Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [X] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE CASH BALANCE RETIREMENT PLAN FOR EMPLOYEES OF CREDIT INDUSTRIEL ET COMMERCIAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CREDIT INDUSTRIEL ET COMMERCIAL

520 MADISON AVENUE
NEW YORK, NY 10022-4213

2b Employer Identification Number (EIN)
13-2757199

2c Sponsor's telephone number
212-715-4400

2d Business code (see instructions)
522110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	09/15/2010	STEPHEN FRANCIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2010	STEPHEN FRANCIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CREDIT INDUSTRIEL ET COMMERCIAL

520 MADISON AVENUE
NEW YORK, NY 10022-4213

3b Administrator's EIN
13-2757199

3c Administrator's telephone number
212-715-4400

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	110
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	79
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	112
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	113
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 1G

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)		**H** (Financial Information)
(2)	X	**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE CASH BALANCE RETIREMENT PLAN FOR EMPLOYEES OF CREDIT INDUSTRIEL ET COMMERCIAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CREDIT INDUSTRIEL ET COMMERCIAL

D Employer Identification Number (EIN)
13-2757199

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
	a Market value		**2a**	12504301
	b Actuarial value		**2b**	13754731
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	5	402024
	b For terminated vested participants	**3b**	29	1503665
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		69353
	(2) Vested benefits	**3c(2)**		10877130
	(3) Total active	**3c(3)**	76	10946483
	d Total	**3d**	110	12852172
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	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		**4b**	
5	Effective interest rate		**5**	8.29 %
6	Target normal cost		**6**	549314

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

09/15/2010
Signature of actuary — Date

WILLIAM C. WALTER, JR.
Type or print name of actuary

08-05710
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

212-309-3588
Telephone number (including area code)

335 MADISON AVENUE
NEW YORK, NY 10017
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 instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4376094	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	4376094	0
10	Interest on item 9 using prior year's actual return of -20.64 %	-903226	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		142682
b	Interest on (a) using prior year's effective rate of 5.96 %		8504
c	Total available at beginning of current plan year to add to prefunding balance		151186
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	3472868	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	107.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2009	250000				
04/07/2009	250000				
07/08/2009	250000				
10/06/2009	250000				
12/30/2009	250000				
02/26/2010	500000				
			Totals ► 18(b)	1750000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1655642

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 3

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28	Unpaid minimum required contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	549314

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	549314

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	549314
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1655642
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	1106328
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE CASH BALANCE RETIREMENT PLAN FOR EMPLOYEES OF CREDIT INDUSTRIEL ET COMMERCIAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT INDUSTRIEL ET COMMERCIAL

D Employer Identification Number (EIN)
13-2757199

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	12504301	15435559
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	12504301	15435559
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	1250000	
	(2) Participants	**2a(2)**		
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	1979401	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		3229401
e	Benefits paid (including direct rollovers)	**2e**	197989	
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**	84737	
i	Other expenses	**2i**	15417	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		298143
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		2931258
l	Transfers to (from) the plan (see instructions)	**2l**		0

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE CASH BALANCE RETIREMENT PLAN FOR EMPLOYEES OF CREDIT INDUSTRIEL ET COMMERCIAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT INDUSTRIEL ET COMMERCIAL

D Employer Identification Number (EIN)
13-2757199

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3354764

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Crédit Industriel et Commercial
The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial
EIN: 13-2757199; Plan Number 001
Schedule SB, line 24 – Change in Assumptions

- The Long-Term Interest Crediting Rate (Plan Interest Rate) assumption was decreased from 5.00% to 4.00% to better reflect current market conditions.

- The salary increase rate was decreased from 5.00% to 4.00% to better reflect recent experience and future expectations.

- The price inflation and wage base increase rates were decreased from 4.00% to 3.00% to better reflect current market conditions.

Crédit Industriel et Commercial
The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial
EIN: 13-2757199; Plan Number 001
Schedule SB, line 25 – Change in Method

- The asset method was changed from market value to the average method as provided under IRS Notice 2009-22.

- The three segment, 24-month average interest rate election was changed to the full yield curve. Additionally, the applicable month used to calculate the Target Liability was changed from September to October. This changed as provided under the Special Edition of the IRS Employee Plans News issued March 31, 2009.

- Estimated plan-related expenses for 2009, including estimated investment expenses, were added to the Target Normal Cost as required by the Pension Protection Act (PPA) of 2006.

Crédit Industriel et Commercial
The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial
EIN: 13-2757199; Plan Number 001
Schedule SB, line 26 – Schedule of Active Participant Data

Number Distributed by Attained Age and Attained Years of Credited Service

Attained Age	Attained Years of Credited Service													
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 &	Total
Under 25	0	1	0	0	0	0	0	0	0	0	0	0	0	1
25-29	0	2	0	0	1	0	0	0	0	0	0	0	0	3
30-34	0	2	1	2	0	3	0	0	0	0	0	0	0	8
35-39	0	2	2	1	2	3	1	0	0	0	0	0	0	11
40-44	0	0	1	1	3	3	2	3	1	0	0	0	0	14
45-49	0	1	1	0	0	1	3	1	3	1	0	0	0	11
50-54	0	1	2	1	1	2	1	0	3	3	0	0	0	14
55-59	0	0	0	0	0	0	0	1	0	2	2	0	0	5
60-64	0	0	0	0	1	0	0	2	1	1	2	0	0	7
65-69	0	0	0	0	0	0	0	0	1	0	0	0	0	1
70&Over	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	0	9	7	5	8	12	7	7	9	7	4	1	0	76

Crédit Industriel et Commercial
The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial
EIN: 13-2757199; Plan Number 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Crédit Industriel et Commercial
EIN/PN	13-2757199/001
Effective Date and Most Recent Amendment	The plan was originally effective January 1, 1978. The last amendment reflected herein is the Ninth Amendment, which is effective January 1, 2008.
Plan Year	The twelve-month period ending December 31, 2009.
Coverage and Participation	All participants of the prior plan automatically participate in this plan as of January 1, 1996. All other eligible employees enter the plan on the January 1 following the attainment of age 21 and completion of one year service. Credits are allocated from date of hire upon entry into the plan.
Vesting Service	Years and months from date of employment.
Cash Balance Account	For all participants hired after January 1, 1996 and converted cash balance participants on January 1, 1996, a cash balance account is established. The cash balance account is increased monthly with a percentage of Pensionable Compensation (Pay-Related Credits) and Interest Credits.
Pensionable Compensation	Base salary plus bonus amounts up to 20% of the base salary for the year.
Cash Balance Crediting Rate	The variable rate of interest in effect for the plan year equal to the yield on the 1-year Treasury Constant Maturities for the month of November preceding the first day of such plan year, as reported in the Federal Reserve Bulletin, plus 50 basis points, subject to a 2.00% minimum.
Plan Conversion Premium	The lump sum amount that is in excess, if any, of the actuarial equivalent of the Accrued Benefit on the Conversion Date over the actuarial equivalent of the pre-1996 Accrued Benefit.
Initial Account Balance	The lump sum amount that is the actuarial equivalent of the Accrued Benefit on December 31, 1995, using an interest rate of 6% and the 1983 Group Annuity Mortality Table, which shall include the value of any subsidized early retirement.

Current Year Allocation	The sum of any applicable amounts specified below.
(a) Regular Allocation	For any plan year and any participant not described in Paragraph (b), a percentage of the participant's Compensation for the plan year based upon the Years of Credited Service the participant has completed as of the first day of such plan year (rounded to the nearest whole integer and which shall be assumed to be at least one for any participant whose Entry Date occurs in such plan year), and determined by applying the Basic and Excess Allocation rates set forth in Appendix A of the plan document.
(b) Transition Allocation	For any plan year and for any participant who was in the active employ of the Employer on December 31, 1995 and who has at least 9.5 Years of Credited Service as of January 1, 1996, a percentage of the participant's Compensation for the plan year based upon the sum of the participant's age (rounded to the nearest integer) and Years of Credited Service (rounded to the nearest whole integer) and determined by applying the Basic and Excess Allocation Rates set forth in Appendix B of the plan document.
(c) Supplemental 1996 Allocation	For the plan year beginning January 1, 1996, the Participant's Regular Monthly Allocations, as shown in Appendix C of the plan document.
(d) Supplemental Entry Date Allocation	For the plan year in which falls the participant's Entry Date, an amount equal to the amount that would have been the participant's Regular Allocation under Paragraph (a) for the prior plan year determined as if the participant had been a participant for the prior plan year.
(e) Supplemental 1997 Allocation	For the plan year beginning January 1, 1997, the Participant's Regular Monthly Allocations, as shown in Appendix E of the plan document.
(f) Supplemental 1998 Allocation	For the plan year beginning January 1, 1998, the Participant's Regular Monthly Allocations, as shown in Appendix F of the plan document.
(g) Supplemental 1999 Allocation	For the plan year beginning January 1, 1999, the Participant's Regular Monthly Allocations, as shown in Appendix G of the plan document.
(h) Supplemental 2000 Allocation	For the plan year beginning January 1, 2000, the Participant's Regular Monthly Allocations, as shown in Appendix H of the plan document.
(i) Supplemental 2001 Allocation	For the plan year beginning January 1, 2001, the Participant's Regular Monthly Allocations, as shown in Appendix I of the plan document.
(j) Supplemental 2002 Allocation	For the plan year beginning January 1, 2002, the Participant's Regular Monthly Allocations, as shown in Appendix J of the plan document.
(k) Supplemental 2003 Allocation	For the plan year beginning January 1, 2003, the Participant's Regular Monthly Allocations, as shown in Appendix K of the plan document.
(l) Supplemental 2004 Allocation	For the plan year beginning January 1, 2004, the Participant's Regular Monthly Allocations, as shown in Appendix L of the plan document.

(m) Supplemental 2005 Allocation	For the plan year beginning January 1, 2005, the Participant's Regular Monthly Allocations, as shown in Appendix M of the plan document.
(n) Supplemental 2006 Allocation	For the plan year beginning January 1, 2006, the Participant's Regular Monthly Allocations, as shown in Appendix N of the plan document.
(o) Supplemental 2007 Allocation	For the plan year beginning January 1, 2007, the Participant's Regular Monthly Allocations, as shown in Appendix O of the plan document.
Account Balance	An amount equal to the Initial Account Balance increased to reflect Current Year Allocations and the Plan Interest Rate.
Benefit at normal retirement	The Account Balance, or a monthly benefit payable at normal retirement equal to 1/12 of the Account Balance divided by an annuity factor at normal retirement, as specified in the plan.
Benefits upon vested termination	Full vesting occurs after 3 years of service or upon attainment of age 65. In the event of termination of service, the Account Balance, or a monthly benefit equal to t1/2 of the Account Balance divided by the annuity factor at termination, as specified by the plan, is payable immediately or can be deferred to age 65.
Forms of Payment	Normal • 50% Joint and Survivor Annuity, if married, and Single Life Annuity, if single. Optional • Straight Life Annuity • 50% Joint and Survivor Annuity • 75% Joint and Survivor Annuity • 100% Joint and Survivor Annuity • 10 Year Certain and Life Annuity • Lump Sum
Survivor's Benefit	For a vested participant, the Account Balance.
Changes in Plan Provisions Since Last Actuarial Valuation	The January 1, 2009 actuarial valuation reflects the change in the maximum annual pension benefit under IRC §415(b)(1)(A) and the change in the qualified plan compensation limit under IRC §401(a)(17).
Substantive Commitments	No substantive commitments other than the above plan provisions have been included in this valuation.

SCHEDULE SB - STATEMENT BY ENROLLED ACTUARY

Plan Sponsor	**Crédit Industriel et Commercial**
EIN / PN	**13-2757199 / 001**
Plan Name	**The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial**
Valuation Date	**January 1, 2009**
Enrolled Actuary	**William C. Walter, Jr.**
Enrollment Number	**08 – 05710**

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Part V:

The attachments summarize the Actuarial Assumptions and Methods, and Plan Provisions, which served as the basis for the January 1, 2009 valuation of the Plan. The Summary of Plan Provisions is based on our copy of the plan document most recently amended January 1, 2008.

The following assumptions and methods were changed since the prior valuation:

- The three-segment, 24-month average interest rate election was changed to the full yield curve. Additionally, the applicable month used to calculate the Target Liability was changed from September to October, which translates to a PPA effective interest rate for this plan of 8.29%.
- The asset method was changed from market value to the average method.
- Estimated plan-related expenses for 2009, including estimated investment expenses, were added to the Target Normal Cost, based on information provided by CIC.
- The Long-Term Interest Crediting Rate (Plan Interest Rate) assumption was decreased from 5.00% to 4.00% to better reflect current market conditions.
- The salary increase rate was decreased from 5.00% to 4.00% to better reflect recent experience and future expectations.
- The price inflation and wage base increase rates were decreased from 4.00% to 3.00% to better reflect current market conditions.

Crédit Industriel et Commercial
The Cash Balance Retirement Plan for Employees of Crédit Industriel et Commercial
EIN: 13-2757199; Plan Number 001
Schedule SB, line 23 – Statement of Actuarial Assumptions/Methods

Plan Sponsor	Crédit Industriel et Commercial	
EIN/PN	13-2757199/001	
Interest Rates	Valuation	Full Yield Curve
	Applicable Month	October, 2008
	Transition election	No Transition Elected
	Cash Balance Crediting Rate	2.00% for 2009, 4.00% thereafter
Compensation Increases	4.00%	
Future Increases in Social Security Wage Base	3.00%	
Future Increases in Maximum Benefits and Plan Compensation Limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit for Target Liability purposes. For purposes of determining the additional Funding Target for maximum deductible contribution purposes, the compensation limit under IRC §401(a)(17) is projected to decrement age assuming 3.00% per year, compounded annually.	
Assumed Cost-of-Living Adjustments	None	
Inclusion Date	The valuation date coincident with or next following the date on which the employee becomes a participant.	
Plan-Related Expenses	The amount included this year for plan-related expenses is $132,000.	

Mortality	For non-disabled participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants. For disabled participants: None
Retirement	Age 65 or immediately if participant is age 65 or over.
Disability Rates	None
Disabled Mortality	N/A
Termination Rates	10% per year for employees under age 35. No termination after age 34.
Form and Timing of Payment	All active participants are assumed to elect a lump sum benefit upon separation from service. Participants who do not elect a lump sum and become a terminated vested participant are assumed to elect an annuity at age 65.
Employees	It was assumed that there will be no new or rehired employees.
Plan Compensation	Plan compensation is reported by CIC.

Asset Method	Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year and second prior plan year (pursuant to IRS Notice 2009-22) were 6.38% and 6.09%, respectively. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.
Participant Data	Employee data and data on persons receiving benefits were supplied via email by the plan administrator as of January 1, 2009.
Tax Policy	The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.
Benefits Not Included in Valuation	We believe that we have reflected all significant plan provisions in the valuation.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 107.02%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Changes in Assumptions and Methods Since Last Actuarial Valuation

Other than the prescribed changes in the discount rate and mortality table, the following other changes in assumptions and methods were made as part of the valuation:

- The three-segment, 24-month average interest rate election was changed to the full yield curve. Additionally, the applicable month used to calculate the Target Liability was changed from September to October, which translates to a PPA effective interest rate for this plan of 8.29%.
- The asset method was changed from market value to the average method.
- Estimated plan-related expenses for 2009, including estimated investment expenses, were added to the Target Normal Cost, based on information provided by CIC.
- The Long-Term Interest Crediting Rate (Plan Interest Rate) assumption was decreased from 5.00% to 4.00%.
- The salary increase rate was decreased from 5.00% to 4.00% to better reflect recent experience and future expectations.
- The price inflation and wage base increase rates were decreased from 4.00% to 3.00% to better reflect current market conditions.

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).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

THE CASH BALANCE RETIREMENT PLAN FOR EMPLOYEES OF CREDIT INDUSTRIEL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CREDIT INDUSTRIEL ET COMMERCIAL

D Employer Identification Number (EIN)

13-2757199

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2009			
2	Assets:			
	a Market value	2a		12,504,301
	b Actuarial value	2b		13,754,731
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	5	402,024
	b For terminated vested participants	3b	29	1,503,665
	c For active participants:			
	(1) Non-vested benefits	3c(1)		69,353
	(2) Vested benefits	3c(2)		10,877,130
	(3) Total active	3c(3)	76	10,946,483
	d Total	3d	110	12,852,172
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	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	4b		
5	Effective interest rate	5		8.29 %
6	Target normal cost	6		549,314

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

William C. Walter, Jr. mm

Signature of actuary

09/15/2010

Date

William C. Walter, JR.

Type or print name of actuary

08-05710

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(212) 309-3588

Telephone number (including area code)

335 Madison Avenue

New York NY 10017

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 instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,376,094	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	4,376,094	0
10	Interest on item 9 using prior year's actual return of (20.64)%	(903,226)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		142,682
	b Interest on (a) using prior year's effective rate of 5.96 %		8,504
	c Total available at beginning of current plan year to add to prefunding balance		151,186
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,472,868	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	107.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2009	250,000				
04/07/2009	250,000				
07/08/2009	250,000				
10/06/2009	250,000				
12/30/2009	250,000				
02/26/2010	500,000				
			Totals ▶ 18(b)	1,750,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,655,642

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates: 1st segment: % | 2nd segment: % | 3rd segment: % | [X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 549,314

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 549,314

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 549,314

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 1,655,642

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1,106,328

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0