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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Ben	efit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	""	peotion	
	art I	Annual Report	lde	ntification Information						
For	calenda	r plan year 2009 or fi	iscal	plan year beginning 01/01/200)9	and ending	12/31/2	2009		
Α -	This retu	rn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
	B This return/report is for: first return/report final return/report									
_	iiiis ictu	ini/report is ior.	Η	an amended return/report	1	n year return/report (less than 12 mo	nthe)			
•			믈	·	<u> </u>	, ,	111113)	П вемо		
C	Check bo	ox if filing under:	믐	Form 5558	1	cextension		DFVC progra	am	
				special extension (enter descripti	· ·					
Pa	rt II	Basic Plan Info	orma	ation—enter all requested inform	nation					
	Name o	•					1b	Three-digit		
TRA	/ELERS	WORLDWIDE PRO	CES	S SERVICE INC. PROFIT SHARI	NG PLAN			plan number	001	
							4 -	(PN))		
							10	Effective date of 01/01/2		
22	Dlan an	oncor's name and ad	ldroo	o (ampleyor if for single ampleyo	r nlon)		2h			mbor
		WORLDWIDE PRO		s (employer, if for single-employer	pian)		20	Employer Identi (EIN) 11-301		mber
	LLLING	WORLDWIDETRO	OLO	o certifice into:			2c	Plan sponsor's		number
		UNTRY ROAD, SUIT	ΓE 50	4				516-74		
MINE	OLA, N	Y 11501					2d	Business code	•	ctions)
							0.	561490		
		ministrator's name au WORLDWIDE PRO		dress (if same as Plan sponsor, e	enter "Same	e") OAD, SUITE 504	30	Administrator's 11-301		
IIXAV	LLLING	WORLDWIDETRO	CLO	MINEOLA, N	NY 11501	OAD, 3011E 304	30	Administrator's		number
							30	516-74		Humber
4 11	f the nan	ne and/or EIN of the	plan	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN		
r	name, El	IN, and the plan num	nber f	rom the last return/report. Sponse	or's name					
								PN		
5a	Total nu	umber of participants	at th	e beginning of the plan year			5a			5
b	Total nu	umber of participants	at th	e end of the plan year			5b			5
С						ear (defined benefit plans do not	F			4
		•					5c		V v-	<u>4</u>
						(See instructions.)			X Ye	s No
b						ndent qualified public accountant (IQ ions.)			X Ye	s П No
						SF and must instead use Form 55			ш	- Ш
Pa	rt III	Financial Infor		<u> </u>						
7	Plan As	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year	
		an assets			7a	6377	2	(3) =113	<u> </u>	82932
b							0			
С	•			from line 7a)		63772				82932
8		, Expenses, and Tra			70		_	(b) :	Fatal	
а		utions received or re				(a) Amount		(b)	<u> Fotal</u>	
u					8a(1)					
	` ,	•			` '					
b	` '	`	,			2006	2			
C		, ,		ı(2), 8a(3), and 8b)		2000				20062
d				lovers and insurance premiums	. 60					20002
u					8d					
е		,		e distributions (see instructions)						
f				(salaries, fees, commissions)		820	0			
g		•				83				
9 h		·		, 8f, and 8g)						902
;				sh from line 8c)						19160
;				instructions)						10100
J	Hallole	no to (non) the plan	(356		·· 8j	1				

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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:

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amoı	unt	
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)	10a		X	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	<u> </u>			
С	Was the plan covered by a fidelity bond?	10c	X		i		:	250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	i			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	1			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					T	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ш		_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions,	and e	nter th	e date of th	e lett	er ruli	ng
	granting the waiver							
	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		⊢	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				<u> </u>
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	O	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	i			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	1	3c(3)	PN(s)
						T		
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e can	se is	establ	ished			
Inde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cludin	g, if applicat			
	f, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 10/08/2010 BRUCE SMILOW	114						

SIGN	Filed with authorized/valid electronic signature.	10/08/2010	BRUCE SMILOWITZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/08/2010	BRUCE SMILOWITZ
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

	art I Annual Report Identification Information								
Fo	the calendar plan year 2009 or fiscal plan year beginning	01/0:	L/2009	and ending	12	/31/2009			
Α	This return/report is for:	multiple-e	mployer plan (n	ot multiemployer)		one-participar	nt plan		
В	This return/report is for:	final return	/report						
	an amended return/report	short plan	year return/rep	ort (less than 12 mon	hs)				
С	Check box if filing under:	automatic	extension		Γ	DFVC progra	m		
	special extension (enter description	3)			1	Al .			
	art II Basic Plan Information enter all requested info	rmation			***************************************	···········			
*****	Name of plan	muuton,			1b 1	Three-digit			
	TRAVELERS WORLDWIDE PROCESS SERVICE INC. PROFI	T SHART	na.tg di			olan number PN). ▶	001		
			ffective date of						
						01/01/2002	•		
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)			1	Employer Identif			
	TRAVELERS WORLDWIDE PROCESS SERVICE INC.				 	EIN) 11-301	***************************************		
	250 OLD COUNTRY ROAD, SUITE 504					2C Plan sponsor's telephone number (516) 741-8800			
US	MINEOLA NY 11501					2d Business code (see instructions)			
3a	Plan administrator's name and address (if same as plan employer, er	nter "Same")			561490 Administrator's E	EIN		
	SAME								
					3c Administrator's telephone number				
							•		
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this	plan, enter the	4b E	EIN ·			
	name, EIN and the plan number from the last return. Sponsor's Name			p	4c F				
<u>5a</u>	Total number of participants at the beginning of the plan year	······································	·····		5a		5		
b	Total number of participants at the end of the plan year				5b		5		
Ç	Total number of participants with account balances as of the end of the	ne plan yeai	(defined benef	it plans do not					
62	complete this item)				5с		4 574. Mi		
_	Are you claiming a waiver of the annual examination and report of an				• • •		X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	.)	<i>.</i>	. , .		XYes No		
OLLON	if you answered "No" to either 6a or 6b, the plan cannot use Forr	ท 5500-SF ส	and must inste	ad use Form 5500.					
*****	### Financial Information		r						
7	Plan Assets and Liabilities		(a) Be	ginning of Year	+	(b) End	of Year		
a	Total plan liabilities	. <u>7a</u>		63,772	-		82,932		
b	Total plan liabilities	· 7b		0					
-	Net plan assets (subtract line 7b from line 7a)	. 7c		63,772			82,932		
8	Income, Expenses, and Transfers for this Plan Year		(2	a) Amount		(b) 1	otal		
а	Contributions received or receivable from: (1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)							
	(3) Others (including rollovers)	. 8a(3)			_				
þ	Other income (loss)	. 8b		20,062					
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					20,062		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	١,٠							
e	Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e			7				
f	Administrative service providers (salaries, fees, commissions)	. 8f		820					
g	Other expenses	8g		82					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					902		
i	Net income (loss) (subject line 8h from line 8c)	. 8i					19,160		
i	Transfers to (from) the plan (see instructions)	, 8j			~				

	Form 5500-SF (2009)	<u> </u>	age 2-	·			
Pan	IV Plan Characteristics		·····				
9a	the plan provides pension benefits, enter the applicable pension featu	ire codes from the Li	t of Plan Charac	teristic (Codes in	the instruction	s:
b	2A 2E 3D the plan provides welfare benefits, enter the applicable welfare feature.	e codes from the List	of Plan Characte	eristic C	odes in th	e instructions	:
Par	V Compliance Questions					· · · · · · · · · · · · · · · · · · ·	
10	During the plan year:				Yes N	0	Amount
а	Was there a failure to transmit to the plan any participant contribution	•		10a	2	۲	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D	_	•	. 100			
	on line 10a.)			. 10ь	2	ζ	
C	Was the plan covered by a fidelity bond?			. 10c	х		250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	•	•	. 10d	2	۲	
е	Were any fees or commissions paid to any brokers, agents, or other painsurance services or other organization that provides some or all of t	he benefits under the	plan? (See	10e	\ \ \ \ \	,	
f	instructions.)			•	,		
				<u> </u>	,		
g h	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See	-		· 10g	 -	,	
•••	2520.101-3.)			. 10h	3	۲	
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			101			
Part	VI Pension Funding Compliance			. 101	<u> </u>	R	
11	Is this a defined benefit plan subject to minimum funding requirement			-		•	, Yes X No
12	Is this a defined contribution plan subject to the minimum funding requires," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	uirements of section					. Yes X No
lf y	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		kip to line 13.	lonth		Day	*
b	Enter the minimum required contribution for this plan year				· 🗕		
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	s sign to the left	of a	12		0
е	Will the minimum funding amount reported on line 12d be met by the					Yes	□No □N/A
Part	00000						
13a	Has a resolution to terminate the plan been adopted during the plan y if "Yes," enter the amount of any plan assets that reverted to the emp		?, , , , ,		13		, ∐Yes X No
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another	olan, or brought u	under th	e control		
С	of the PBGC?						. Yes XNo
1	Bc(1)Name of plan(s):				13c(2	2) EIN(s)	13c(3)PN(s)
							
Cautic	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed uni	ess reasonable	cause i	s establi	shed.	L
SB or	penalties of perjury and cher penalties set forth in the instructions, I di ichedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.						
SiG		,	BRUCE SMIL	OWITZ			
HER		Date (3/3/1)	Enter name of		al signing	as plan admi	nistrator
ŞIGI		, ,,,	BRUCE SMIL	OWITZ			
HER		Date (7 7 /) -	Enter name of	individu	al signing	as employer	or plan sponsor
	· · · · · · · · · · · · · · · · · · ·	, ,					