## 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).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending 1	2/31/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is for:	final retur	n/report		
_	an amended return/report	short plan	year return/report (less than 12 mor	nths)	
_	Check box if filing under: Form 5558	•	extension	,	DFVC program
C	special extension (enter descriptio		Octorision		_ Bi vo program
D.					
	art II Basic Plan Information—enter all requested information  Name of plan	ation		1h	Throo digit
	LLY'S FAMOUS WATER ICE, INC. PROFIT SHARING PLAN			ID	Three-digit plan number
	21017411000 177721(102, 1110.11101111 01111411101 2111				(PN) • 001
				1c	Effective date of plan
					01/01/2000
	Plan sponsor's name and address (employer, if for single-employer LYS FAMOUS WATER ICE, INC.	plan)		2b	Employer Identification Number
FILE	LETS PAINIOUS WATER ICE, INC.			2c	(EIN) 20-55/8/95 Plan sponsor's telephone number
	N. 28TH STREET			ì	813-353-8645
I AIVI	PA, FL 33605			2d	Business code (see instructions)
20	Discontinuity of the control of the			26	311900
	Plan administrator's name and address (if same as Plan sponsor, er LYS FAMOUS WATER ICE, INC. 1102 N. 28TH	<b>HSTREET</b>	<del>)</del> )	30	Administrator's EIN 20-5578795
	TAMPA, FL 3	33605		3с	Administrator's telephone number
					813-353-8645
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	name, Lin, and the plan number from the last return/report. Sponso	i S Hairie		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not		
	complete this item)			5c	0
6a			'		Yes   No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	94894	1	0
b	Total plan liabilities	. 7b	C	)	0
С	Net plan assets (subtract line 7b from line 7a)	7c	94894	ļ.	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		( )		<u> </u>
	(1) Employers	8a(1)		_	
	(2) Participants	8a(2)	C	_	
	(3) Others (including rollovers)	8a(3)		_	
b	Other income (loss)	8b	13	5	13
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			13
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	94992	2	
е	Certain deemed and/or corrective distributions (see instructions)	8e	C	)	
f	Administrative service providers (salaries, fees, commissions)	8f	C	)	
g g	Other expenses	8g	-85	5	
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			94907
i	Net income (loss) (subtract line 8h from line 8c)	8i			-94894
		, 0.			
i	Transfers to (from) the plan (see instructions)	8j			

Form 5500-SF 2010	Page <b>2-</b>

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Part IV	Plan	(`hara	cteristics
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HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	the instru	ictions		
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance							
11	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					[	Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0, 00	01.011	, o <u>_</u> o.				ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,				
b	Ent	er the minimum required contribution for this plan year		[	12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X	Yes	No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ntrol		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1	) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
`2::4	ion	A nonalty for the late or incomplete filling of this return/report will be accessed unless received	lo ca:	ico ic	octobi	iehod			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the instructions, I declare that I have examined this return the instructions, I declare that I have examined this return the instructions, I declare that I have examined this return.					cable	a Sche	dule
SB o	r Ścł	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return s true, correct, and complete.							
SIGI	N F	Filed with authorized/valid electronic signature.  01/26/2011 ERIN CORCOR.	AN						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## 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

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending	12	2/31/2010			
A	This return/report is for: X single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant	plan		
В	This return/report is for:   first return/report   X	final return	/report					
	an amended return/report	short plan	year return/report (less than 12 mon	iths)				
C	Check box if filing under: Form 5558	automatic		DFVC program				
	special extension (enter description			П	Di vo program			
Da	Int II Basic Plan Information—enter all requested information							
	Name of plan	auon	T	1h T	hree-digit			
	Philly's Famous Water Ice, Inc. Profit S	haring	Plan		an number			
				(P	PN) •	001		
					ffective date of pl	an		
					1/01/2000			
2a	Plan sponsor's name and address (employer, if for single-employer Phillys Famous Water Ice, Inc.	plan)			mployer Identifica (IN) 20 - 55787			
					an sponsor's tele			
	1102 N. 28th Street			8	13-353-864	5		
	Tampa FL 33605				usiness code (se	e instructions)		
3a		nter "Same'	2)		11900 dministrator's EIN	J		
•	Plan administrator's name and address (if same as Plan sponsor, e Phillys Famous Water Ice, Inc.	ntor ounio	′		0-5578795	•		
	1102 N. 28th Street				Administrator's telephone number			
A 14	Tampa FL 33605  f the name and/or EIN of the plan sponsor has changed since the last	at roturn/ror	port filed for this plan anter the		13-353-864	:5		
	name, EIN, and the plan number from the last return/report. Sponso		for the for this plan, enter the	4b E	IN ·			
				4c P	N			
5a	Total number of participants at the beginning of the plan year			5a		14		
b	Total number of participants at the end of the plan year			5b		0		
	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of complete this item)	the plan ye	ear (defined benefit plans do not	5b 5c		0		
С	Total number of participants with account balances as of the end of	the plan ye	ear (defined benefit plans do not	5c				
c 6a	Total number of participants with account balances as of the end of complete this item)	the plan ye le assets? ( an independ	sear (defined benefit plans do not See instructions.) dent qualified public accountant (IQF	<b>5c</b>		0 X Yes No		
c 6a	Total number of participants with account balances as of the end of complete this item)	the plan ye le assets? ( an independ and condition	ear (defined benefit plans do not See instructions.)  dent qualified public accountant (IQF	<b>5</b> c		0		
6a b	Total number of participants with account balances as of the end of complete this item)	the plan ye le assets? ( an independ and condition	ear (defined benefit plans do not See instructions.)  dent qualified public accountant (IQF	<b>5</b> c		0 X Yes No		
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	the plan ye le assets? ( an independ and condition	See instructions.)  dent qualified public accountant (IQF ons.)  F and must instead use Form 550	<b>5</b> c		0 X Yes No		
6a b	Total number of participants with account balances as of the end of complete this item)	the plan years the plan years the assets? (an independent condition orm 5500-S	See instructions.)  dent qualified public accountant (IQF ons.)  F and must instead use Form 550  (a) Beginning of Year	5c PA)		O  X Yes No  X Yes No		
6a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	le assets? (an independent condition orm 5500-S	See instructions.)  dent qualified public accountant (IQF ons.)  F and must instead use Form 550  (a) Beginning of Year	5c PA)		0 X Yes No		
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan liabilities	le assets? (an independent condition orm 5500-s	See instructions.)  dent qualified public accountant (IQF ons.)  F and must instead use Form 550  (a) Beginning of Year	5c PA)		O  X Yes No  X Yes No  Year		
C 6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? (an independent condition orm 5500-s	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894	5c PA)	(b) End of	O X Yes No X Yes No Year 0 0		
C 6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan liabilities	le assets? (an independent condition orm 5500-S	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894  (a) Amount	5c PA) 00.		O X Yes No X Yes No Year 0 0		
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C 6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers) Other income (loss)	le assets? (an independent condition or 5500-S	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894  (a) Amount	5c   2A)   2DO.   44   00   00   00   00   00   00   0	(b) End of	Yes No  Yes No  O  Year  O  O  O  O  O  O  O  O  O  O		
Pa b c 8 a b c c	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	le assets? (an independent condition or 5500-S	See instructions.) See instructions. See instructions.) See instructions. See instructions	5c   2A)   2DO.   44   00   00   00   00   00   00   0	(b) End of	O X Yes No X Yes No Year 0 0		
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Pa b c 8 a b c d	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan assets and Liabilities.  Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions).	le assets? (an independent condition or 5500-S	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894  (a) Amount	5c PA) D0.	(b) End of	Yes No  Yes No  O  Year  O  O  O  O  O  O  O  O  O  O		
Pa 7 a b c d b c d e f	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	le assets? (an independent condition or 5500-S	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894  (a) Amount	5c PA) D0.	(b) End of	Yes No  Yes No  O  Year  O  O  O  O  O  O  O  O  O  O		
Pa 7 a b c c d e f g	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For till Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	le assets? (an independent condition or 5500-S	car (defined benefit plans do not  See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  94894  (a) Amount	5c PA) D0.	(b) End of	Ves No  Yes No  O  Year  O  O  13		

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Page 2.	. 1	

Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	stic Co	des in	he instruct	ions:	
	2A 2E 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Coo	des in t	ne instructi	ons:	
<b>D</b>	V 0 i' 0 i'						
Part				1			
10	During the plan year:		Yes	No		Amount	
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)	10a		X			
b		104				·	
	on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c	Х				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					***************************************	
u	or dishonesty?	10d		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			x			
	instructions.)	10e					
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		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	3		Х		-	
	2520.101-3.)	10h		Λ			
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					-		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form	Пус	о П Мо
10	5500))					Ye	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Ye	s X No
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	.tiana	and a	nton the			
a	granting the waiverMoni						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			20)			The Special Colonial State of
b	Enter the minimum required contribution for this plan year		Г	12b			
С	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			40.1			
	negative amount)			12d			
е	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?					X Ye	s No
104			Г	13a		24 10	0
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year	-	-				0
b	of the PBGC?					X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the						
	which assets or liabilities were transferred. (See instructions.)	,					
	3c(1) Name of plan(s):		13	c(2) EII	N(s)	13c(	<b>3)</b> PN(s)
					-		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establi	shed.		
I I and		1		1 11	16 11		

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	ul Salta	1/84/11	Jack Sontheimer
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	al Saller	1/24/11	Jack Southerner
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor