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

	art I Annual Report Identification Information			10/01		
For	calendar plan year 2010 or fiscal plan year beginning 01/01/207	_	and ending	12/31/	2010 	
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 m	onths)		
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	am
	special extension (enter descripti	on)				
Pa	irt II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan			1b	Three-digit	
THE	JADE ORGANIZATION INC. PROFIT SHARING PLAN				plan number	001
				10	(PN) Feffective date o	f plan
				10	01/01/2	
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identi	fication Number
THE	JADE ORGANIZATION, INC.				(EIN) 65-080	
2111	N. COMMERCE PARKWAY			2c	Plan sponsor's t	telephone number 4-8461
	TON, FL 33326-3238			2d	Business code (
					236110)
3a ⊤⊬F	Plan administrator's name and address (if same as Plan sponsor, ¢ JADE ORGANIZATION, INC. 2111 N. CO	enter "Same	e") PARKWAY	3b	Administrator's 65-080	EIN 0673
	WESTON, F			30		telephone number
					954-38	4-8461
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year					6
	Total number of participants at the end of the plan year			. 5b		6
C	Total number of participants with account balances as of the end of			35		
	complete this item)		•	. 5c		6
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	3591	39	•	430344
b	Total plan liabilities	7b		0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	3591	39		430344
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Γotal
а	Contributions received or receivable from:	0-(4)	34	41		
	(1) Employers	8a(1)	278	20		
	(2) Participants		210			
h	(3) Others (including rollovers) Other income (loss)		439	78		
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					75219
c d	Benefits paid (including direct rollovers and insurance premiums	80				
.	to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	40	14		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4014
i	Net income (loss) (subtract line 8h from line 8c)	8i				71205
i	Transfers to (from) the plan (see instructions)	Qi		0		

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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

SIGN HERE

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

D		e plan provides welfare benefits, enter the applicable welfare featu		iot of Flam Onara	otorio		200 111 0	no mondone				
Part	٧	Compliance Questions										
10	Dui	ring the plan year:				Yes	No	A	mount			
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X						
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	C Was the plan covered by a fidelity bond?									35914		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
е												
f	Has	s 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	vear end.)		10g		X					
•		his is an individual account plan, was there a blackout period? (See			iug							
		20.101-3.)			10h		X					
i		Oh was answered "Yes," check the box if you either provided the respections to providing the notice applied under 29 CFR 2520.101-3			10i							
Part '	VI	Pension Funding Compliance										
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	No		
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable										
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rul /ear	-		
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	, , ,	•			401					
		er the minimum required contribution for this plan year				t	12b					
		er the amount contributed by the employer to the plan for this plan	-				12c					
	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)								1			
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								N/A			
Part '	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No		
		es," enter the amount of any plan assets that reverted to the emplo					13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?											
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to						
1:	13c(1) Name of plan(s):						c(2) Ell	N(s)	13c(3)	PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	se is	establ	ished.	1			
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I directly the completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab				
SIGN	ı	iled with authorized/valid electronic signature.	03/04/2011	JAMES B. PAINE								
HERI						f individual signing as plan administrator						

Date

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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	arti Annual Report Identification Information				'S"E" 75 3 75			
For		01/01/2	010 and ending		12/31/2010			
Α	This return/report is for: 🛛 single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return	n/report					
	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)						
P	art II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
	THE JADE ORGANIZATION INC. PROFIT SHARIN	G PLAN			plan number (PN) 001			
				10	(PN) ▶ 001 Effective date of plan			
					01/01/2005			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number	er		
	THE JADE ORGANIZATION, INC.			-	(EIN) 65-0800673			
	2111 N. COMMERCE PARKWAY			2C	Plan sponsor's telephone num 954-384-8461	nber		
				2d	Business code (see instruction	ns)		
	WESTON FL 33326-3238				236110			
3a	Plan administrator's name and address (if same as Plan sponsor, et THE JADE ORGANIZATION, INC.	nter "Same	")	3b	Administrator's EiN 65-0800673			
				3с	Administrator's telephone nun	nber		
	2111 N. COMMERCE PARKWAY WESTON FL 33326-3238				954-384-8461			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c	PN			
5a	Total number of participants at the beginning of the plan year							
_	Total number of participants at the end of the plan year			5a 5b				
С	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		6		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	•				X Yes] No		
	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQI	PA)] No] No		
	•	an indepen and conditi	dent qualified public accountant (IQI ons.)	PA)		J		
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	an indepen and conditi	dent qualified public accountant (IQI ons.)	PA)		J		
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 lf you answered "No" to either 6a or 6b, the plan cannot use Fo	an indepen and conditi	dent qualified public accountant (IQI ons.)	PA)		J		
b : P:	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 lf you answered "No" to either 6a or 6b, the plan cannot use For III Financial Information Plan Assets and Liabilities	an indepen and conditi orm 5500-	dent qualified public accountant (IQI ons.) SF and must instead use Form 55	PA) 00.	X Yes (b) End of Year	J		
b 7 a	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 lf you answered "No" to either 6a or 6b, the plan cannot use Form III Financial Information Plan Assets and Liabilities	an indepen and conditi orm 5500-	dent qualified public accountant (IQI ons.)	9 0	(b) End of Year	No 0344		
b 7 a	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fourt II Financial Information Plan Assets and Liabilities Total plan assets	an indepen and conditi orm 5500-4	dent qualified public accountant (IQI ons.)	9 0	(b) End of Year 43	No No 0344		
P: 7 a b c 8	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III 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	an indepen and conditi orm 5500 7a 7b	dent qualified public accountant (IQI ons.)	9 0	(b) End of Year	No 0344		
P? 7 a b c	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fourtill 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:	an indepen and conditi orm 5500- 7a 7b 7c	dent qualified public accountant (IQI ons.)	9 0 9	(b) End of Year 43	No 0344		
P: 7 a b c 8	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 lf you answered "No" to either 6a or 6b, the plan cannot use For the 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	an indepen and conditi orm 5500- 7a 7b 7c	dent qualified public accountant (IQI ons.)	9 0 9	(b) End of Year 43	No 0344		
P: 7 a b c 8	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 lf you answered "No" to either 6a or 6b, the plan cannot use Formation 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	7a 7b 7c 8a(1)	dent qualified public accountant (IQI ons.)	9 0 9	(b) End of Year 43	No 0344		
7 a b c 8 a	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 If you answered "No" to either 6a or 6b, the plan cannot use Fourt III 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)	7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQI ons.)	9 0 9 0	(b) End of Year 43	No 0344		
7 a b c 8 a	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 lf you answered "No" to either 6a or 6b, the plan cannot use Formation 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	dent qualified public accountant (IQI ons.)	9 0 9 0	(b) End of Year 43 (b) Total	No 0344		
7 a b c 8 a	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 If you answered "No" to either 6a or 6b, the plan cannot use Fourt III 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	dent qualified public accountant (IQI ons.)	9 0 9 0	(b) End of Year 43 (b) Total	0344 00344		
7 a b c 8 a	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 lf you answered "No" to either 6a or 6b, the plan cannot use For 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).	7a 7b 7c 8a(1) 8a(2) 8c 8d	dent qualified public accountant (IQI ons.)	9 0 9 0	(b) End of Year 43 (b) Total	0344 00344		
7 a b c 8 a	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 lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III 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)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	dent qualified public accountant (IQI ons.)	9 0 9 9 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year 43 (b) Total	0344 00344		
b 7 a b c 8 a b c d	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 lf you answered "No" to either 6a or 6b, the plan cannot use For 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).	7a 7b 7c 8a(1) 8a(2) 8c 8d 8e 8f	dent qualified public accountant (IQI ons.)	9 0 9 9 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year 43 (b) Total	0344 00344		
Property of the property of th	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 lf you answered "No" to either 6a or 6b, the plan cannot use For 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)	an independent orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	dent qualified public accountant (IQI ons.)	9 0 9 9 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year 43 (b) Total	0344 00344 5219		
7 a b c d b c d	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 If you answered "No" to either 6a or 6b, the plan cannot use Fourt III 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) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	an independent orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	dent qualified public accountant (IQI ons.)	9 0 9 9 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year 43 (b) Total	0344 00344 5219		
b 7 a b c 8 a b c d e f	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 lf you answered "No" to either 6a or 6b, the plan cannot use For 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)	an independent orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	dent qualified public accountant (IQI ons.)	9 0 9 9 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year 43 (b) Total	0344 00344 5219		

Page 2-				
		 ,-		
from the List of Plan Char	acteris	stic Ç	odes in	the instructions:
from the List of Plan Chara	cteris	tic Co	des in t	the instructions:
		Yes	No	Amount
e time period described in on Program)	10a		х	
ide transactions reported	10b		Х	
	10c	Х		35914
that was caused by fraud	10d		х	·
an insurance carrier, under the plan? (See	10e		х	
	10f		Х	
)	10g		Х	
ns and 29 CFR	10h		х	
tice or one of the	10i			
," see instructions and con				I Voc I No
of section 412 of the Code				
n this plan year, see instru	ctions	, and	enter tl Dav	ne date of the letter ruling
500), and skip to line 13.		-		
	••••		12b	
			12c	
ter a minus sign to the left			12d	_
eadline?				Yes No N/A

LSE	201	n
	-SF	-SF 201

	Fulli 300-3F 2010 Fage 2-							
	Plan Characteristics		,,					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char- 2A 2E 3D	acteris	stic Co	des in	the instruc	tions		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in 1	he instruct	tions:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	х				:	35914
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			`	
е	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.)	10e		х		., .		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	•	Х	THE STATE OF THE S	A A CONTRACT OF THE CONTRACT O	7 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
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				The second secon	A Company of the Comp	Control of the Contro
Part	VI Pension Funding Compliance		•					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	Jule SE	(Form		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions	, and	enter th	e date of	the let	tter rul r	ing
lf ·	granting the waiver			Day		160		
	Enter the minimum required contribution for this plan year		Г	12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		-	12d			-	
_	negative amount)		L	12u		<u></u>		
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?						Yes	X 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 c					X No
С	of the PBGC?						res	M MO
	which assets or liabilities were transferred. (See instructions.)		13	Ic(2) E	IM(e)		130(3)) PN(s)
	13c(1) Name of plan(s):			, C(E)	111(3)		100(0)	1 14(3)
						_L		
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal							·
Hnde	er penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this re	turn/re	port, i	ncludir	ıg, if applic	cable,	a Sch	edule

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	Alwin	3/2/11	JAMES B. PAINE
HERE	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