#### Form 5500-SF

Department of the Treasury

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

**Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number MORRIS & CARRICK, INC. PROFIT SHARING PLAN 002 (PN) ▶ 1c Effective date of plan 01/01/1994 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 11-2995385 MORRIS & CARRICK, INC. (EIN) 2c Plan sponsor's telephone number 275 MADISON AVENUE, SUITE 902 NEW YORK, NY 10016 2d Business code (see instructions) 541800 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 275 MADISON AVENUE, **SUITE 902** 11-2995385 NEW YORK, NY 10016 3c Administrator's telephone number 212-532-3736 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 550522 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 550522 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers ..... 8a(1) 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers)..... 8a(3) -12813 Other income (loss)..... 8b -12813 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 533252 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 4457 Other expenses..... 8g 537709 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -550522 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

Form 5500-SF 2010	Page <b>2-</b>
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Part IV	Dian	(`haract	Orietics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	iic Cod	des in 1	ne instru	uctions		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					150000
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	insu	re 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 ructions.)	10e		X				
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		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
1	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•		Yes	X No
12		0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA?		165	INO
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ting the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		_ 100		
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year		[	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "Y	es," 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 ne 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 the chassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1	) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	•		
SB o	· Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							
SIGI	F	iled with authorized/valid electronic signature.  03/08/2011 CAROL LIPMAN							

SIGN	Filed with authorized/valid electronic signature.	03/08/2011	CAROL LIPMAN
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

# 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				10/01/0010
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010
Α	This return/report is for:	☐ multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	X final retu	n/report		
	an amended return/report	short plan	year return/report (less than 12 mor	nths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
_	special extension (enter des	scription)		I.	
D	art II Basic Plan Information—enter all requested i	<u> </u>			
	Name of plan	mormation		1b	Three-digit
·u	MORRIS & CARRICK, INC. PROFIT SHARING	F PLAN	+		plan number
					(PN) D02
					Effective date of plan
_					01/01/1994
Za	Plan sponsor's name and address (employer, if for single-emp MORRIS & CARRICK, INC.	oloyer plan)			Employer Identification Number (EIN) 11-2995385
	• •		ľ		Plan sponsor's telephone number
	275 MADISON AVENUE, SUITE 902				(212)532-3736
	·			2d	Business code (see instructions)
	NEW YORK	oor ontor "Com	NY 10016	2h	541800 Administrator's EIN
Sa	Plan administrator's name and address (if same as Plan spon	sor, enter Sam	* )	วม	Administrator's EIN
				3с	Administrator's telephone number
	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report. S		port filed for this plan, enter the	4b	EIN
	name, Env., and the plan humber from the last return report. S	ponsor s name		4c	₽N
5a	Total number of participants at the beginning of the plan year			5a	5
			0		
b	lotal number of participants at the end of the plan year				1
			<u> </u>	5b	1
	Total number of participants at the end of the plan year  Total number of participants with account balances as of the complete this item)	end of the plan y	rear (defined benefit plans do not	5c	0
c	Total number of participants with account balances as of the	end of the plan y	rear (defined benefit plans do not	5c	0
6a	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and rep	end of the plan y eligible assets? ort of an indepe	rear (defined benefit plans do not  (See instructions.)	<b>5c</b> PA)	0 X Yes No
6a	Total number of participants with account balances as of the complete this item)	end of the plan y eligible assets? ort of an indepe ibility and condit	rear (defined benefit plans do not (See instructions.)	<b>5c</b>	0 X Yes No
6a b	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging your answered "No" to either 6a or 6b, the plan cannot be	end of the plan y eligible assets? ort of an indepe ibility and condit	rear (defined benefit plans do not (See instructions.)	<b>5c</b>	0 X Yes No
6a b	Total number of participants with account balances as of the complete this item)	end of the plan y eligible assets? ort of an indepe ibility and condit	(See instructions.)	<b>5c</b>	
6a b	Total number of participants with account balances as of the complete this item)	end of the plan y eligible assets? ort of an independibility and condit use Form 5500-	(See instructions.)  "Gee instructions."  "Gee instructions."  "Indent qualified public accountant (IQI ions.)  "SF and must instead use Form 550  "(a) Beginning of Year	5c	0
6a b	Total number of participants with account balances as of the complete this item)  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligit you answered "No" to either 6a or 6b, the plan cannot in Fig. 11. Financial Information  Plan Assets and Liabilities  Total plan assets	end of the plan y eligible assets? ort of an indepe ibility and condit use Form 5500-	(See instructions.)(See instructions.)(IQI ons.)	5c	
6a b	Total number of participants with account balances as of the complete this item)  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging your answered "No" to either 6a or 6b, the plan cannot untill Financial Information  Plan Assets and Liabilities  Total plan liabilities	eligible assets? ort of an indepe ibility and condit use Form 5500- 7a 7b	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ons.)  SF and must instead use Form 550  (a) Beginning of Year  550,52	5c	0 X Yes No No Yes No No (b) End of Year
6a b 7 a b	Total number of participants with account balances as of the complete this item)  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligilityou answered "No" to either 6a or 6b, the plan cannot untill Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	eligible assets? ort of an indepe ibility and condit use Form 5500- 7a 7b	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ions.)  (a) Beginning of Year  550,52	5c	(b) End of Year  0 0 0 0 0 0 0 0
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6a b 7 a b	Total number of participants with account balances as of the complete this item)  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligilityou answered "No" to either 6a or 6b, the plan cannot untill 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	eligible assets? eligible assets? out of an indepe ibility and condit use Form 5500-  7a 7b 7c	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ions.)  (a) Beginning of Year  550,52	5c	(b) End of Year  0 0 0 0 0 0 0 0
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6a b 7 a b	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging if you answered "No" to either 6a or 6b, the plan cannot in 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	end of the plan y eligible assets? ort of an independing in the plan in the pl	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ions.)  (a) Beginning of Year  550,52  (a) Amount	PA) 00. 22 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year  0 0 0 0 0 0 0 0
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6a b 7 a b c 8 a	Total number of participants with account balances as of the complete this item)  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligilityou answered "No" to either 6a or 6b, the plan cannot untill Financial Information  Plan Assets and Liabilities  Total plan assets  Total 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 premiuto provide benefits)	eligible assets? eligible assets? ort of an indepe ibility and condit use Form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c sns 8d	(See instructions.)	5c PA) 00.	X Yes
Ga b Pa b c B a b c	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eligif you answered "No" to either 6a or 6b, the plan cannot of the plan assets and Liabilities  Total plan assets	end of the plan y eligible assets? rort of an indepe ibility and condit use Form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  sms  8d  ns)8e	(See instructions.) (IQI (IQI (IQI (IQI (IQI (IQI (IQI (IQ	5c PA) 00.	X Yes
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6a b 7 a b c 8 a	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging if you answered "No" to either 6a or 6b, the plan cannot in Financial Information  Plan Assets and Liabilities  Total plan 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 (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiut to provide benefits).  Certain deemed and/or corrective distributions (see instruction Administrative service providers (salaries, fees, commissions).	end of the plan y eligible assets? ort of an independing in the plan y eligible assets? ort of an independing in the plan y and condit use Form 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c sms 8d ns) 8f 8g	(See instructions.) (IQI (IQI (IQI (IQI (IQI (IQI (IQI (IQ	5c	
6a b 7 a b c 8 a b c d e f	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging if you answered "No" to either 6a or 6b, the plan cannot in 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 premiut to provide benefits).  Certain deemed and/or corrective distributions (see instruction Administrative service providers (salaries, fees, commissions)	end of the plan y eligible assets? ort of an indepe ibility and condit use Form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c sms 8d ns) 8f 8g	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ions.)  (a) Beginning of Year  550,52  (a) Amount  (12,813	5c	0  X Yes No  X Yes No  (b) End of Year  0 0 0 (b) Total  (12,813)
6a b 7 a b c 8 a b c d e f g	Total number of participants with account balances as of the complete this item).  Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver eliging if you answered "No" to either 6a or 6b, the plan cannot in Financial Information  Plan Assets and Liabilities  Total plan 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 (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiut to provide benefits).  Certain deemed and/or corrective distributions (see instruction Administrative service providers (salaries, fees, commissions).	end of the plan y eligible assets? rort of an indepe ibility and condit use Form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c sms 8d ns) 8e ) 8f 8g 8h	(See instructions.)  (See instructions.)  Indent qualified public accountant (IQI ions.)  (a) Beginning of Year  550,52  (a) Amount  (12,813	5c	

	Form 5500-SF 2010 Page <b>2-</b>								
Low Gray									
12.25	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics  2E 3D	racteri	stic Co	des ir	the instr	uctio	ins:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in	the instru	ıctioı	ns:		
Par	V Compliance Questions								
10	During the plan year:		Yes	No		A	moun	ıt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	<u> </u>				
С	Was the plan covered by a fidelity bond?	10c	х		<del>                                     </del>			150	0,000
d			Λ.					130	7,000
ч	or dishonesty?	10d		х	ļ				
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		x					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		-	×	<del></del>				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		_ <u>x</u>	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	10ii				a i		COL	
Part	VI Pension Funding Compliance		''			************		10000 AUGUS	opposes of a standard
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))							es [	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	02 of	ERISA?.	-	Y6	es [	X No
	(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 instru granting the waiver.	th							ıg —
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	T				
	Enter the minimum required contribution for this plan year.		⊢	12c	<del>                                     </del>			—	
c d	Enter the amount contributed by the employer to the plan for this plan year		⊢	-	<del> </del>			—	
u	negative amount)		L	12đ					
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?						ΧY	∍s [	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to						
1	3c(1) Name of plan(s):		130	(2) El	N(s)		13c	(3) F	N(s)
		-				$\dashv$			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is e	establ	ished.				

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.

	<u> </u>		
SIGN	Teny Mon_	3/7///	HENRY MORRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	the Man	3/7///	HENRY MORRIS
CONCACACACACACACACACACACACACACACACACACAC	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	,		