

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.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input checked="" type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan ALLIANCE REPORTING SERVICE INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 01/01/1999
2a Plan sponsor's name and address (employer, if for single-employer plan) ALLIANCE REPORTING SERVICE INC. 102 THIRD STREET P.O. BOX 469 MINEOLA, NY 11501-0469	2b Employer Identification Number (EIN) 11-2955785
	2c Plan sponsor's telephone number 516-741-7585
	2d Business code (see instructions) 541990
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") ALLIANCE REPORTING SERVICE INC. 102 THIRD STREET P.O. BOX 469 MINEOLA, NY 11501-0469	3b Administrator's EIN 11-2955785
	3c Administrator's telephone number 516-741-7585
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 4
b Total number of participants at the end of the plan year	5b 0
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	957335	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	957335	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	61400	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	159586	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		220986
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1178321	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1178321
i Net income (loss) (subtract line 8h from line 8c)	8i		-957335
j Transfers to (from) the plan (see instructions)	8j	0	

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:

1A 1G 1H 1I 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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(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	12b	
c 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 a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE	Filed with authorized/valid electronic signature.	10/11/2010	SCOTT MARIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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
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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 ALLIANCE REPORTING SERVICE INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ALLIANCE REPORTING SERVICE INC.	D Employer Identification Number (EIN) 11-2955785
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value.....	2a 957335
b Actuarial value.....	2b 957335
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 0 0
b For terminated vested participants.....	3b 0 0
c For active participants:	
(1) Non-vested benefits.....	3c(1) 12936
(2) Vested benefits.....	3c(2) 1269081
(3) Total active.....	3c(3) 4 1282017
d Total.....	3d 4 1282017
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>	
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 6.02 %
6 Target normal cost.....	6 0

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		10/08/2010
Signature of actuary		Date
DAVID PAVEL		08-02689
Type or print name of actuary		Most recent enrollment number
APS PENSION & FINANCIAL SERVICES		516-228-8444
Firm name		Telephone number (including area code)
20 CROSSWAYS PARK NORTH, SUITE 410 WOODBURY, NY 11797-2007		
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		16583
b Interest on (a) using prior year's effective rate of <u>5.83</u> %		967
c Total available at beginning of current plan year to add to prefunding balance		17550
d Portion of (c) to be added to prefunding balance.....		17550
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).....	0	17550

Part III Funding percentages		
14 Funding target attainment percentage.....	14	73.31 %
15 Adjusted funding target attainment percentage.....	15	73.31 %
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	90.45 %
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
08/17/2009	11400	0			
12/31/2009	50000	0			
			Totals ►	18(b)	61400
				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	57986
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
0	0	0
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.59 %	2nd segment: 6.34 %	3rd segment: 6.54 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 55
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	265310	26316
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	26316
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	17550
36 Additional cash requirement (item 34 minus item 35).....	36	8766
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	57986
38 Interest-adjusted excess contributions for current year (see instructions).....	38	49220
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	

Schedule SB, line 26 - Schedule of Active Participant Data
 ALLIANCE REPORTING SERVICE INC.
 DEFINED BENEFIT PLAN
 11-2955785/003
 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

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

Attained Age	Years of Credited Service		
	30 to 34	35 to 39	40 & up
	Avg. No. Comp.	Avg. No. Comp.	Avg. 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			

CONTRIBUTIONS DISCOUNTED TO VALUATION DATE

<u>Due Date of Quarterly</u>	<u>Date of Deposit</u>	<u>Quarterly Deposit Amount</u>	<u>Regular Deposit Amount</u>	<u>Discounted Quarterly Deposit</u>	<u>Discounted Regular Deposit</u>
4/15/09	8/17/09	5,921		5,620	0
7/15/09	8/17/09	5,479		5,261	0
7/15/09	12/31/09	442		408	0
10/15/09	12/31/09	5,921		5,532	0
	12/31/09		43,637	0	41,166

57,986

Schedule SB, line 32 - Schedule of Amortization Bases
 ALLIANCE REPORTING SERVICE INC.
 DEFINED BENEFIT PLAN
 11-2955785/003
 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

10-07-2010

Type of Base	Present Value of Remaining Installments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	14,951	01/01/08	6	2,857
	250,359	01/01/09	7	42,256

Schedule SB, part V - Summary of Plan Provisions
 ALLIANCE REPORTING SERVICE INC.
 DEFINED BENEFIT PLAN
 11-2955785/003
 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

TYPE OF ENTITY S corporation.

DATES Effective-01/01/1999 Valuation-01/01/2009 Eligibility-01/01/2009 Year-end-12/31/2009
 Top Heavy Years - 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None
 Age at last birthday. Other ages at nearest birthday.
 Entry Age For Full Funding Limitation Calculation - as of valuation date equal to or
 after date of hire.

 HOURS REQUIRED FOR
 Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

 PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility
 requirements.

 New participants are not included in current year's valuation.

RETIREMENT NORMAL - Anniversary date nearest attainment of age 55, and completion of 15 years of
 service.

 EARLY - No provisions.

AVERAGE COMPENSATION -- (prospective salaries)

 FUNDING - 3 Highest consecutive years.
 ACCRUED BENEFIT - 3 Highest consecutive years.
 TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of service.

PLAN BENEFITS

RETIREMENT-- 0.000% of average monthly compensation multiplied by total years of service limited
 to 15 years. Service prior to 01/01/1994 is excluded.

 415 Limits - Percent 100.00 Dollar - \$16,250

 Minimum benefit - None Maximum benefit - None

 Maximum 401(a)(17) compensation \$245,000

 ***** TOP HEAVY MINIMUM BENEFITS USED *****

 TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to
 10 yrs of participation.

 2.000% actuarially adjusted for normal form of benefit.

 PLAN IS SUPER TOP HEAVY

Schedule SB, part V - Summary of Plan Provisions
 ALLIANCE REPORTING SERVICE INC.
 DEFINED BENEFIT PLAN
 11-2955785/003
 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM	<p>Life Annuity.</p> <p>Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).</p>
DEATH BENEFIT	Present value of accrued benefits.
ACCRUED BENEFIT	0.000% of average monthly compensation multiplied by total years of service limited to 15 years. Service prior to 01/01/1994 is excluded.
TERMINATION BENEFITS	<p>0% first year, 20% each additional year to a maximum of 100% after 6 years.</p> <p>Service is calculated using all years of service except years prior to plan effective date.</p>
CONTRIBUTIONS	<p>EMPLOYEE REQUIRED -- None</p> <p>EMPLOYEE VOLUNTARY -- None</p>
ASSET VALUATION METHOD	Market value.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
 ALLIANCE REPORTING SERVICE INC.
 DEFINED BENEFIT PLAN
 11-2955785/003
 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES Years 0-5 Segment rate 1 5.590%
 Years 6-20 Segment rate 2 6.340%
 Years over 20 Segment rate 3 6.540%

PRE-RETIREMENT MORTALITY TABLE -- None.
 TURNOVER/DISABILITY-- None
 SALARY SCALE -- None
 INTEGRATION LVL INCR- None
 BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT MORTALITY TABLE -- 2009 Funding Target - Combined - IRC 430(h)(3)(A).
 EXPENSE LOAD -- None
 COST OF LIVING None
 OPTIONAL FORM 100% of retirees assumed to elect lump sum payment.
 LUMP SUM -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).
 Or
 Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES Years 0-5 Segment rate 1 5.440%
 Years 6-20 Segment rate 2 5.950%
 Years over 20 Segment rate 3 5.410%

MORTALITY TABLE -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT INTEREST -- 5.000%
 MORTALITY TABLE -- None.

POST-RETIREMENT INTEREST -- 5.000%
 MORTALITY TABLE -- 1983 INDIVIDUAL ANNUITY male rates.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
ALLIANCE REPORTING SERVICE INC.
DEFINED BENEFIT PLAN
11-2955785/003
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.000%
POST-RETIREMENT:	INTEREST --	8.000%
	MORTALITY TABLE --	1983 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION: Use Current Compensation to calculate the
Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

Schedule SB, line 22 -

Description of Weighted Average Retirement Age

**Alliance Reporting Service, Inc. Defined Benefit Plan
11-2955785/003**

FOR THE PLAN YEAR 1/01/2009 THROUGH 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2009This 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

ALLIANCE REPORTING SERVICE INC. DEFINED BENEFIT PLAN

B Three-digit
plan number (PN) ►

003

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

Alliance Reporting Service Inc.

D Employer Identification Number (EIN)

11-2955785

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:

	2a	2b
a Market value	957,335	
b Actuarial value		957,335

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	0	0
b For terminated vested participants	0	0
c For active participants:		
(1) Non-vested benefits		12,936
(2) Vested benefits		1,269,081
(3) Total active	4	1,282,017
d Total	4	1,282,017

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
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 6.02**6** Target normal cost 6 0**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

DAVID PAVEL

Type or print name of actuary

APS PENSION & FINANCIAL SERVICES

Firm name

20 CROSSWAYS PARK NORTH, SUITE 410

US WOODBURY

NY 11797-2007

Address of the firm

10/08/2010

Date

08-02689

Most recent enrollment number

(516) 228-8444

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	0	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)	0	0
10 Interest on item 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		16,583
b Interest on (a) using prior year's effective rate of <u>5.83</u> %		967
c Total available at beginning of current plan year to add to prefunding balance		17,550
d Portion of item (c) to be added to prefunding balance		17,550
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).	0	17,550

Part III Funding percentages

14 Funding target attainment percentage	14	73.31	%
15 Adjusted funding target attainment percentage	15	73.31	%
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	90.45	%
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 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
08/17/2009	11,400				
12/31/2009	50,000				
Totals ▶ 18(b)				61,400	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	57,986

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

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

21 Discount rate:			
a Segment rates:	1st segment 5.59 %	2nd segment 6.34 %	3rd segment 6.54 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 55
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute			

Part V 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VI 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 VII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		31	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		265,310	26,316
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	26,316
		Carryover balance	Prefunding Balance
35 Balances used to offset funding requirement		0	17,550
36 Additional cash requirement (item 34 minus item 35)		36	8,766
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	57,986
38 Interest-adjusted excess contributions for current year (see instructions)		38	49,220
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)		39	
40 Unpaid minimum required contribution for all years		40	

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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.

OMB Nos. 1210-0110
150-0089**2009**This Form is Open to Public
Inspection.**Part I Annual Report Identification Information**

For the calendar plan year 2009 or fiscal plan year beginning		01/01/2009	and ending	12/31/2009
A	This return/report is for:	<input checked="" type="checkbox"/> single-employer plan	<input type="checkbox"/> multiple-employer plan (not multiemployer)	<input type="checkbox"/> one-participant plan
B	This return/report is for:	<input type="checkbox"/> first return/report	<input checked="" type="checkbox"/> final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> short plan year return/report (less than 12 months)	
C	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
		<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information — enter all requested information.

1a	Name of plan ALLIANCE REPORTING SERVICE INC. DEFINED BENEFIT PLAN	1b	Three-digit plan number (PN) ▶	003
		1c	Effective date of plan	01/01/1999
2a	Plan sponsor's name and address (employer, if for single-employer plan) Alliance Reporting Service Inc. 102 THIRD STREET P.O. BOX 469 US MINEOLA NY 11501-0469	2b	Employer Identification Number (EIN)	11-2955785
		2c	Plan sponsor's telephone number (516)	741-7585
		2d	Business code (see instructions)	541990
3a	Plan administrator's name and address (If same as plan employer, enter "Same") Same	3b	Administrator's EIN	
		3c	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name	4b	EIN	
		4c	PN	
5a	Total number of participants at the beginning of the plan year	5a		4
b	Total number of participants at the end of the plan year	5b		0
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information

7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 957,335	0
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a)	7c 957,335	0
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 61,400	
(2)	Participants	8a(2) 0	
(3)	Others (including rollovers).	8a(3) 0	
b	Other income (loss)	8b 159,586	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	220,986
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 1,178,321	
e	Certain deemed and/or corrective distributions (see instructions)	8e 0	
f	Administrative service providers (salaries, fees, commissions)	8f 0	
g	Other expenses	8g 0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1,178,321
i	Net income (loss) (subject line 8h from line 8c)	8i	(957,335)
j	Transfers to (from) the plan (see instructions)	8j 0	

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:

1A 1G 1H 1I 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**

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		100,000
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	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services 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	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	12b	
c	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 a negative amount)	12d	0
e	Will the minimum funding amount reported on line 12d be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	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.)		

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE		10/8/10	Larry Wexler
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor