Form 5500	Annual Return/Report of	Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury	This form is required to be filed for emplo and 4065 of the Employee Retirement Inc		1210-0089
Internal Revenue Service	sections 6047(e), and 6058(a) of the Ir	nternal Revenue Code (the Code).	2010
Employee Benefits Security Administration	 Complete all entries the instructions to 		
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection
Part I Annual Report Iden	tification Information		
For calendar plan year 2010 or fiscal	plan year beginning 01/01/2007	and ending 12/31/	2007
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or	
	X a single-employer plan;	a DFE (specify)	
B This return/report is:	the first return/report;	the final return/report;	
	an amended return/report;	a short plan year return/report (less t	han 12 months).
C If the plan is a collectively-bargaine	ed plan, check here		· · · · · · □
D Check box if filing under:	Form 5558;	automatic extension;	the DFVC program;
	special extension (enter description	n)	
Part II Basic Plan Inform	nation—enter all requested information		
1a Name of plan	401(K) PROFIT SHARING PLAN & TRUS	т	1b Three-digit plan number (PN) ►
			1c Effective date of plan 09/01/2001
2a Plan sponsor's name and address (Address should include room or s DEPASQUALE BUILDING & REALT)	,		2b Employer Identification Number (EIN) 05-0470946
			2c Sponsor's telephone number 401-732-2022
44 WILCLAIR STREET WARWICK, RI 02886	44 WILCLAIR ST WARWICK, RI 02		2d Business code (see instructions) 811310

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 accompanying schedules, statements and attachments, 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.	02/28/2011	THOMAS FECTEAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
TIEILE	Signature of DFE	Date	Enter name of individual signing as DFE

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

	Form 5500 (2010) Page	2	
DE 44	Plan administrator's name and address (if same as plan sponsor, enter "Same") PASQUALE BUILDING & REALTY CO, INC. WILCLAIR STREET ARWICK, RI 02886	05 3c Ac	dministrator's EIN -0470946 dministrator's telephone umber 1-732-2022
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for the plan number from the last return/report: Sponsor's name	nis plan, enter the name, EIN and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year	5	18
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6	b, 6c, and 6d).	
а	Active participants	<u>6a</u>	6
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	<u>6c</u>	0
d	Subtotal. Add lines 6a, 6b, and 6c	6d	6
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		0
f	Total. Add lines 6d and 6e		6
g	Number of participants with account balances as of the end of the plan year (only defined cor complete this item)		6
h	less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer p	lans complete this item) 7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D

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

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan ben	efit a	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, w	here	e indicated, enter the number attached. (See instructions)
а	Pensio	n Sc	hedules	b	General	<u>Sc</u> h	nedules
а	Pensio (1)	n Sci	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)
а		n Sc X		b		Sch X	
а	(1)	n Sc X	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Sch × ×	H (Financial Information)
а	(1)	n Scl	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sch X	 H (Financial Information) I (Financial Information – Small Plan)
а	(1)	n Sci	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Sch X X	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDULE (Form 5500)		Insuranc	ce Information	1	_	0	MB No. 1210-0110
Department of the Treasu Internal Revenue Service	ry	This schedule is required Employee Retirement Inc					2010
Department of Labor Employee Benefits Security Adm	inistration		ttachment to Form 550	. ,			2010
Pension Benefit Guaranty Corp		 Insurance companies a pursuant to E 	re required to provide th RISA section 103(a)(2).		on –	This Fc	rm is Open to Public Inspection
For calendar plan year 2010	0 or fiscal plan	year beginning 01/01/2007		and end	-	/2007	·
A Name of plan DEPASQUALE BUILDING	& REALTY 40	01(K) PROFIT SHARING PLAN 8	& TRUST	B Three- plan n	-digit number (PN)	•	001
Plan sponsor's name as DEPASQUALE BUILDING				D Employ 05-0470	er Identificatio	on Number	(EIN)
		ing Insurance Contract C Individual contracts grouped as a					
Coverage Information:							
a) Name of insurance carr LINCOLN NATIONAL LIFE		: CO					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at			Policy or	contract year
	code	identification number	policy or contract		(f) Fr	om	(g) To
99-9999999	65676	GP-34623		6	01/01/2007		12/31/2007
Insurance fee and comm descending order of the a		tion. Enter the total fees and tota	al commissions paid. Lis	st in item 3 t	he agents, br	okers, and	other persons in
(a) Total ar	mount of comm			(b) Tota	al amount of	iees paid	500
		94					529
Persons receiving comm		ees. (Complete as many entries and address of the agent, broker, a		/	ne or fooe w	are paid	
FECTEAU BENEFITS GRO		21 AG	NES STREET PROVIDENCE, RI 029				
(b) Amount of sales and	d base	Fee	s and other commission	s paid			
commissions paid	0	(c) Amount		d) Purpose			(e) Organization code
	0	529					5
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commissic	ons or fees we	ere paid	
LINCOLN NATIONAL LIFE	INSURANCE		DX 2248 WAYNE, IN 46801				
		Eas	s and other commission	s naid			
(b) Amount of sales and commissions paid		(c) Amount		d) Purpose			(e) Organization code
	94	0	`				3

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	and address of the areat burles		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II				
		Where individual contracts are provided, the entire group of such indiv this report.	idual contracts with each carrier n	nay be treated as a unit	
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	119
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	30106
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	0
	С	Premiums due but unpaid at the end of the year		6c	0
	d	If the carrier, service, or other organization incurred any specific costs in con- retention of the contract or policy, enter amount		6d	0
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	nating plan check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)		
			ate participation guarantee		
		(3)			
					11000
		Balance at the end of the previous year		7b	11000
	С	Additions: (1) Contributions deposited during the year		0	
		(2) Dividends and credits		57	
		(3) Interest credited during the year		62	
		(4) Transferred from separate account		02	
		(5) Other (specify below)	7c(5)	0	
		•			
		(6)Total additions		7c(6)	119
	d ·	Total of balance and additions (add b and c(6)).			11119
		Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10611	
		(2) Administration charge made by carrier	. 7e(2)	32	
		(3) Transferred to separate account	. 7e(3)	0	
		(4) Other (specify below)	. 7e(4)	357	
		ADJUSTMENTS/CORRECTIVE/FORF/FEES			
		,			
		(5) Total deductions			11000
	f	Balance at the end of the current year (subtract e(5) from d)		7f	119

Schedule A (Form 5500) 2010

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Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	b Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act k	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				~	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		 (3) Incurred claims (add (1) and (2))				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		0	
		(F) Charges for risks or other contingencies				0	
		(G) Other retention charges		9c(1)(G)		0	
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were	paid in cash, or	credited.)	9c(2)	0
	d	Status of policyholder reserves at end of year: (1)	Amount held to p	provide benefits after	retirement	9d(1)	0
		(2) Claim reserves				9d(2)	0
		(3) Other reserves				9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do no	t include amount	entered in c(2) .)		9e	0
10) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

12 If the answer to line 11 is "Yes," specify the information not provided.

	SCHEDULE I	Financial In	form	ation—Si	mal	Plan			OMB No. 1210-011	0	
	(Form 5500)										
	Department of the Treasury Internal Revenue Service	This schedule is required to Retirement Income Security A	Act of 19		d sect				2010		
I	Department of Labor Employee Benefits Security Administration							This	Form is Open to	Public	
	Pension Benefit Guaranty Corporation	File as a	in attac	hment to Form	5500			1115	Inspection		
For	calendar plan year 2010 or fiscal pl	an year beginning 01/01/200	07		r	and ending	12/	/31/2007			
	Name of plan ASQUALE BUILDING & REALTY 4	01(K) PROFIT SHARING PLAN	& TRUS	ST	В	Three-digit plan numb		•	001		
DEP	Plan sponsor's name as shown on I ASQUALE BUILDING & REALTY (CO, INC.			0	Employer Id 5-0470946			· · ·		
	nplete Schedule I if the plan covered Il plan under the 80-120 participant							lete Schec	dule I if you are filing	g as a	
Pa	rt I Small Plan Financial	Information									
ass ben	ort below the current value of asse ets held in more than one trust. Do efit at a future date. Include all inco irance carriers. Round off amount	not enter the value of the portion me and expenses of the plan incl	of an in	surance contrac	ct that	guarantees	during th	nis plan ye	ar to pay a specific	: dollar	
1	Plan Assets and Liabilities:			(a) Be	eginniı	ng of Year			(b) End of Year		
а	Total plan assets		1a			:	399148			30225	
b	Total plan liabilities		1b				0		0		
С	Net plan assets (subtract line 1b fr	om line 1a)	1c		399148					30225	
2	Income, Expenses, and Transfe	rs for this Plan Year:			(a) Am	nount			(b) Total		
а	Contributions received or receivab	le:									
	(1) Employers					0					
	(2) Participants		2a(2)	0							
			2a(3)				0				
b	Noncash contributions		2b			0					
c	Other income		2c				-1191				
d	Total income (add lines 2a(1), 2a(20 2d							-1191	
u		, , , , , ,					367732				
e r	Benefits paid (including direct rollo						0				
T a	Corrective distributions (see instru	,	2f				0				
g	Certain deemed distributions of pa (see instructions)		2g				0				
h	Administrative service providers (s	alaries, fees, and commissions).	2h				0				
i	Other expenses		2i				0				
j	Total expenses (add lines 2e, 2f, 2		2j							367732	
, k	Net income (loss) (subtract line 2j		2k							-368923	
Т	Transfers to (from) the plan (see in	nstructions)	21							0	
3	Specific Assets: If the plan held as remaining in the plan as of the end o by-line basis unless the trust meets of	f the plan year. Allocate the value o	f the pla	n's interest in a c							
						Yes	No		Amount		
а	Partnership/joint venture interests.				3a		X			0	
b	Employer real property				3b		X			0	
С	Real estate (other than employer r	eal property)			3c		Х			0	
d	Employer securities				3d		Х			0	
е	Participant loans				3e		Х			0	
For	Paperwork Reduction Act Notice	and OMB Control Numbers, s	ee the i	nstructions for	Form	5500	•		Schedule I (Forn	n 5500) 2010	

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			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	0
g	Tangible personal property	3g		Х	0

Pa	art II	Compliance Questions				
4	During	I the plan year:		Yes	No	Amount
а	describe	re a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully d. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	0
b	year or o	by loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance	4b		×	0
С		tible?	4c		x	0
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions I on line 4a.)	4d		X	0
е	Was the	plan covered by a fidelity bond?	4e	Х		20000
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		X	0
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X	0
h		plan receive any noncash contributions whose value was neither readily determinable on an ned market nor set by an independent third party appraiser?	4h		x	0
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel state, or partnership/joint venture interest?	4i		X	0
j		the plan assets either distributed to participants or beneficiaries, transferred to another plan, th under the control of the PBGC?	4j		x	
k	accounta	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k		x	
I	Has the	plan failed to provide any benefit when due under the plan?	41		X	0
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	4m		x	
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n		x	
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo Amo	punt: 0

5b 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.)

5b(1) Name of plan(s)

 5b(2) EIN(s)
 5b(3) PN(s)

	SCH	EDULE R	R	etirement Pla	an Informa	tion			OMB N	o. 1210-(0110	
	•	rm 5500)	This schedule	e is required to be filed	under section 10	4 and 4065 of	the	2010				
	Interna	nent of the Treasury I Revenue Service	Employee Ret	tirement Income Secur 58(a) of the Internal Re	ity Act of 1974 (E	RISA) and sec						
E		artment of Labor fits Security Administration		 File as an attach 	· ·	,		Thi	s Form i Ins	s Open pection		olic
For		efit Guaranty Corporation		01/01/2007		and and in	~ 12/	31/2007		poonon		
	lame of pla	lan year 2010 or fiscal p	plan year beginning	01/01/2007		and endin	Three-d					
DEP/	ASQUALE	BUILDING & REALTY 4	401(K) PROFIT SHA	ARING PLAN & TRUS	Г		plan nu (PN)	0		001		
		or's name as shown on I BUILDING & REALTY ()		D		er Identi 70946	fication N	umber ((EIN)	
		stributions										
Allı	references	to distributions relate	e only to payments	of benefits during th	e plan year.							
1		e of distributions paid in						1			3	367732
2		EIN(s) of payor(s) who			cipants or benefic	iaries during th	ne year (if	more th	an two, e	nter EIN	Ns of th	ne two
	EIN(s):	no paid the greatest doll	lar amounts of bene	fits):								
	. ,	aring plans, ESOPs, a	nd stock bonus pla	— ans. skip line 3.								
3		of participants (living or o			l in a single sum,	during the plar	n 🗌					
_								3				11
Pa	art II	Funding Informat ERISA section 302, skip		ot subject to the minim	num funding requi	rements of sec	ction of 41	2 of the	Internal	Revenu	e Code	; or
4		administrator making an		e section 412(d)(2) or EF	RISA section 302(c	l)(2)?		Ye	S	No		N/A
	If the pla	n is a defined benefit p	plan, go to line 8.									
5		r of the minimum fundin , see instructions and er				te: Month		Day _		_ Yea	r	
		mpleted line 5, comple						s schee	dule.			
6		the minimum required c						ba 🛛				
	b Enter	the amount contributed	by the employer to	the plan for this plan y	ear			6b				
		act the amount in line 6t a minus sign to the left						ic				
	lf you co	mpleted line 6c, skip li	ines 8 and 9.									
7	Will the n	ninimum funding amount	t reported on line 6c	be met by the funding	deadline?			Ye	s	No	[N/A
8	automatio	ge in actuarial cost meth approval for the chang hange?	je or a class ruling le	etter, does the plan spo	onsor or plan adm	inistrator agree	e	∏ Ye	s	No	Γ	N/A
Pa		Amendments										
9		defined benefit pensior	n plan, were any am	endments adopted du	ring this plan							
-	year that	increased or decreased f no, check the "No" box	the value of benefit	s? If yes, check the ap	propriate	Increase		ecrease	•	Both	X	No
Pa	rt IV	ESOPs (see instr skip this Part.	ructions). If this is no	ot a plan described und	ler Section 409(a)	or 4975(e)(7)	of the Int	ernal Re	evenue C	ode,		
10	Were una	allocated employer secu	urities or proceeds fro	om the sale of unalloca	ated securities use	ed to repay an	y exempt	loan?		<u> </u>	es	No
11		s the ESOP hold any pr								Y	es	No
	b If th (See	e ESOP has an outstand e instructions for definition	ding exempt loan wit on of "back-to-back"	th the employer as len loan.)	der, is such loan p	part of a "back	-to-back"	oan?		Y	es	No
12		ESOP hold any stock the									es	No
For	Paperwo	k Reduction Act Notic	e and OMB Contro	I Numbers, see the in	nstructions for F	orm 5500.			Schedu	le R (Fo	orm 55	00) 2010

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Part V Additional Information for Multiemployer Defined Benefit Pension Plans						ans					
13							nore than 5% of tota o report all applicab			o the plan during the plan year (measured in	
	а	Name of cor	tributing employe	r							
	b	EIN					c Dollar amour	t cont	tributed by	employer	
	d		0 0 0				tributes under more e, enter the applica			tive bargaining agreement, check box	
	e	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	_	()		, L	,		- · · · ·				
	a		tributing employe	r							
	b	EIN					C Dollar amour				
	d		0 0 0	•			tributes under more e, enter the applicat			tive bargaining agreement, check box	
	e	complete ite (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN					C Dollar amour	t cont	tributed by	employer	
	d		0 0 0				tributes under more e, enter the applical			tive bargaining agreement, check box	
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN	3 1 1				C Dollar amour	t con	tributed by	employer	
	d		0 0 0	•				than	one collec	tive bargaining agreement, check box	
_	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	Other (s	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN					C Dollar amour	t con	tributed by	employer	
	d		0 0 0	•			tributes under more e, enter the applicat			tive bargaining agreement, check box	
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN	· ·				c Dollar amour	t con	tributed by	employer	
	d						tributes under more e, enter the applical			tive bargaining agreement, check box	
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	nstructions	regarding required attachment. Otherwise,	

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

	a The current year	14a	0			
	b The plan year immediately preceding the current plan year	14b	0			
	C The second preceding plan year	14c	0			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make employer contribution during the current plan year to:	ke an				
	a The corresponding number for the plan year immediately preceding the current plan year	15a	0			
	b The corresponding number for the second preceding plan year	15b	0			
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:					
	a Enter the number of employers who withdrew during the preceding plan year	16a	0			
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0			
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, ch	neck box	and see instructions regarding			
	supplemental information to be included as an attachment.					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefit	t Pensi	on Plans			
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see insinformation to be included as an attachment	or in part) structions	of liabilities to such participants s regarding supplemental			
19	If the total number of participants is 1,000 or more, complete items (a) through (c)					
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% 					
	b Provide the average duration of the combined investment-grade and high-yield debt:	1 years	21 years or more			
	C What duration measure was used to calculate item 19(b)?		_			

and the second							
Form 5500 Annual Return/Report of Employee Benefit Plan							
and 4065 of the Employee Retiremen	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).						
Department of Labor Employee Benefits Security Administration the Instructions to the Form 5500.							
ntification Information							
		12/31/2007					
a multiemployer plan;	a multiple-employer plan; or						
\times a single-employer plan;	a DFE (specify)						
the first return/report;	the final return/report;						
an amended return/report;	a short plan year return/report (less ti	nan 12 months).					
ned plan, check here.		······					
Form 5558;	automatic extension;	the DFVC program;					
special extension (enter descri	ption)						
mation—enter all requested informatio	۲ ³						
		1b Three-digit plan					
G & REALTY 401(K) PROFIT SH	IARING PLAN & TRUST	number (PN) >					
		1c Effective date of plan 9/1/2001					
	n)	2b Employer Identification					
& REALTY CO, INC.		Number (EIN) 050470946					
		2c Sponsor's telephone number					
		4017322022					
		2d Business code (see					
		instructions)					
RI	02886	811310					
RI	02886						
	This form is required to be filed for d and 4065 of the Employee Retirement sections 6047(e), and 6058(a) of Complete all en- the instruction ntification Information [plan year beginning 1/1/2000 a multiemployer plan; a single-employer plan; a a single-employer plan; the first retum/report; an amended return/report; an amended return/report; brom 5558; pecial extension (enter descri mation—enter all requested information G & REALTY 401(K) PROFIT SH ses (employer, if for a single-employer plan suite no.) & REALTY CO, INC. RI	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the Instructions to the Form 5500. Complete all entries in accordance with the Instructions to the Form 5500. Intification Information Internation <lii< td=""></lii<>					

.

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is the correct and companying schedules.

Statemen	statements and additionals as well as the electronic version of this retainmeport, and to the dest of my knowedge and beller, it is inte, correct, and complete.								
SIGN	quelescen	2/28/11	June Defasquale						
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN HERE	June De lasquale	2/28/11	June De lasquale						
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						
SIGN HERE									
	Signature of DFE	Date	Enter name of individual signing as DFE						

3a	Plan administrator's name and address (if sam DEPASQUALE BUILDING & REALT	3b Administrator's EIN 050470946		
44 WILCLAIR STREET			3c Administrator's telephone number 4017322022	
	WARWICK	RI	02886	

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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	18
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	6
b	Retired or separated participants receiving benefits	6b	0
с	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines 6a , 6b , and 6c	6d	6
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	6
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	6
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
7	less than 100% vested		0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 3D

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

^ -								
9a	Plan fund	ding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)					
	(1)	Insurance	(1)	I	Insurance			
	(2)	Code section 412(e)(3) insurance contracts	(2)	Π	Code section 412(e)(3) insurance contracts			
	(3)	× Trust	(3)	Γ N	Trust			
	(4)	General assets of the sponsor	(4)		General assets of the sponsor			
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)								
a Pension Schedules			b General Schedules					
	(1)	 R (Retirement Plan Information) 	(1)	Π	H (Financial Information)			
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	×	I (Financial Information – Small Plan)			
		Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	× _	1 A (Insurance Information)			
		actualy	(4)		C (Service Provider Information)			
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participating Plan Information)			
B1725-10-10-10-00-0		Information) - signed by the plan actuary	(6)		G (Financial Transaction Schedules)			

SCHEDULE A (Form 5500) Insurance Information OMB No. 1210-0110 Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee Benefits Security Administration OMB No. 1210-0110 Department of Labor Employee Benefits Security Administration N File as an attachment to Form 5500. This Form is Open to P Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). This Form is Open to P Inspection For calendar plan year 2010 or fiscal plan year beginning 1/1/2007 and ending 12/31/2007 A Name of plan B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500. D Employee Real TY 401(K) PROFIT SHARING PLAN & T D Employee Identification Number (EIN) 050470946 Part 1 Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: LINCOLN NATIONAL LIFE INSURANCE CO							
Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee Benefits Security Act of 1974 (ERISA). 2010 Department of Labor Employee Benefits Guaranty Corporation File as an attachment to Form 5500. Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). For calendar plan year 2010 or fiscal plan year beginning 1/1/2007 A Name of plan DEPASQUALE BUILDING & REALTY 401(K) PROFIT SHARING PLAN & T C Plan sponsor's name as shown on line 2a of Form 5500. DEPASQUALE BUILDING & REALTY CO, INC. D Employer Identification Number (EIN) 050470946 Part 1 Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: Internation Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of an a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: Internation Concerning Insurance Contract Coverage Action Concerning Insurance Contract Schedule A. Information Concerning Insurance Contract Schedule A. Information: Information:<!--</td--><td></td>							
Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA). 2010 Department of Labor File as an attachment to Form 5500. This Form is Open to P Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). This Form is Open to P For calendar plan year 2010 or fiscal plan year beginning 1/1/2007 and ending 12/31/2007 A Name of plan B Three-digit plan number (PN) 001 DEPASQUALE BUILDING & REALTY 401(K) PROFIT SHARING PLAN & T B Three-digit plan number (PN) 001 DEPASQUALE BUILDING & REALTY CO, INC. D Employee Restrict Coverage, Fees, and Commissions Provide information for each on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: Important of Expension of the part of the p							
Department of Labor File as an attachment to Form 5500. Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). This Form is Open to P Inspection For calendar plan year 2010 or fiscal plan year beginning 1/1/2007 and ending 12/31/2007 Inspection A Name of plan B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Identification Number (EIN) 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:							
For calendar plan year 2010 or fiscal plan year beginning 1/1/2007 and ending 12/31/2007 A Name of plan B Three-digit 001 DEPASQUALE BUILDING & REALTY 401(K) PROFIT SHARING PLAN & T B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Identification Number (EIN) 001 DEPASQUALE BUILDING & REALTY CO, INC. D Employer Identification Number (EIN) 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:							
A Name of plan B Three-digit 001 DEPASQUALE BUILDING & REALTY 401(K) PROFIT SHARING PLAN & T B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Identification Number (EIN) 001 DEPASQUALE BUILDING & REALTY CO, INC. 050470946 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: 100011100110110110110110110110110110110	ontract						
DEPASQUALE BUILDING & REALTY 401(K) PROFIT SHARING PLAN & T Dan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Identification Number (EIN) DEPASQUALE BUILDING & REALTY CO, INC. 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: D Employer Identification a single Schedule A.	ontract						
C Plan sponsor's name as shown on line 2a of Form 5500. DEPASQUALE BUILDING & REALTY CO, INC. 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:	ontract						
DEPASQUALE BUILDING & REALTY CO, INC. 050470946 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:	ontract						
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each of on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:	ontract						
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information:	ontract						
1 Coverage Information:	And a second						
	degender nitter en delen som						
(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO							
(b) EIN (c) NAIC (d) Contract or (e) Approximate number of Policy or contract year							
(b) EIN (c) NAIC (d) Contract of persons covered at end of policy or contract year (f) From (g) T	o						
999999999 65676 GP-34623 6 1/1/2007 12/31/2)07						
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
94 529							
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
FECTEAU BENEFITS GROUP I							
21 AGNES STREET							
EAST PROVIDENCE RI 02914							
(b) Amount of sales and base Fees and other commissions paid							
	(e) Organization code						
0 529 5							
(a) Nome and address of the second harles as the second state of t							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
LINCOLN NATIONAL LIFE INSURANCE CO PO BOX 2248							
FORT WAYNE IN 46801							
Ease and other commissions used	· · · · · · · · · · · · · · · · · · ·						
(b) Amount of sales and base commissions paid Fees and other commissions paid (d) Purpose (e) Organiza							
94 0 3	ion code						

Schedule A (Form 5500)

Page 3

Pa	art II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with	each carrier may be treated as a uni	t for purposes of
	this report.			
4	Current value of plan's interest under this contract in the general account at year	end		119
5	Current value of plan's interest under this contract in separate accounts at year e	end		30106
6	Contracts With Allocated Funds:			
	a State the basis of premium rates			
	b Premiums paid to carrier			0
	C Premiums due but unpaid at the end of the year			0
	d If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			0
	Specify nature of costs			
	 e Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ► 	ed annuity		
	f If contract purchased, in whole or in part, to distribute benefits from a termi	nating plan check he	ere 🕨	
7	Contracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate	e accounts)	
	a Type of contract: (1) deposit administration (2) immedia (3) guaranteed investment (4) other 0	ate participation gua		
	b Balance at the end of the previous year			11000
	C Additions: (1) Contributions deposited during the year		0	
	(2) Dividends and credits		0	
	(3) Interest credited during the year	and the second	57	
	(4) Transferred from separate account		62	
	(5) Other (specify below)	7c(5)	0	
	▶			
	(6)Total additions			119
	d Total of balance and additions (add b and c(6)).		7d	11119
	e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10611	
	(2) Administration charge made by carrier		32	
	(3) Transferred to separate account	7e(3)	0	
	(4) Other (specify below)	<mark>7e(4)</mark>	357	
	ADJUSTMENTS/CORRECTIVE/FORF/FEES			
	(5) Total deductions			11000
	f Balance at the end of the current year (subtract e(5) from d)			119

Schedule A (Form 5500)

Pa	Part III Welfare Benefit Contract Information If more than one contract covers the same grouinformation may be combined for reporting pur the entire group of such individual contracts with	up of employees of the sau poses if such contracts are	e experienc	e-rated as a unit. Whe	ere contracts	
8	Benefit and contract type (check all applicable boxes)	en e		de analytic and an anna an an aige ann a' an	ennen maardagangene materaanse meerikk	nin manana manani di nini da kina ya kana manani kana an kana an jabar kan da a kana manani kan
		b Dental	с	Vision	d	Life insurance
	e Temporary disability (accident and sickness)		g	Supplemental unemp	lovment h	Prescription drug
					ioyment i	
	i 📙 Stop loss (large deductible)	j 📋 HMO contract	k	PPO contract		Indemnity contract
	m 📋 Other (specify) 🕨					
9	Experience-rated contracts:	· · · · · · · · · · · · · · · · · · ·				
	a Premiums: (1) Amount received		9a(1)		0	
	(2) Increase (decrease) in amount due but unpaid.		9a(2)		0	
	(3) Increase (decrease) in unearned premium rese	ta-ratio	9a(3)		0	
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b Benefit charges (1) Claims paid		9b(1)		0	
	(2) Increase (decrease) in claim reserves	hanne	9b(2)		0	0
	(3) Incurred claims (add (1) and (2))			1	9b(3) 9b(4)	0
		(4) Claims charged				
		Remainder of premium: (1) Retention charges (on an accrual basis)				
	(A) Commissions	and the second se	9c(1)(A)		0	
	(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)		0	
	(C) Other specific acquisition costs (D) Other expenses		9c(1)(D)		0	
	(E) Taxes		0 (4)(5)		0	
	(F) Charges for risks or other contingencies		€c(1)(E)			
	(G) Other retention charges				0	
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a	_			9c(2)	0
	d Status of policyholder reserves at end of year: (1)				9d(1)	0
	(2) Claim reserves				9d(2)	0
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not				9e	0
10			(= /. /			
	•	rrier		0		
	b If the carrier, service, or other organization incurre					
	Specify nature of costs	· ····, ····· · ······	, .p		10b	

Page 4

Part IV Provision of Information			
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

12 If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE I (Form 5500)

Department of the Treasury

Internal Revenue Service

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). OMB No. 1210-0110

2010

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

File as an attachment to Form 5500.

This Form is Open to Public Inspection

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	399148	30225
b	Total plan liabilities	1b	0	.0
С	Net plan assets (subtract line 1b from line 1a)	1c	399148	30225
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)	0	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	2b	0	
С	Other income	2c	-1191	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		-1191
е	Benefits paid (including direct rollovers)	2e	367732	
f	Corrective distributions (see instructions)	2f	0	
g	Certain deemed distributions of participant loans (see instructions)	2g	0	
h	Administrative service providers (salaries, fees, and commissions).	2h	0	
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		367732
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-368923
I	Transfers to (from) the plan (see instructions)	. 21		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		×	0
b	Employer real property	3b		×	0
С	Real estate (other than employer real property)	3c		×	0
d	Employer securities	3d		×	0
е	Participant loans	3e		×	0

			Yes	No	Amount
3f	Loans (other than to participants)	3f		×	0
g	Tangible personal property	3g		Х	0

P	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×	0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		×	0
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		×	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		×	0
е	Was the plan covered by a fidelity bond?	4e	×		20000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		×	0
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		×	0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		×	0
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		×	0
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		×	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		×	
I	Has the plan failed to provide any benefit when due under the plan?	41		X	0
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		×	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		×	
5a		<u>L</u>	es 🗶 N	X	unt:

5b 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.)

5b(1) Name of plan(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

Pa	art I Distributions				
All r	references to distributions relate only to payments of benefits during the plan year.				
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1		36	7732
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the ye payors who paid the greatest dollar amounts of benefits):	ar (if more	e than two, o	enter EINs of	f the two
	EIN(s):				
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.				
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	. 3			11
Pa	art II Funding Information (If the plan is not subject to the minimum funding requirements of section ERISA section 302, skip this Part)	of 412 of	the Internal	Revenue Co	ode or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Yes	No No	N/A
	If the plan is a defined benefit plan, go to line 8.				
5	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 ruling letter granting the waiver. Date:				
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of	of this sc	hedule.		
6	a Enter the minimum required contribution for this plan year	. 6a			
	b Enter the amount contributed by the employer to the plan for this plan year	. 6b			
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	- 6c			
	If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?		Yes	No No	N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?		Yes	No	□ N/A
Pa	art III Amendments				
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	Decre	ase	Both	× No
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the skip this Part.	ne Interna	Revenue (Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any ex-	empt loan	?	Yes	No No
11	a Does the ESOP hold any preferred stock?			Yes	No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-b (See instructions for definition of "back-to-back" loan.)			Yes	No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?			Yes	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	a	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
-	a	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name of contributing employer
	b	EIN C Dollar amount contributed by employer
	d	Date collective bargaining agreement expires (<i>If employer contributes under more than one collective bargaining agreement, check box</i> and see instructions regarding required attachment. Otherwise, enter the applicable date.)
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

	a The current year	14a	0	
	b The plan year immediately preceding the current plan year	14b	0	
	C The second preceding plan year	14c	0	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year	15a	0	
	b The corresponding number for the second preceding plan year	15b	0	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year	16a	0	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.			

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	а	Enter the percentage of plan assets held as:	
		Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%	
	b	Provide the average duration of the combined investment-grade and high-yield debt:	
		0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more	
	С	What duration measure was used to calculate item 19(b)?	
		Effective duration Macaulay duration Modified duration Other (specify):	



January 24, 2011 RECEIVED

FEB 0 7 ZINT

SR, LLC ABR, INC

NOTICE

Dear Plan Administrator:

We are in receipt of the document submitted as your Form 5500 Annual Return/Report. At this time, the document is being returned to you because it was not filed in a government-approved format. **The content** of your **filing has not been reviewed**.

Section 109 of the Employee Retirement Income Security Act of 1974 (ERISA) provides that the Secretary of the Department of Labor may require that information submitted in an annual report under Title I of ERISA must be submitted as the Secretary may prescribe. Section 6058(a) of the Internal Revenue Code (IRC) and the regulations thereunder prescribe the manner in which information must be submitted by plans that have a filing requirement under the IRC. Effective on January 1, 2010, the following Annual Return/Reports, filing submissions must be submitted electronically as required under the Department of Labor's Final Rule on Annual Reporting and Disclosure:

- Plan Year 2009 or later
- Plan Year 2008 Electronic Media Filing
- Plan Year 2007 or prior

(See the DOL web site at www.efast.dol.gov for information on filing the Form 5500 Series Annual Return/Report electronically.)

ACTION TO BE TAKEN BY YOU

To avoid possible civil penalties, you must submit a Form 5500 Annual Return/Report in an electronic format within 45 days from the date of this letter. Please submit a copy of this letter with the filing submission. (See the website www.efast.dol.gov for information on filing electronically.)

IF YOU TAKE NO ACTION

Failure to submit your filing in an approved format may subject you to civil penalties of up to \$1,100 per day pursuant to ERISA section 502(c)(2) and \$25 a day (up to \$15,000) pursuant to IRC section 6652 (d)(1) for failing to file a complete and accurate Annual Return/Report. If you have any questions regarding this letter or need assistance in preparing your filing, please contact the EFAST2 Help Line at (866) 463-3278, Monday through Friday.

Sincerely,

Chief, EFAST Processing Employee Benefits Security Administration EFAST Program