

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:	☒ 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 RCAC, LLC GENERAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 12/01/1952
2a Plan sponsor's name and address (employer, if for single-employer plan) RCAC, LLC 1155 PERIMETER CENTER WEST ATLANTA, GA 30338	2b Employer Identification Number (EIN) 38-0471180
	2c Plan sponsor's telephone number 678-514-4100
	2d Business code (see instructions) 722210
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") RETIREMENT BOARD OF WENDYS/ARBYS GROUP, INC. WENDYS/ARBYS GROUP, INC. 1155 PERIMETER CENTER WEST ATLANTA, GA 30338	3b Administrator's EIN 38-0471180
	3c Administrator's telephone number 678-514-4100
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 96
b Total number of participants at the end of the plan year	5b 94
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	1400635	1570084
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1400635	1570084
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	72549	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	309148	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		381697
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	137329	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	62579	
g Other expenses	8g	12340	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		212248
i Net income (loss) (subtract line 8h from line 8c)	8i		169449
j Transfers to (from) the plan (see instructions)	8j		

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 1I 3H

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		20000000
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	69327
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	72549
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	-3222

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	ROBERT NORTON
	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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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 RCAC, LLC GENERAL RETIREMENT PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RCAC, LLC		D Employer Identification Number (EIN) 38-0471180	
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	1399728
b Actuarial value		2b	1539701
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	48
b For terminated vested participants		3b	42
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	12441
(3) Total active		3c(3)	6
d Total		3d	96
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	8.33 %
6 Target normal cost		6	52843

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.

<div>SIGN HERE</div>	Signature of actuary RICHARD L. GORDON, ASA		Date 08-07018
Type or print name of actuary MILLIMAN, INC.		Most recent enrollment number 610-975-8968	
Firm name 1550 LIBERTY RIDGE DRIVE, SUITE 200 WAYNE, PA 19087-5572		Telephone number (including area code)	
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)	33987	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	33987	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>22.32</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.94</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	88.99 %
15	Adjusted funding target attainment percentage.....	15	88.99 %
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	90.77 %
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
04/15/2009	22510				
07/15/2009	22510				
10/15/2009	22510				
01/15/2010	5019				
			Totals ►	18(b)	72549
				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 69327
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	52843
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	86683	16484
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	69327
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	69327
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	69327
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, line 22 - Description of Weighted-Average Retirement Age

Plan Name: RCAC, LLC General Retirement Plan

Plan Number: 003

Plan Sponsor's Name: RCAC, LLC

Employer Identification Number: 38-0471180

Participants are all assumed to retire at age 65 (or attained age on valuation date if later).

Appendix B

Summary of Actuarial Methods

Changes in Actuarial Methods Since Prior Valuation

Asset valuation method for minimum funding purposes: From market value to a 24-month smoothed value.

Exhibit 11

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning January 1, 2009 is determined below. The net Funding Shortfall for the current plan year is amortized in seven level payments using the current yield curve interest rates.

1. Present Value of Remaining Prior Shortfall Amortizations

<u>Date</u> <u>Established</u>	<u>Amortization</u> <u>Amount</u>	<u>Present Value</u> <u>Factor</u>	<u>Present</u> <u>Value</u>
a. January 1, 2008	\$ <u>10,039</u>	5.01669	\$ <u>50,363</u>
b. Total	10,039		50,363

2. Development of Shortfall Amortization for current plan year

a. Applicable Funding Target	1,730,196
b. Applicable Funding Target Percentage	94%
c. Plan Assets less Prefunding Balance	1,539,701
d. Net Funding Shortfall [(a) x (b) - (c) - (1b)]	36,320
e. Amortization factor	5.63543
f. Shortfall Amortization for current plan year [(d) / (e)]	6,445

3. Total Shortfall Amortizations

[(1b) + (2f)]	\$16,484
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Appendix A

Summary of Principal Plan Provisions

- b. Early Retirement Benefit: The Accrued Benefit, reduced by 0.5% for each of the first 60 months and by 0.333% for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

4. Deferred Retirement

- a. Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.
- b. Deferred Retirement Benefit: The Accrued Benefit determined as of the Deferred Retirement Date.

5. Termination

- a. Termination Date: The date of termination of service other than for reasons of retirement or death.
- b. Termination Benefit: The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 15 years of service have been completed (reduced by 0.5% for each of the first 60 months and by 0.333% for each of the next 60 months by which the benefit commencement date precedes the Normal Retirement Date).

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5	0%
5 or more	100

6. Preretirement Death

- a. Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments or disabled participants in pay status who die before attainment of age 65.
- b. Preretirement Death Benefit: For surviving spouses of active participants and disabled participants in pay status whose age plus service equals 40 or

Appendix A

Summary of Principal Plan Provisions

more, 40% of the Accrued Benefit, reduced by 5% for each complete year in excess of five by which the surviving spouse is younger than the participant, payable commencing one year after the participant's death until the earlier of the surviving spouse's remarriage or death. To the extent that it provides a greater benefit for such surviving spouses, or for surviving spouses of other participants, 50% of the Early Retirement Benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, and died on that same date.

7. Postretirement Death Benefit

- a. Postretirement Death Benefit Eligibility: Surviving spouses of participants in pay status (other than disabled participants under age 65) who are married to the participant for at least one year immediately before the participant's benefit commencement date.
- b. Postretirement Death Benefit: The greater of (i) 40% of the Accrued Benefit, reduced by 5% for each complete year in excess of five by which the surviving spouse is younger than the participant, or (ii) 50% of the benefit which would have been payable had the deceased participant elected an Actuarially Equivalent joint and 50% survivor annuity as of the participant's benefit commencement date.

8. Postretirement Lump Sum Death Benefit

- a. Postretirement Lump Sum Death Benefit Eligibility: Beneficiaries of retired and disabled participants in pay status who have attained age 65, provided that such participants are former Citrus employees (but excluding participants who retired or became disabled before 1976 or who terminated employment before their Early Retirement Date).
- b. Postretirement Lump Sum Death Benefit: \$2,500.

9. Forms of Payment

- a. Normal Form: Life annuity if single; Actuarially Equivalent joint and 50% survivor annuity if married (without form of payment reduction until after participant's death).
- b. Optional Forms: Actuarially Equivalent joint and 75% survivor annuity.

Appendix A

Summary of Principal Plan Provisions

- c. Small Lump Sum: Payable if the Actuarially Equivalent present value of the vested Accrued Benefit is \$5,000 or less.

10. Changes in Plan Provisions Since Prior Valuation

None.

Appendix B

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help to ensure that the plan will be adequately and systematically funded and accounted for. There are several commonly-used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year. Therefore, the pattern of annual contributions and accounting expense varies with the choice of cost method. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The plan's actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

The actuarial cost method used for determining the plan sponsor's SFAS 87 accounting requirements is also the unit credit method.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it cannot be less than 90% nor more than 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 7% per year) or the applicable statutory interest rate for the year.

Appendix B

Summary of Actuarial Methods

The Market-Related Value of Plan Assets used for determining the plan sponsor's SFAS 87 accounting requirements is equal to the Fair Value of Plan Assets (without inclusion of any contributions receivable).

Changes in Actuarial Methods Since Prior Valuation

Asset valuation method for minimum funding purposes: From market value to a 24-month smoothed value.

Appendix C

Summary of Actuarial Assumptions

Interest Rates

For minimum funding purposes: Full yield curve interest rates (based on statutory rates in effect two months prior to beginning of plan year). The equivalent effective interest rate is 8.33% per year.

For SFAS 35 purposes: Discount rate of 6.3% per year.

For SFAS 87 purposes: Discount rate of 6.3% per year and expected long-term rate of return on plan assets of 6.5% per year.

Mortality

For minimum funding purposes: Statutory static tables for 2009 based on RP-2000 Mortality Table projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants.

For SFAS 35 and 87 purposes: RP-2000 Mortality Table for active participants; RP-2000 Mortality Table projected with Scale AA on a generational basis, based on healthy annuitant rates, for inactive participants.

Turnover

Annual rates shown below for representative ages:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	28.2%	36.5%
25	15.3	20.7
30	9.3	13.1
35	7.1	10.7
40	5.2	7.8
45	3.3	5.0
50	1.4	2.1
55	0.1	0.2
60	0.0	0.0

Retirement

The later of Normal Retirement Date or attained age on valuation date.

Form of Payment

Appendix C

Summary of Actuarial Assumptions

Life annuity, with Postretirement Death Benefit if married.

Marital Characteristics

For participants not in pay status: 75% of male participants and 50% of female participants are assumed to be married, with males 3 years older than females, for active participants; 100% of participants are assumed to be married, with males 3 years older than females, for terminated vested participants.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Expenses

Expected expenses payable from the trust are explicitly loaded to the normal cost. For the current valuation, the loading for expenses (assumed to be payable mid-year) is \$55,000.

Benefits Not Valued

The 40% Preretirement Death Benefit is not valued because it is assumed to have insignificant cost.

Special Data Adjustments

None.

Changes in Actuarial Assumptions Since Prior Valuation

Interest rates for minimum funding purposes: From segment rates based on statutory rates in effect four months prior to beginning of plan year to full yield curve rates based on statutory rates in effect two months prior to beginning of plan year.

SFAS 35 discount rate: From 6% to 6.3% per year.

SFAS 87 discount rate: From 6% to 6.3% per year.

Loading for expenses:

For funding purposes: From \$80,000 to \$55,000 (assumed to be payable mid-year).

For SFAS 87 purposes: From \$65,000 to \$55,000 (assumed to be payable mid-year).

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 RCAC, LLC General Retirement Plan	B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RCAC, LLC	D Employer Identification Number (EIN) 38-0471180
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 <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	1,399,728	
b Actuarial value	2b	1,539,701	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	48	1,046,749
b For terminated vested participants	3b	42	671,006
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		12,441
(3) Total active	3c(3)	6	12,441
d Total	3d	96	1,730,196
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	8.33 %	
6 Target normal cost	6	52,843	

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	<u>8/31/2010</u> Date
	Richard L. Gordon, ASA Type or print name of actuary	08-07018 Most recent enrollment number
	Milliman, Inc. Firm name	(610) 975-8968 Telephone number (including area code)
	1550 Liberty Ridge Drive, Suite 200 Wayne PA 19087-5572 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	33,987	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	33,987	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>(22.32)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.94 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	88.99 %
15 Adjusted funding target attainment percentage	15	88.99 %
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	90.77 %
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
04/15/2009	22,510				
07/15/2009	22,510				
10/15/2009	22,510				
01/15/2010	5,019				
Totals ►			18(b)	72,549	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	69,327

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	52,843
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	86,683	16,484
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	69,327
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	69,327
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	69,327
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Exhibit 2

Summary of Active Participants by Age and Service

<u>Number of Participants by Age and Service Groups</u>											
<u>Age</u>	<u>Years of Credited Service</u>										<u>Total</u>
	<u>≤1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40&Up</u>	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	1	-	-	-	-	-	1
45-49	-	-	-	-	-	-	-	-	-	-	-
50-54	-	-	-	1	1	1	-	-	-	-	3
55-59	-	-	-	-	1	-	-	-	-	-	1
60-64	-	-	-	-	-	-	-	-	-	-	-
65-69	-	-	-	-	1	-	-	-	-	-	1
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	1	4	1	-	-	-	-	6