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g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i 104650	е	Certain deemed and/or correct	ive distributions (see instructions)			0					
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i Net income (loss) (subtract line 8h from line 8c)		•					0				
	n i										
	j		,				101000				

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?			Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)							
f	Has the plan failed to provide any benefit when due under the plan?							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							× No
lf	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a							
•	negative amount)		-		Yes		lo	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				103	'	10	IN/A
Part								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	10-					× No	
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u>i</u>			
	 of the PBGC?							
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) PN(s)			PN(s)
Cout	on. A populty for the late or incomplete filing of this return/report will be assessed unless reasonab		ien ie i	octabl	ichod			

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/01/2010	JOHN B. CARBERY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/01/2010	JOHN B. CARBERY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor