## 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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance witl	h the instructions to the Form 550	0-SF.		•		
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α.	Γhis return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant 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 mor	nths)				
C Check box if filing under: Form 5558 automatic extension			extension		DFVC progra	am			
		special extension (enter descripti	on)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
CHU	RCH & CO. (USA), LTD PROFI	T SHARING 401(K) PLAN				plan number	002		
					1.0	(PN)	· Carlan		
					10	Effective date of 01/01/2			
		ess (employer, if for single-employer	r plan)		2b		ification Number		
CHU	RCH & CO. USA, LTD				0-	(EIN) 13-610			
610 V	V 52ND ST FL 5				<b>2c</b> Plan sponsor's telephone number 212-445-8504				
NEW	YORK, NY 10019-5013				2d	Business code	(see instructions)		
					-	448210			
CHU	Plan administrator's name and RCH & CO. USA, LTD	address (if same as Plan sponsor, 6 610 W 52NE	ST FL 5	,	3D	Administrator's 13-610			
		NEW YORK	i, NY 10019	1-5013	3с	<b>3c</b> Administrator's telephone number			
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN	5-8504		
ı	name, EIN, and the plan numbe	r from the last return/report. Sponse	or's name						
		000000000000000000000000000000000000000				PN			
		the beginning of the plan year			5a				
		the end of the plan year			5b		14		
С	• •	ith account balances as of the end c		•	5c		9		
6a	Were all of the plan's assets of	luring the plan year invested in eligit	ole assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI			— — — Na		
	•			ons.)			^ Yes ∐ No		
Pa	rt III Financial Informa		·0//// 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) En-	l of Voca		
, a	Total plan assets		7a	(a) Beginning of Year 563593	(b) End of Year		582827		
				C	)		0		
		7b from line 7a)		563593	3		582827		
8	Income, Expenses, and Transf	·		(a) Amount		(b)	Total		
а	Contributions received or received			7082	,				
					_				
	, ,			14636	_				
L		)	` '	50325	_				
	` ,			30323	,		72043		
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	8c				72043		
u	. \		8d	50843	3				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	C	_				
f	Administrative service provider	rs (salaries, fees, commissions)	8f	1966					
g	Other expenses		8g	C	)				
h		8e, 8f, and 8g)					52809		
i		e 8h from line 8c)					19234		
i	Transfers to (from) the plan (se	ee instructions)	8i		)				

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ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characeter 2F 2G 2J 2K 2T 3D	acteris	tic Co	des in th	ne instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in th	e instructions:
ırt	V Compliance Questions				
)	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		500000
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		X	
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		645
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.)	10a	X		6819
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
rt	VI Pension Funding Compliance				

11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho 5500))	edule SB	(Form	Ye	s	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of I	ERISA?	Ye	s 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 instructions, and granting the waiver				_	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	١	N/A

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

13a	A Has a resolution to terminate the plan been adopted during the plan year or any prior year?					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	<b>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	C 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.)					
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

**Plan Terminations and Transfers of Assets** 

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/12/2011	SHARON GROVER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/12/2011	SHARON GROVER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor