

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan GENE T. GIAMARINO, PC PENSION PLAN		1b Three-digit plan number (PN) ►	001
2a Plan sponsor's name and address (employer, if for single-employer plan) GENE T. GIAMARINO, PC 421 73RD STREET BROOKLYN, NY 11209		1c Effective date of plan 01/01/2003	
		2b Employer Identification Number (EIN) 11-2607368	
		2c Plan sponsor's telephone number 718-748-0202	
		2d Business code (see instructions) 621399	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") GENE T. GIAMARINO, PC 421 73RD STREET BROOKLYN, NY 11209		3b Administrator's EIN 11-2607368	
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		3c Administrator's telephone number 718-748-0202	
		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	8
b Total number of participants at the end of the plan year		5b	8
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.)		☒ Yes ☐ 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.).....		☒ Yes ☐ 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	356226	418974
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	356226	418974
8 Income, Expenses, and Transfers for this Plan Year			
		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	20000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	42748	62748
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	0	
e Certain deemed and/or corrective distributions (see instructions)....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	0	0
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		
i Net income (loss) (subtract line 8h from line 8c).....	8i		
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 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	
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** _____

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.	10/13/2010	GENE GIAMARINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	GENE GIAMARINO
	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 GENE T. GIAMARINO, PC PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GENE T. GIAMARINO, PC	D Employer Identification Number (EIN) 11-2607368

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:		
a Market value	2a	356226
b Actuarial value	2b	356226
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 3	2849
c For active participants:		
(1) Non-vested benefits	3c(1)	12084
(2) Vested benefits	3c(2)	313740
(3) Total active	3c(3) 5	325824
d Total	3d 8	328673
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	6.45 %
6 Target normal cost	6	11622

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	10/07/2010 Signature of actuary MICHAEL FRANK Type or print name of actuary MICHAEL FRANK, FSA Firm name 100 ARDEN STREET NEW YORK, NY 10040 Address of the firm	Date 08-02440 Most recent enrollment number 212-567-1464 Telephone number (including area code)
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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)	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 <u>-16.49</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		18061
b Interest on (a) using prior year's effective rate of <u>6.13</u> %		1107
c Total available at beginning of current plan year to add to prefunding balance		19168
d Portion of (c) to be added to prefunding balance.....		19168
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	19168

Part III Funding percentages		
14 Funding target attainment percentage.....	14	102.55 %
15 Adjusted funding target attainment percentage.....	15	108.38 %
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	121.18 %
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
09/15/2010	20000	0			
			Totals ►	18(b) 20000	18(c)

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	17967
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.25 %	2nd segment: 6.38 %	3rd segment: 6.68 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ 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.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ 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	2130
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	2130
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	2130
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	17967
38 Interest-adjusted excess contributions for current year (see instructions).....	38	15837
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 22 -
Description of Weighted Average Retirement Age**

Gene Giamarino, P.C. Pension Plan

11-2607368 / 001

For the plan year 1/1/2009 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 Attachment (item 19)

[Return to Summary Page](#)

Plan Name GENE T. GIAMARINO, PC PENSION PLAN

EIN / PN: 11-2607368 / 001

2009 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 12/31/2009

Valuation Date: 01/01/2009

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
9/15/2010	20,000						20,000	6.45%	17,967
Total	20,000	-			-		20,000		17,967

**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 GENE T. GIAMARINO, PC PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ GENE T. GIAMARINO, PC		D Employer Identification Number (EIN) 11-2607368
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:		
a Market value	2a	356,226
b Actuarial value	2b	356,226
3 Funding target/participant count breakdown		
		(1) Number of participants
a For retired participants and beneficiaries receiving payment	3a	0
b For terminated vested participants	3b	3
c For active participants:		(2) Funding Target
(1) Non-vested benefits	3c(1)	12,084
(2) Vested benefits	3c(2)	313,740
(3) Total active	3c(3)	325,824
d Total	3d	328,673
4 If the plan is at-risk, check the box and complete lines 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	6.45
6 Target normal cost	6	11,622

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		10/7/10
MICHAEL FRANK		Date
Type or print name of actuary		08-02440
MICHAEL FRANK, FSA		Most recent enrollment number
Firm name		(212) 567-1464
100 ARDEN STREET		Telephone number (including area code)
US NEW YORK NY 10040		
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 <u>-16.49</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		18,061
b Interest on (a) using prior year's effective rate of <u>6.13</u> %		1,107
c Total available at beginning of current plan year to add to prefunding balance . . .		19,168
d Portion of item (c) to be added to prefunding balance		19,168
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	19,168

Part III Funding percentages

14 Funding target attainment percentage	14	102.55 %
15 Adjusted funding target attainment percentage	15	108.38 %
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	121.18 %
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
09/15/2010	20,000				
Totals ▶ 18(b)				20,000	18(c)

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	17,967

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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

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

21 Discount rate:			
a Segment rates:			
1st segment 5.25 %	2nd segment 6.38 %	3rd segment 6.68 %	☐ N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ 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		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☐ 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	2,130
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance	Installment
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	2,130
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	2,130
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	17,967
38 Interest-adjusted excess contributions for current year (see instructions).	38	15,837
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	

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TYPE OF ENTITY      Corporation.

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

ELIGIBILITY         Minimum age- 21  Months of service- 12  Maximum age- None
                   Age at nearest birthday.
                   Entry Age For Full Funding Limitation Calculation - as of date of hire.

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

                   PLAN ENTRY - January 1 nearest satisfaction of eligibility requirements.

                   New participants are included in current year's valuation.

RETIREMENT          NORMAL - First of month coincident with or following attainment of age 62, and
                   completion of 5 years of participation.

                   EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

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

PLAN BENEFITS

RETIREMENT--        2.000% of average monthly compensation multiplied by total years of participation
                   limited to 25 years.

                   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 service.
                   2.000% actuarially adjusted for normal form of benefit.
                   PLAN IS SUPER TOP HEAVY

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Schedule SB, part V - Summary of Plan Provisions
GENE GIAMARINO, P.C.
PENSION PLAN
11-2607368/001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM

Life Annuity.

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)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to 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)).

TERMINATION
BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years.
Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION
METHOD

Market value.

FUNDING METHOD	As prescribed in IRC Section 430.		
INTEREST RATES	Years 0-5	Segment rate 1	5.250%
	Years 6-20	Segment rate 2	6.380%
	Years over 20	Segment rate 3	6.680%
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	

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

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	6.000%
	MORTALITY TABLE --	None.
POST-RETIREMENT	INTEREST --	6.000%
	MORTALITY TABLE --	2009 Funding Target - Combined - IRC 430(h)(3)(A).

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
GENE GIAMARINO, P.C.
PENSION PLAN
11-2607368/001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

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

PRE-RETIREMENT:	INTEREST --	8.500%
POST-RETIREMENT:	INTEREST --	8.500%
	MORTALITY TABLE --	1984 UNISEX TABLE.
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.	

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Plan Name GENE T. GIAMARINO, PC PENSION PLAN

EIN / PN: 11-2607368 / 001

2009 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 12/31/2009

Valuation Date: 01/01/2009

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
9/15/2010	20,000						20,000	6.45%	17,967
Total	20,000	-			-		20,000		17,967

```

TYPE OF ENTITY      Corporation.

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

ELIGIBILITY         Minimum age- 21  Months of service- 12  Maximum age- None
                   Age at nearest birthday.
                   Entry Age For Full Funding Limitation Calculation - as of date of hire.

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

                   PLAN ENTRY - January 1 nearest satisfaction of eligibility requirements.

                   New participants are included in current year's valuation.

RETIREMENT          NORMAL - First of month coincident with or following attainment of age 62, and
                   completion of 5 years of participation.

                   EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

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

PLAN BENEFITS

RETIREMENT--        2.000% of average monthly compensation multiplied by total years of participation
                   limited to 25 years.

                   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 service.
                   2.000% actuarially adjusted for normal form of benefit.
                   PLAN IS SUPER TOP HEAVY

```

Schedule SB, part V - Summary of Plan Provisions
GENE GIAMARINO, P.C.
PENSION PLAN
11-2607368/001
FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM

Life Annuity.

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)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to 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)).

TERMINATION
BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years.
Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION
METHOD

Market value.

FUNDING METHOD	As prescribed in IRC Section 430.		
INTEREST RATES	Years 0-5	Segment rate 1	5.250%
	Years 6-20	Segment rate 2	6.380%
	Years over 20	Segment rate 3	6.680%
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	

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

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	6.000%
	MORTALITY TABLE --	None.
POST-RETIREMENT	INTEREST --	6.000%
	MORTALITY TABLE --	2009 Funding Target - Combined - IRC 430(h)(3)(A).

Schedule SB, part V - Statement of Actuarial Assumptions/Methods
GENE GIAMARINO, P.C.
PENSION PLAN
11-2607368/001
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Schedule SB Attachment (item 19)

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Plan Name GENE T. GIAMARINO, PC PENSION PLAN

EIN / PN: 11-2607368 / 001

2009 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 12/31/2009

Valuation Date: 01/01/2009

		Prior Year Amounts			Current Year Amounts				
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