Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

					Inspection	ibilo		
Part I	Annual Report Identifi	cation Information						
For cale	ndar plan year 2009 or fiscal plan	year beginning 07/01/2009		and ending 06/30/2	2010			
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or				
		X a single-employer plan;	a DFE	(specify)				
B This	eturn/report is:	the first return/report;	the fina	I return/report;				
		X an amended return/report;	a short	plan year return/report (less t	han 12 months).			
C If the	plan is a collectively-bargained p	lan, check here						
D Chec	k box if filing under:	X Form 5558;	automa	tic extension;	the DFVC program;			
	•	special extension (enter des	scription)		_			
Part	II Basic Plan Informat	ion—enter all requested informa	ation					
1a Nam	ne of plan	'			1b Three-digit plan	002		
ROBER	Γ E LIST CO PROFIT SHARING	PLAN			number (PN) ▶			
					1C Effective date of pla 07/01/1968	an		
2a Plan	sponsor's name and address (er	mployer, if for a single-employer	plan)		2b Employer Identifica	2b Employer Identification		
,	ress should include room or suite	e no.)			Number (EIN)			
	F. LIST COMPANY				59-0843991			
C/O THE	E LIST COMPANIES				2c Sponsor's telephone number			
340 PO\	AL POINCIANA WAY	240 POV	AL POINCIANA WA	V	561-655-7150			
SUITE #	317 PMB 378	SUITE #3	17 PMB 378	XI	2d Business code (see)		
PALM B	EACH, FL 33480	PALM BE	ACH, FL 33480		instructions) 531390			
Caution	: A penalty for the late or incon	nplete filing of this return/repo	rt will be assessed	l unless reasonable cause i	s established.			
	enalties of perjury and other pena					dules,		
statemer	nts and attachments, as well as the	ne electronic version of this return	n/report, and to the	best of my knowledge and be	lief, it is true, correct, and com	plete.		
SIGN HERE	Filed with authorized/valid electron	onic signature.	03/14/2011	MARTIN A. LIST				
IILIKE	Signature of plan administrat	or	Date	Enter name of individual s	igning as plan administrator			
SIGN HERE								
TILIXE	Signature of employer/plan s	ponsor	Date	Enter name of individual s	igning as employer or plan spo	onsor		
SIGN HERE								

Date

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

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	Pag	ge 2					
MA TH 340 SU	Plan administrator's name and address (if same as plan sponsor, enter "Same' RTIN A LIST E LIST COMPANIES ROYAL POINCIANA WAY ITE 317 PMB 378 LM BEACH, FL 33480	")				3c Ad	dministrator's EIN -0843991 dministrator's telepl umber 1-655-7150	hone
	If the name and/or EIN of the plan sponsor has changed since the last return/rethe plan number from the last return/report: Sponsor's name	eport filed for	this pla	an, ente	the name, EII	N and	4b EIN 4c PN	
5	Total number of participants at the beginning of the plan year					5		1
6 а	Number of participants as of the end of the plan year (welfare plans complete of Active participants	•			,	<u>6a</u>		1
b	Retired or separated participants receiving benefits					6b		
С	Other retired or separated participants entitled to future benefits					6c		
d	Subtotal. Add lines 6a, 6b, and 6c					6d		1
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	ive benefits				6е		
f g	Total. Add lines 6d and 6e	nly defined co	ontribu	tion plan	s	6f 6g		1
	Number of participants that terminated employment during the plan year with a less than 100% vested					6h		
7	Enter the total number of employers obligated to contribute to the plan (only m			•				
b	If the plan provides pension benefits, enter the applicable pension feature codes 2E If the plan provides welfare benefits, enter the applicable welfare feature codes for the plan provides welfare benefits, enter the applicable welfare feature codes for the plan funding arrangement (check all that apply) (1)	Plan bender (1) (2) (3) (4)	efit arr	rangeme Insurand Code se Trust General	eristic Codes int (check all the ection 412(e)(3)	in the instant apply) insurancesponsor	tructions:) ce contracts	etions)
а	Pension Schedules (1) R (Retirement Plan Information)	b General (1)	Sche		Financial Infor	mation)		

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

A (Insurance Information)C (Service Provider Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

r choich Benefit Guaranty Corporation				mapechon
For calendar plan year 2009 or fiscal plan year beginning	07/01/2009	and ending 0	6/30/2010	
A Name of plan ROBERT E LIST CO PROFIT SHARING PLAN		B Three-digit plan number (PN))	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROBERT E. LIST COMPANY		D Employer Identification 59-0843991	tion Numbe	er (EIN)

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	1200763	1151596
b	Total plan liabilities	. 1b	134240	134240
С	Net plan assets (subtract line 1b from line 1a)	1c	1066523	1017356
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	17776	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		17776
е	Benefits paid (including direct rollovers)	. 2e	72456	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	. 2h		
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		72456
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-54680
1	Transfers to (from) the plan (see instructions)	. 2I		

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	X		1149109
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	

Schedule I (Form 5500) 2009	Page 2- 1

Schedule I	(Form	5500	2000
Scriedule i	(FUIIII	SSOU	<i>-</i> 2003

j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		_		Yes	No	Amoun	t
Part II Compliance Questions Yes No Amount During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciany Correction Program.). 4a	3f	Loans (other than to participants)	3f		X		
Part II Compliance Questions 4 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fluturiary Correction Program)	g	Tangible personal property	3g		Χ		
4 During the plan year: 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)				•	,		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	Pa	rt II Compliance Questions					
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.)	4	During the plan year:		Yes	No	Amour	nt
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. c Were any leases to which the plan was a party in default or classified during the year as uncollectible? d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.). e Was the plan covered by a fidelity bond?. f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?. 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? h Did the plan are receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? 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? j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2520.104-46? If No. Tatch an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.). H Has the plan failed to provide any benefit when due under the plan? If I'm 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. If I'm 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. If I'm was answered "Yes," check the "Yes" box if you either provided the required notice or	а	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully	40		X		
C Were any leases to which the plan was a party in default or classified during the year as uncollectible? d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.). e Was the plan covered by a fidelity bond?. f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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? 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? h 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?	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					
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	С	Were any leases to which the plan was a party in default or classified during the year as					
e Was the plan covered by a fidelity bond? f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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? 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? 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? i Did the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) I Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) In 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. An 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. A Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions					
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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? 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? 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? j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) I Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) In 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. An 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. An 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. 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. If 4m was an exercited to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If	e	Was the plan covered by a fidelity bond?			X		
market nor set by an independent third party appraiser?	_	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by			X		
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?	g		4g		X		
of real estate, or partnership/joint venture interest?	h		4h		X		
or brought under the control of the PBGC?	i		4i	X			1028305
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.) I Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. 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.)	j		4j		X		
Has the plan failed to provide any benefit when due under the plan?	k	accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50	4k	X			
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	ı		41		X		
the exceptions to providing the notice applied under 29 CFR 2520.101-3	m	• • • • • • • • • • • • • • • • • • • •	4m				
If "Yes," enter the amount of any plan assets that reverted to the employer this year	n		4n				
transferred. (See instructions.)	5a		Ye	es 🛚	No /	Amount:	
5b(1) Name of plan(s) 5b(2) EIN(s) 5b(3) F	5b		entify t	he plan	(s) to w	hich assets or liabiliti	es were
		5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

Authorized e-Signature Affidavit

ROBERT E LIST CO PROFIT

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/ employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct pdf copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

G39088 H073 V 09-8.1 LI038

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part	I Annual Report	t Identification Info								
For ca	lendar plan year 2009 or f	iscal plan year beginning	07/01/	2009	and end	ding 06/30/20	10			
АТ	his return/report is for:	a multiemployer plan; a multiple-employer plan; or								
		X a single-employer p	lan;	a DFE (specify)						
				94 <u>-95</u>						
Вт	his return/report is:	the first return/repo	ort;		the final retu	rn/report;				
an amended return/report; a short plan year return/report (less than 12 months).										
C II	the plan is a collectively-b	argained plan, check her	re	<u></u>			<u></u>	. ▶□		
D c	heck box if filing under:	Form 5558;			automatic ex	tension;	the	DFVC program;		
		special extension (
Part		rmation - enter all re	quested information					,		
	Name of plan					1b Three-digit				
	ERT E LIST CO	PROFIT				plan number (PN		002		
SHAF	RING PLAN					1c Effective date of	plan			
						07/01/1968				
	Plan sponsor's name and a		a single-employer plan)			2b Employer Identif	ication			
	(Address should include ro					Number (EIN)				
	ERT E. LIST CO					59-0843991				
	THE LIST COMP					2c Sponsor's teleph	one			
	ROYAL POINCIA					number	- 0			
	E #317 PMB 37		2400			561-655-71				
PALI	1 BEACH	FL 3	3480			2d Business code (s	ee			
						instructions)				
						531390				
	77. 2007									
Court	on. A nonalty for the late	or incomplete filing of	this raturn/range will	ha aaaaaaa	Lunione roses	nabla agusa ia astablia	had			
	on: A penalty for the late	· · · · · · · · · · · · · · · · · · ·	•							
	penalties of perjury and other nents and attachments, as we									
	Sman		1 1	T	NO. 100 NO. 10	,				
SIGN	///////////////////////////////////////		3/14/11	MARTI	N A. LI	ST				
HERE	Signature of plan admir	istrator	Date			al signing as plan admir	nistrator			
	The second secon	****						930		
SIGN										
HERE	Signature of employer/p	lan sponsor	Date	Enter nar	ne of individua	al signing as employer	or plan s	ponsor		
	. , , ,	,	* *************************************							
SIGN				1						
HERE	Signature of DFE	*	Date	Enter nar	ne of individua	I signing as DFE				

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

Form 5500 (2009) v.092307.1

	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")		3b Administrato	or's EIN	
SAI	4E.			3c Administrato	or's telephone	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/rep	port filed for this plan	n, enter the name,	4b EIN	
	EIN and the plan number from the last return/report:					
а	Sponsor's name				4c PN	
_			1100-100-2010			 1
5	Total number of participants at the beginning of the plan year				5	1
6	Number of participants as of the end of the plan year (welfare plans of	omplete only	lines 6a, 6b, 6c, a	nd 6d).		0.1
а	Active participants				Sa	1_
b	Retired or separated participants receiving benefits				6b	0_
c	Other retired or separated participants entitled to future benefits				Sc	0
•	Cition formed of Soparated participants critined to fature belieffed.			· · · · · · · · · · · · · · · · · · ·	,,,	
d	Subtotal. Add lines 6a, 6b, and 6c				6d	_1_
е	Deceased participants whose beneficiaries are receiving or are entitle	d to receive I	benefits	<u>.</u>	Se	0_
f	Total. Add lines 6d and 6e				Sf .	1
q	Number of participants with account balances as of the end of the pl	an vear (onl	v defined contributio	n plans		
	complete this item)			100000000000000000000000000000000000000	ig	0
h	Nombra of modification to the theory in the description of the contract of the					
п	Number of participants that terminated employment during the plan y less than 100% vested				5h	0
7	Enter the total number of employers obligated to contribute to the pla				7	<u> </u>
0.265	If the plan provides pension benefits, enter the applicable pension fe					
	2E					
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes fr	rom the List of Plan	Characteristic Code	s in the instructions:	
0.0	Plan funding arrangement (check all that apply)	9b PI	lon hanatit		1!··	
Ja	(1) Insurance	(1)	lan benefit arrange Insurance		(appry)	
	(2) Code section 412(e)(3) insurance contracts	(2)		tion 412(e)(3) insu	rance contracts	
	(3) X Trust	(3)	X Trust		manoo oomi aoto	
	(4) General assets of the sponsor	(4)		ssets of the sponso	or	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached					
_		L _				
а	Pension Schedules		Schedules			
	(1) R (Retirement Plan information)	(1)	7	cial Information)	NAMES OF THE STREET	
	(2) MB (Multiemployer Defined Benefit and Certain Money	(2)	1 (1111011011	al Information – Sm	all Plan)	
	Purchase Plan Actuarial Information) - signed by the plan	(3)	the same bloom as	nce Information)		
	actuary (2) SP (Single Employer Defined Benefit Plan Actuarial	(4)	The second second	e Provider Informati	an ^f	
	(3) SB (Single - Employer Defined Benefit Plan Actuarial	(5)	and the second	articipating Plan In	Market 1990	
	Information) - signed by the plan actuary	(6)	_ G (Financ	ial Transaction Sch	edules)	

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public

	remain Benefit duaranty corporation						niepodne
or	calendar plan year 2009 or fiscal plan year beginning 07/01/	2009	and	ending	06/3	30/201	
Α	Name of plan			В	Three-digit	(DAN) D	002
RC	DBERT E LIST CO PROFIT				plan number	r (PN)	
				1			
С	Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Id	lentification	Number (EIN)
RC	DBERT E. LIST COMPANY						59-0843991
Cor	mplete Schedule I if the plan covered fewer than 100 participants as of	the begin	ning of the plan	year. Yo	ou may also co	mplete Sch	edule I if you are
ilin	g as a small plan under the 80-120 participant rule (see instructions). C	omplete S	chedule H if rep	orting as	a large plan o	or DFE.	
Pa	art I Small Plan Financial Information					18.73	
Rep	port below the current value of assets and liabilities, income, expenses,	transfers	and changes in	net asse	ts during the p	olan year. Co	ombine the value of
olar	n assets held in more than one trust. Do not enter the value of the port cific dollar benefit at a future date. Include all income and expenses of	ion of an i	insurance contra	act that g	juarantees dur	ing this plan	year to pay a
bay	ments/receipts to/from insurance carriers. Round off amounts to the n	earest dol	lar.	51(S) UI S	separately mai	illaineu luit	i(s) and any
1	Plan Assets and Liabilities:	DIVE I	(a) Beginr	ning of Y	'ear	(b) E	End of Year
a	Total plan assets	1a	(,)		00763		1151596
b		1b		1	34240	***	134240
	Net plan assets (subtract line 1b from line 1a)	1c			66523	78.2	1017356
200	Income, Expenses, and Transfers for this Plan Year:	E THE SEE	(a) A	mount		- (b) Total
	Contributions received or receivable:						
a	(1) Employers	2a(1)			11		
	(2) Participants						
	(3) Others (including rollovers)						
h	Noncash contributions		*		9.8		
b	Other income	2c			17776		
C		0.00		X Was A	ACCEPTAGE OF		17776
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)				72456		11110
e	Benefits paid (including direct rollovers)	2f			72130		
f	Corrective distributions (see instructions)						
g	Certain deemed distributions of participant loans (see instructions)	063077					
300	Administrative service providers (salaries, fees, and commissions)	7505000			0		
i	Other expenses	70000			9 30	h charges in	72456
J k	Net income (loss) (subtract line 2j from line 2d)	2k					-54680
ì	Transfers to (from) the plan (see instructions)						31000
							M
3	Specific Assets: If the plan held assets at anytime during the plan yearny assets remaining in the plan as of the end of the plan year. Alloc:	ar in any c ale the va	or the rollowing lue of the plan's	categorii interest	es, check Yes in a commino	and enter lied trust cor	ntaining the assets of
	more than one plan on a line-by-line basis unless the trust meets one	of the spe	ecific exceptions	describe	ed in the instru	ctions.	
			1	Vaa	No		maunt
_	Postnovakin/joint vantuva interesta		2.	Yes	No	AI	1149109
	Partnership/joint venture interests			Λ	Х		1149109
	Employer real property				X		
	Real estate (other than employer real property)			-	X		¥10
	Employer securities				X		
e	Participant loans		Name for Four	700	Λ	Only doll	1 (Form EEOO) 2000

Schedule I (Form 5500) 2009 v.092308.1

9A6744 3.000 G39088 H073

10	Schedule I (Form 5500) 2009 Page 2	2 -				
			ſ,	/es	No	Amount
3f	Loans (other than to participants)	Г	3f		X	
g	Tangible personal property		3g		X	7,000
		•••				
Pa	rt II Compliance Questions			-		
4	During the plan year:		'	/es	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time per	riod			7 1	
	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until	l fully				
	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		4a		Х	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the clo				4	
	plan year or classified during the year as uncollectible? Disregard participant loans secured	5000	44			
	the participant's account balance	🚅	4b		Х	
C	Were any leases to which the plan was a party in default or classified during the year as	8	E TANK		HE STATE	
	uncollectible?	🗠	4c		Х	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include	1.5				
	transactions reported on line 4a.)	🗠	4d		X	
е	Was the plan covered by a fidelity bond?	4	4e		Х	
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		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an	10			,,	
	established market nor set by an independent third party appraiser?	1000 00 00	4g		Х	
h	Did the plan receive any noncash contributions whose value was neither readily determinate	1	260 5		.,	
	on an established market nor set by an independent third party appraiser?	A	4h	_	X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage			.,	North Control	100000
	parcel of real estate, or partnership/joint venture interest?		4i	X		102830
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to		AUASI T		.,	
	another plan, or brought under the control of the PBGC?	200 10 10 10	4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified	d				
	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.)	–	1k		X	
ı	Has the plan failed to provide any benefit when due under the plan?		41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 C	100			in Paris	
	2520.101-3.)	–	m	Pi esta	2	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or	1		Y	200	
1000	of the exceptions to providing the notice applied under 29 CFR 2520.101-3		1n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan y			R	7	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	• • Ш	Yes	Σ	ù No	Amount:
96 CO-CO-C						
5b	If during this plan year, any assets or liabilities were transferred from this plan to another	plan(s),	identif	y the	plan(s)	to which assets or liabilities
	were transferred. (See instructions.)				'L (0) EI	(a) Eh/(2) DN(a)
	5b(1) Name of plan(s)	-		5	b(2) Ell	N(s) 5b(3) PN(s)
-						
		+				
				-		

Summary Annual Report

ROBERT E LIST CO PROFIT SHARING PLAN

This is a Summary of the Annual Report for:

ROBERT E LIST CO PROFIT SHARING PLAN

Employer Identification Number 59-0843991 for period 07/01/2009 through 06/30/2010. The annual report has been filed with the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the Plan are provided by Trust.

Plan expenses were \$ 72,456. These expenses included in \$ 0 in administrative expenses, \$ 72,456 benefits paid to participants and beneficiaries, and \$ in other expenses. A total of 1 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

ROBERT E. LIST COMPANY
340 ROYAL POINCIANA WAY
PALM BEACH FL 33480
561-655-7150

who is the plan sponsor.

The charge to cover copying costs will be \$.45 for the full annual report, or \$.15 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompaning notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying costs of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report

at the main office of the plan:

340 ROYAL POINCIANA WAY PALM BEACH FL 33480

and at the U.S. Department of Labor in Washington, DC. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, Room N-1513 Employee Benefits Security Administration U.S. Department of Labor, 200 Constitution Avenue, N.W. Washington, D.C. 20210