	Tar	get no	rmal cost									6					0
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. Sign			•		•													
Signature of actuary WILLIAM G. PRUSLIN Type or print name of actuary Most recent enrollment number 609-409-6004 Firm name Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accord	ance wit	n applicable law ar	nd regulations. În m	ny opinion, each otl	ther assumption is reas											
Signature of actuary WILLIAM G. PRUSLIN Type or print name of actuary Most recent enrollment number 609-409-6004 Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see															07/26/	2010		_
Type or print name of actuary MILIAM G. PRUSLIN Type or print name of actuary Most recent enrollment number 609-409-6004 Firm name Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	F	EK									_					2010		_
Firm name Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	WIL	_IAM	G. PR	USLIN	Sign	ature of actua	ry				_					2561		
Firm name 89 CRESENT WAY MONROE TWP, NJ 08831 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					Type or p	rint name of a	ectuary						Mos	t recen	t enrollr	ment num	ber	
89 CRESENT WAY MONROE TWP, NJ 08831 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	WIL	AM (3. PRU	ISLIN							_			(609-409	9-6004		_
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see						Firm name						Т	elephor	ie num	ber (inc	luding are	ea code)	
					Add	dress of the fir	m				_							
				s not fully refle	ected any regu	ulation or ruling	g promulgated ur	nder t	the statute	in compl	leting th	is sched	ule, che	ck the	box and	d see		_

Page 2	- 1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances							
								(a) (Carryover balance		(b) I	Prefundi	ng balance
7			0 ,		cable adjustments (Item 13				10	01123			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from pri	or year)				0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					10	01123			0
10	Interest	on item	9 using prior year	's actual re	eturn of -32.26 %				-:	32622			0
11					d to prefunding balance:								
	a Exce	ss contr	ibutions (Item 38	from prior	year)								0
	b Inter	est on (a	a) using prior year	's effective	rate of%								0
					year to add to prefunding bal								0
	d Porti	on of (c)	to be added to p	refunding b	palance								0
12					emed elections					0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			(68501			0
P	art III	Fun	ding percenta	ages									
14	Funding	target a	ttainment percent	age								14	68.93 %
					ge							15	68.93 %
	Prior yea	ar's fund	ing percentage fo	r purposes	s of determining whether car	ryover/pre	fundin	ıg balar	nces may be used			16	92.73 %
17	•				is less than 70 percent of th							17	%
Pa	art IV	Con	tributions an	d liauidi	tv shortfalls							J.	
				•	rear by employer(s) and em	ployees:							
	(a) Date	;	(b) Amount p	aid by	(c) Amount paid by employees		Date D-YY	YY)	(b) Amount pa employer(s		(0		nt paid by by by by ees
04	/09/2010			30000	0								
						Totals	•	18(b)		30000	18(c)		
19	Discoun	ted emp	loyer contribution:	s – see ins	tructions for small plan with	a valuatio	n date	after th	ne beginning of the	year:			
	a Contri	butions	allocated toward	unpaid min	imum required contribution	from prior	years.			19a			0
	b Contri	butions	made to avoid res	strictions a	djusted to valuation date					19b			0
	C Contri	butions a	allocated toward m	inimum req	uired contribution for current	year adjuste	ed to v	aluatior	n date	19c			27309
20	Quarterl	y contrib	outions and liquidi	ty shortfalls	S:								
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							X	Yes No
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current year	ar made in	a time	ely man	ner?				Yes X No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as a	oplicable:							
				I	Liquidity shortfall as of e	nd of Quar	ter of						
		(1) 1s	st		(2) 2nd	0		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V Assumption	ns used to determine f	unding target and targ	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5.59 %	2nd segment: 6.34 %	3rd segme	ent: 1 %	N/A, full yield curve used
	b Applicable month	(enter code)			21b	1
22	Weighted average ret	irement age			22	55
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items				
24	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curr			· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ons regarding required a	ttachment	Yes X No
			Participants? If "Yes," see ins			
27	If the plan is eligible fo	or (and is using) alternative fur	nding rules, enter applicable co	de and see instructions	27	
_						
		•	ım required contributio		1 1	0
28			ears			0
29	' '		I unpaid minimum required cor	' '	_ Z9	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)	30	0
Pa	rt VIII Minimum	required contribution t	for current year			
		•	ructions)		31	0
	Amortization installme		,	Outstanding I		Installment
					110786	18699
	_				0	0
33	If a waiver has been a	approved for this plan year, en	ter the date of the ruling letter	granting the approval	33	
) and the waived amour			0
34	• •	0 ,	er/prefunding balances (item 3 ⁻		.34	18699
			Carryover balance	Prefunding b	alance	Total balance
35	Balances used to offs	et funding requirement		0	0	0
36	Additional cash requir	rement (item 34 minus item 35)		36	18699
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	sted to valuation date	37	27309
38	Interest-adjusted exce	ess contributions for current ve	ear (see instructions)		38	8610
39			ear (excess, if any, of item 36 of			0
40		uired contribution for all years.		- ,	40	0

Schedule SB, line 26 - Schedule of Active Participant Data

CIRCLE MORTGAGE CORP.

PENSION PLAN

/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Years of Credited Service

	Ur	nder 1	1	. to 4	5	to 9	10) to 14	15	to 19	20	to 24	25	to 29
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34					1									
35 to 39														
40 to 44														
45 to 49					1									
50 to 54														
55 to 59														
60 to 64														
65 to 69														
70 & up														

Years of Credited Service

 30 to 34
 35 to 39
 40 & up

 Attained
 Avg.
 Avg.
 Avg.

 Age
 No.
 Comp.
 No.
 Comp.
 No.
 Comp.

Under 25
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 & up

Schedule SB, Line 32 - Schedule of Amortization Bases

Name of Plan: Circle Motgage Corp. Pension Plan Plan #: 001 Plan Year 1/1/09 - 12/31/09

Type of Base	Present Value Of Remaining Installments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	\$112,786.	01/01/09	7	\$19,036.

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Name of Plan: Circle Mortgage Corp. Pension Plan

Plan #: 001

Plan Year 1/1/09 - 12/31/09

Plan Normal Retirement Age: the later of age 55 or 5 years of

plan participation.

Methodology used to compute weighted average retirement

age for active participants: the total of the normal retirement

age for each participant divided by the total number of participants.

Computation of Weighted Average Retirement Age

	Rate of	Total	NRA x Total
NRA	Retirement	Participants	Participants
55	100.00%	2	110
56-59	0	0	0
57-60	0	0	0
61-65	0	0	0
Totals		2	110

Weighted Retirement Age (NRA x TP/TP): 55

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

instructions

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2009

2000

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachn	nent to Form	5500 or 5	5500-SF.			
For calendar plan year 2009 or fiscal plan year beginning 1/1/2009			and endi	ng 12/31	1/2009	
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reaso	nable ca	use is establishe	d.		
A Name of plan			B Three-digi	t		001
Circle Mortgage Corp. Pension Plan			plan numb	er (PN))	
2 2 - 4 5			D Employer id	dontification	n Number (FIN)
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Lilipioyei id			
Circle Mortgage Corp.				36	54248028	
E Type of plan: X Single Multiple-A Multiple-B F	Prior year pla	n size 🗵	100 or fewer	101-500) More t	han 500
	1 1101 year pie					
Part I Basic Information						
1 Enter the valuation date: 1/1/2009				T		
2 Assets:				7-		373173
a Market value				2a		373173
b Actuarial value				2b	(0)	
3 Funding target/participant count breakdown		(1) N	umber of particip	ants	(2)	Funding Target 0
a For retired participants and beneficiaries receiving payment			0			0
b For terminated vested participants	3b		0			U CONTRACTOR OF THE CONTRACTOR
c For active participants:	2-(4)			-		0
(1) Non-vested benefits				. -		141976
(2) Vested benefits			2			141976
(3) Total active			2			41976
d Total						
4 If the plan is at-risk, check the box and complete items (a) and (b)				4-		
a Funding target disregarding prescribed at-risk assumptions				4a		
b Funding target reflecting at-risk assumptions, but disregarding trainat-risk for fewer than five consecutive years and disregarding load	nsition rule for	plans tha	at have been	4b		
				5		6.38 %
				6		0
6 Target normal cost						
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reason	dules, statements a	and attachme	ents, if any, is complet eperience of the plan a	e and accuratind reasonabl	te. Each prescrit e expectations)	oed assumption was applied in and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan.	^_					
SIGN WILLEN &	Jan '	\			7/26/2010	<u>^</u>
HERE WILLIAM &'V	/~~~	<u> </u>	_		7/20/2010	
Signature of actuary					Date	
William G. Pruslin					0802561	
Type or print name of actuary					ent enrollm	
William G. Pruslin					50940960	
Firm name			Tel	lephone ni	umber (inclu	iding area code)
89 Crescent Way						
Monroe Twp						
NJ						
00004						
08831 Address of the firm			_			
	or the statute	in comple	ating this schedul	e check ti	he box and	see \square
If the actuary has not fully reflected any regulation or ruling promulgated under	er the statute	iii comple	ang mis schedul	o, oricon li	IIO DOX GIIG	

10	Contributions made to the plan for	the plan year by emr	oloyer(s) and emplo	oyees:					
				Totals ▶	18(b)	3(0000	18(c)	0
19	Discounted employer contributions	- see instructions fo	r small plan with a	valuation da					
13	a Contributions allocated toward u						19a	0	
	b Contributions made to avoid rest					<u> </u>	9b	0	
	C Contributions allocated toward mir	•					19c	273	09
20	Quarterly contributions and liquidity		outer for our one yo	ar dajactou t	o raidation date.				
	a Did the plan have a "funding sho		ar?						Yes No
	b If 20a is "Yes," were required qu							-	Yes 🗓 No
	c If 20a is "Yes," see instructions a				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Γ		
	C II 20d IS Tes, see IIIstructions a		shortfall as of end		of this plan year			<u> </u>	<u> </u>
	(1) 1st		2nd		(3) 3rd		_	(4) 4th	n _
	0		0	<u></u>		0			0
Pa	rt V. Assumptions used to	o determine fun	ding target an	ıd target r	normal cost				
21	Discount rate:								
		segment: .59 %	2nd segmer 6.34	nt: %		egment: 54 %		N/A, full yiel	d curve used
	b Applicable month (enter code)					21	b		1
22	Weighted average retirement age					2	2		55
23	Mortality table(s) (see instructions)) × Prescri	bed - combined	Pres	scribed - separa	te Su	bstitute	9	
Pa	rt VI Miscellaneous items								
	Has a change been made in the no	on-prescribed actuaria	al assumptions for	the current	olan year? If "Y	es," see instru	ctions i	regarding require	ed
24	Has a change been made in the no attachment.								Yes 🗵 No
24 25	Has a change been made in the no attachment. Has a method change been made	for the current plan y	ear? If "Yes," see	instructions	regarding requi	ed attachmen	t		ed Yes X No Yes X No
24 25	Has a change been made in the no attachment. Has a method change been made to steep the plan required to provide a Sc	for the current plan y	ear? If "Yes," see ticipants? If "Yes,"	instructions	regarding requi	ed attachmen	t		Yes X No Yes X No
24 25	Has a change been made in the no attachment. Has a method change been made	for the current plan y shedule of Active Part ng) alternative funding	ear? If "Yes," see ticipants? If "Yes," g rules, enter appli	instructions ' see instruct	regarding requinered in regarding re	ed attachmen	tnment		Yes X No
24 25 26 27	Has a change been made in the no attachment. Has a method change been made in the no attachment. Is the plan required to provide a Sc If the plan is eligible for (and is usin regarding attachment.	for the current plan y chedule of Active Part ng) alternative funding	ear? If "Yes," see ticipants? If "Yes," g rules, enter appli	instructions ' see instructions cable code a	regarding required in the second regarding required regarding regarding required regarding regarding required regarding required regarding reg	ed attachmen equired attach ons 2	tnment		Yes X No Yes No Yes No
24 25 26 27	Has a change been made in the no attachment. Has a method change been made is the plan required to provide a Sc of the plan is eligible for (and is using regarding attachment. The reconciliation of units attachment.	for the current plan y shedule of Active Part ng) alternative funding apaid minimum	ear? If "Yes," see ticipants? If "Yes," g rules, enter applier	instructions ' see instruct cable code a	regarding required in the second regarding regarding reads see instructions for prior year.	ed attachmen equired attact ons 2	t nment		Yes No
24 25 26 27 Pa 28	Has a change been made in the no attachment. Has a method change been made in the no attachment. Is the plan required to provide a Sc of the plan is eligible for (and is usin regarding attachment. The reconciliation of under the plan in the plan is eligible for (and is usin regarding attachment.) The reconciliation of under the plan in the plan is eligible for (and is usin regarding attachment.)	for the current plan y shedule of Active Part ng) alternative funding apaid minimum tion for all prior years allocated toward unp	ear? If "Yes," see ticipants? If "Yes," g rules, enter appli required conti	instructions ' see instruct cable code a ributions	regarding required in the second regarding require	ed attachmen equired attach ons 2 ars 2 years 2	t7		Yes X No Yes No Yes No
24 25 26 27 Pa 28 29	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. The viii Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a)	for the current plan yethedule of Active Paring) alternative funding appaid minimum tion for all prior years allocated toward unp	ear? If "Yes," see ticipants? If "Yes," g rules, enter applierequired continuation of the continuation of	instructions ' see instruct cable code a ributions	regarding required in the second regarding require	ed attachmen equired attach ons 2 ars	t		Yes X No Yes No Yes No O
24 25 26 27 Pa 28 29	Has a change been made in the no attachment. Has a method change been made in the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. TO VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minim	for the current plan y shedule of Active Part ng) alternative funding apaid minimum tion for all prior years allocated toward unp	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required continuation paid minimum required tions (item 28 min	instructions ' see instruct cable code a ributions	regarding required in the second regarding requirements regarding reg	ed attachmen equired attach ons 2 ars	t		Yes X No Yes No Yes No O
24 25 26 27 Pa 28 29	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. THE VIII Reconciliation of un Unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a).	for the current plan y shedule of Active Parting) alternative funding appaid minimum tion for all prior years allocated toward unpum required contribution for	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required continuations (item 28 min current year	instructions 'see instruct cable code a ributions uired contributions uus item 29).	regarding requires ions regarding require	ed attachmen equired attach ons 2 ars years 2 years 3	t		Yes No Yes No Yes No O O O
24 25 26 27 Pa 28 29 30 Pa 31	Has a change been made in the no attachment. Has a method change been made in the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. TO VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum ret VIII Minimum required contributions (and the plan is employed in the plan is eligible for (and is usin regarding attachment.	for the current plan y shedule of Active Parting) alternative funding appaid minimum tion for all prior years allocated toward unpum required contribution for	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required continuations (item 28 min current year	instructions 'see instruct cable code a ributions uired contributions uus item 29).	regarding requirements regarding regarding regarding regarding read see instructions for prior year.	ed attachmen equired attach ons 2 ars 2 years 2 3	t		Yes No Yes No Yes No O O O O
24 25 26 27 Pa 28 29 30 Pa 31	Has a change been made in the no attachment. Has a method change been made in the plan attachment is the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. THE VIII Reconciliation of un Unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum ret VIII Minimum required contributions (item 19a). Target normal cost, adjusted, if approximation installments:	for the current plan yeshedule of Active Parting) alternative funding appaid minimum tion for all prior years allocated toward unpum required contribution for blicable (see instruction)	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required conti paid minimum requ utions (item 28 min current year ons)	instructions 'see instruct cable code a ributions irred contributions us item 29).	regarding requirements for prior year tions from prior year tions from prior	ed attachment equired attachment ons 2 ars 2 years 2 3 ding Balance	8 9 0 1		Yes No Yes No Yes No O O O ment
24 25 26 27 Pa 28 29 30 Pa 31	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. To the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required is eligible for (and is usin regarding attachment. The plan required to provide a Scott in the plan is eligible for (and is usin regarding attachment. The plan required to provide a Scott in the plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachmen	for the current plan y shedule of Active Parting) alternative funding appaid minimum tion for all prior years allocated toward unpum required contribution for ontribution for	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required conti paid minimum requ utions (item 28 min current year ons)	instructions 'see instruct cable code a ributions uired contributions uus item 29).	regarding requirements for prior year tions from prior year tions from prior	ed attachmen equired attach ons 2 ars 2 years 2 3	8 9 0 1 1 366		Yes X No Yes X No Yes No O O O O
24 25 26 27 Pa 28 29 30 Pa 31 32	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. Tr VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contributions (and the plan is eligible for (and is usin regarding attachment. Minimum required contributions (item 19a). Target normal cost, adjusted, if approximation installments: a Net shortfall amortization installment.	for the current plan you hedule of Active Parting) alternative funding apaid minimum tion for all prior years allocated toward unpum required contribution for contribution for plicable (see instruction ment	ear? If "Yes," see ticipants? If "Yes," g rules, enter application of the control	instructions 'see instruct cable code a ributions uired contributions nus item 29)	regarding requirements of the control of the contro	ed attachment equired attachment ons 2 ars 2 years 2 3 ding Balance 11078	8 9 0 1		Yes X No Yes No Yes No O O O ment 18699
24 25 26 27 Pa 28 29 30 Pa 31 32	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. To the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required contributed in the plan is eligible for (and is usin regarding attachment. The third required is eligible for (and is usin regarding attachment. The plan required to provide a Scott in the plan is eligible for (and is usin regarding attachment. The plan required to provide a Scott in the plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachment. The plan is eligible for (and is usin regarding attachmen	for the current plan you hedule of Active Parting) alternative funding apaid minimum tion for all prior years allocated toward unpum required contribution for contribution for plicable (see instruction ment	ear? If "Yes," see ticipants? If "Yes," g rules, enter application of the control	instructions 'see instruct cable code a ributions uired contributions nus item 29)	regarding requirements of the control of the contro	ed attachment equired attachment ons 2 ars 2 years 2 3 ding Balance 11078	8 9 0 1 1 366		Yes X No Yes No Yes No O O O ment 18699
24 25 26 27 Pa 28 29 30 Pa 31 32	Has a change been made in the no attachment. Has a method change been made in the plan attachment. Is the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. It VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum ret VIII Minimum required Contributions (item 19a). Target normal cost, adjusted, if approximation installments: a Net shortfall amortization installment. If a waiver has been approved for the contribution of the contribution installment. If a waiver has been approved for the contribution of the contribution installment. Total funding requirement before reconstruction in the contribution of	for the current plan y shedule of Active Part ng) alternative funding paid minimum tion for all prior years allocated toward unp num required contribution for blicable (see instruction ment his plan year, enter the	ear? If "Yes," see ticipants? If "Yes," g rules, enter applia required conti paid minimum requ utions (item 28 min current year ons) he date of the rulin) and the waived	instructions ' see instruct cable code a ributions uired contributions uired contributions gletter grand amount (item 31 + it	regarding requirements for prior year tions from prior year tions from prior ting the approval ting the approval em 32a + item 3	ed attachment equired attachment ons 2 ars 2 years 2 ding Balance 11078	8 9 0 1 36 0		Yes X No Yes No Yes No O O O O Ment 18699
24 25 26 27 Pa 28 29 30 Pa 31 32	Has a change been made in the no attachment. Has a method change been made in the plan attachment. Is the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. It VII Reconciliation of un Unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum ret VIII Minimum required contributions (item 19a). Target normal cost, adjusted, if app. Amortization installments: a Net shortfall amortization installment. If a waiver has been approved for the 1/1/2009	for the current plan y shedule of Active Part ng) alternative funding paid minimum tion for all prior years allocated toward unp num required contribution for blicable (see instruction ment his plan year, enter the	ear? If "Yes," see ticipants? If "Yes," g rules, enter applia required conti paid minimum requ utions (item 28 min current year ons) he date of the rulin) and the waived	instructions 'see instruct cable code a ributions uired contribut nus item 29).	regarding requirements for prior year tions from prior Outstand ting the approve	ed attachment equired attachment ons 2 ars 2 years 2 ding Balance 11078	8 9 0 1 36 0 3		Yes X No Yes No Yes No O O O O O Ment 18699 O 18699
24 25 26 27 Pa 29 30 Pa 31 32 33	Has a change been made in the no attachment. Has a method change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. To VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Target normal cost, adjusted, if approximation installments: a Net shortfall amortization installment. b Waiver amortization installment. If a waiver has been approved for the (1/1/2009). Total funding requirement before register 33).	for the current plan y shedule of Active Part ng) alternative funding spaid minimum tion for all prior years allocated toward unp num required contribution for blicable (see instruction ment his plan year, enter the effecting carryover/pre	ear? If "Yes," see ticipants? If "Yes," grules, enter applications of the control	instructions 'see instruct cable code a ributions uired contribut nus item 29).	regarding requirements of the control of the contro	ed attachment equired attachment ons 2 ars 2 years 2 years 3 ding Balance 11078	8 9 0 1 36 0 3	Install	Yes X No Yes No Yes No O O O O O Ment 18699 O 18699
24 25 26 27 Pa 28 29 30 Pa 31 32 33 34	Has a change been made in the no attachment. Has a method change been made is the plan required to provide a Sc. If the plan is eligible for (and is usin regarding attachment. It VII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Target normal cost, adjusted, if approximate a Net shortfall amortization installments: a Net shortfall amortization installment. If a waiver has been approved for the (1/1/2009). Total funding requirement before resistem 33)	for the current plan y shedule of Active Part ng) alternative funding paid minimum tion for all prior years allocated toward unp num required contribution for blicable (see instruction ment his plan year, enter the effecting carryover/pre-	ear? If "Yes," see ticipants? If "Yes," g rules, enter applie required conti paid minimum requ utions (item 28 min current year ons)	instructions 'see instruct cable code a ributions irributions uired contributions and letter grand amount	regarding requirements of the control of the contro	ed attachment equired attachment ons 2 ars 2 years 2 3 ding Balance 11078 argument of the second of	1 36 0 3 4	Install	Yes No No Yes No No No Yes No No No No No No No N
24 25 26 27 Pa 28 29 30 Pa 31 32 33	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. TYVII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contribut Minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Target normal cost, adjusted, if approximation installments: a Net shortfall amortization installment. If a waiver has been approved for the (1/1/2009) Total funding requirement before regitem 33). Balances used to offset funding reconditional cash requirement (item 3)	for the current plan y shedule of Active Part ng) alternative funding paid minimum tion for all prior years allocated toward unp num required contribut contribution for plicable (see instruction ment his plan year, enter the effecting carryover/pro- quirement 34 minus item 35) imum required contribution imum required contribution	ear? If "Yes," see ticipants? If "Yes," g rules, enter applia required conti paid minimum requ utions (item 28 min current year ons) he date of the rulin) and the waived efunding balances Carryover bala	instructions 'see instruct cable code a ributions iried contributions us item 29). g letter gran d amount (item 31 + it) ance 0	regarding requirements of the prior set of the prior years of the prior years of the prior set of the prior	ed attachment equired attachment equired attachment ons 2 ars 2 years 2 years 3 ding Balance 11078 1 3 32b - 3 ing balance 3 te 3	1	Install	Yes ⋈ No Yes ⋈ No Yes ⋈ No O O O O O Ment 18699 O 18699 alance O
24 25 26 27 Pa 28 29 30 Pa 31 32 33 34 35 36 37	Has a change been made in the no attachment. Has a method change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. TYVII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Target normal cost, adjusted, if approximate a Net shortfall amortization installments: a Net shortfall amortization installment. If a waiver has been approved for the (1/1/2009). Total funding requirement before registem 33). Balances used to offset funding recontributional cash requirement (item 3). Contributions allocated toward minimum 19c).	for the current plan yeshedule of Active Paring) alternative funding apaid minimum tion for all prior years allocated toward unpum required contribution for blicable (see instruction ment to this plan year, enter the effecting carryover/produirement to the plan item 35)	ear? If "Yes," see ticipants? If "Yes," grules, enter appliance of the rulin and the waiver button for current year carryover balances.	instructions 'see instruct cable code a ributions uired contribut nus item 29) ing letter grand amount (item 31 + it) ance	regarding requirements of the prior year of the year of the prior year of the year o	ed attachment equired attachment equired attachment ons 2 ars 2 years 2 years 3 ding Balance 11078 at 3 arg balance 3 arg balanc	1 36 0 3 4 0 6 6	Install	Yes No
24 25 26 27 Pa 28 29 30 Pa 31 32 33 34	Has a change been made in the no attachment. Has a method change been made in the plan is eligible for (and is usin regarding attachment. TYVII Reconciliation of un Unpaid minimum required contribut Discounted employer contributions (item 19a). Remaining amount of unpaid minimum required contribut Minimum required contributions (item 19a). Remaining amount of unpaid minimum required contributions (item 19a). Target normal cost, adjusted, if approximation installments: a Net shortfall amortization installment. If a waiver has been approved for the (1/1/2009) Total funding requirement before regitem 33). Balances used to offset funding reconditional cash requirement (item 3)	for the current plan yethedule of Active Paring) alternative funding apaid minimum tion for all prior years allocated toward unpure required contribution for blicable (see instruction that plan year, enter the effecting carryover/produirement	ear? If "Yes," see ticipants? If "Yes," grules, enter appliared control of the control of the control of the control of the current year ons)	instructions 'see instruct cable code a ributions irred contributions irred contributions irred and item 29). irred amount item 31 + item 31 + item 30 irred and	regarding requirements of the approvement of the ap	ed attachment equired attachment equired attachment ons 2 ars 2 years 2 years 3 ding Balance 11078 at 3 arg balance 3 arg balanc	1 88 9 0 1 36 0 3 4 0 66 7	Install	Yes ⋉ No Yes ⋉ No Yes ⋉ No O O O O O O 18699 O 18699 27309

					(a) Carryover balance		(b) Prefunding balance				
	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)					101123			0		
} F	Portion used to offset prior year's funding requirement (Item 35 from prior year) Amount remaining (Item 7 minus item 8)					0 101123		0			
) /								0			
0 1	Interest on item 9 using prior year's actual return of32.26%						(0			
	Prior year's excess contributions to be added to prefunding balance:						0 0				
a	a Excess contributions (Item 38 from prior year)				later in the second of the sec						
k	b Interest on (a) using prior year's effective rate of%										
c	C Total available at beginning of current plan year to add to prefunding balance						0				
c) to be added to prefunding ba					0				
2 F		lances due to elections or dee				0	0				
		nning of current year (item 9 +				68501		0			
Alasti.	A 19 (50) 14 P	ding percentages									
14 Funding target attainment percentage									68.48		
15 Adjusted funding target attainment percentage									68.48		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									92.73		
7 li	f the current val	lue of the assets of the plan is	less than 70 percent of the	funding ta	get, enter s	uch percentage	17				
Par	t IV Con	tributions and liquidit	v shortfalls								
		ade to the plan for the plan ye	·	loyees:							
((a) Date -DD-YYYY)	(b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD					(c) Amount paid by employees				
4/	/9/2010	30000	0						-		
	7.77										
										_	