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).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	1
		lentification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
_		an amended return/report	short plan	year return/report (less than 12 mo	nths)	
_	L 	╡ '				□ DEVC program
C	Check box if filing under:	Form 5558		extension		DFVC program
		special extension (enter description	,			
Pa	rt II Basic Plan Inforr	nation—enter all requested informa	ation			
	Name of plan				1b	Three-digit
L.D.	PEARSON & SON, INC. DEFIN	ED BENEFIT PENSION PLAN				plan number 001
					10	(PN)
					10	Effective date of plan 01/01/1988
2a	Plan enoneor's name and addr	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number
	PEARSON & SON, INC.	ess (employer, il for single employer	piarij			(EIN) 61-0304340
					2c	Plan sponsor's telephone number
	BRECKENRIDGE LANE SVILLE, KY 40207					502-896-0349
200	OVILLE, ICT 40207				2d	Business code (see instructions) 812210
20	Diam administratoria nama and	address (if ages as Diag areas as	-t "C	. "	2h	Administrator's EIN
L.D.	PEARSON & SON, INC.	address (if same as Plan sponsor, er 149 BRECKE	NRIDGE	LANE	30	61-0304340
		LOUISVILLE	, KY 4020	7	3c	Administrator's telephone number
						502-896-0349
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		4c	DN
52	Total number of participants at	the beginning of the plan year				5
					5a	0
b		the end of the plan year			5b	0
С		ith account balances as of the end of		•	5c	
60	•					X Yes No
	· ·	luring the plan year invested in eligibl ne annual examination and report of a		,		
		See instructions on waiver eligibility a				Yes No
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Informa	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	1187963	3	0
b	Total plan liabilities		7b)	0
С	Net plan assets (subtract line 7	7b from line 7a)	7c	1187963	3	0
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or received			(1)		(1)
	(1) Employers		8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)		8b	83800	כ	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			83800
d		rollovers and insurance premiums		4202406		
	to provide benefits)		. 8d	1263408	_	
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e			
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f			
g	Other expenses		. 8g	8355	5	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			1271763
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			-1187963
		ee instructions)				

|--|

Part IV	Plan	Charac	teristics
гант	г ган	Gilaiau	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	IT THE	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	ine instr	uctions		
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Ame	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 line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					180000
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	insı	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 tructions.)	10e		X				
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 year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance			<u>I</u>				
1	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•	X	Yes	П No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_			01 56	CHOIT	302 UI	LNISA		100	□ 140
а		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 instruc	ctions.	and e	enter th	e date d	of the le	tter ruli	na
	grai	nting the waiverMon	th						
If y	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			400				
b	Ent	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d	neg	etract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		-	12d		П.		7
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				1	X	Yes	No
		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 the 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 t <mark>t</mark> ch assets 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.	l		
Inde B o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/	urn/rep	oort, ir	cludin	g, if app			
elie		strue, correct, and complete.							
SIGI	N	illed with authorized/valid electronic signature. 04/13/2011 ROBERT BESSE	:N						

SIGN	Filed with authorized/valid electronic signature.	04/13/2011 ROBERT BESSEN					
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				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

	FEIR	51011	Delle	ill Guaranty Corpo	Tation		*		hment to Form	5500 or	5500-	-SF.						
Fo	r cale	enda	ar p	lan year 2010	or fiscal plan y	ea	r beginning 01	1/01/2010	0			and end	ing 12/	31/20	10			
					earest dollar.													
					000 will be ass	es	sed for late filing o	f this rep	ort unless reas	onable ca	1	s establish	ed.			ı		
	Nam				DEFINED BE	ΝF	FIT PENSION PLA	AN			В	Three-dig	•				001	
						_						plan num	ber (PN)	<u> </u>			
С	Plan	spc	onso	r's name as sl	hown on line 2	a c	f Form 5500 or 550	00-SF			D	Employer	Identifica	ation N	Number	(EIN)		
				I & SON, INC.							61-	-0304340						
E	Гуре	of p	olan:	X Single	Multiple-A		Multiple-B		F Prior year pla	an size: X	100	or fewer	101-	500	More	than 50)0	
Р	art I		R	asic Inform	ation					_			_	_	_			
1				valuation date		Λo	nth 12 D	Day31	1Year 1	2010								
2		set		Taidailoii dato	·						_							
	а			et value									2a					1200784
	b	Α	ctua	arial value									2b					1200784
3	Fu	ndi	ng t	arget/participa	nt count break	do	wn			(1) N	umbe	er of partici	pants		(2)	Fundii	ng Targe	et
	а		-				aries receiving pay	ment	3a	()			1				3 . 3.	590532
	b												()				C
	С			active participa														
									3c(1)									C
		•	•						- :-:									740097
		•	•						2 (2)				4	ļ.				740097
	d	•	•										5	5				1330629
4	If t	he	plan	is at-risk, che	ck the box and	C	omplete items (a) a	and (b)			П							
	а						ed at-risk assumpt						4a					
	b			0 0	0 0.		mptions, but disre											
				0 0	•		e years and disreg			•			4b					
5	Eff	ect	ive i	nterest rate									5					5.75 %
6	Ta	rge	t no	rmal cost									6					0
Sta	teme	nt	by E	Enrolled Actu	ary													
							this schedule and accom inion, each other assum											
	combi	natio	on, of	fer my best estimat	te of anticipated exp	erie	ence under the plan.											
;	SIG	N																
H	IER	Ε									_	-			04/11/2	2011		
					Signa	tur	e of actuary								Date			
ROI	BER1	JI	BES	SEN							_				11-04	515		
					Type or pr	int	name of actuary						Most	recen	t enrollm	nent nu	ımber	
BES	SEN	IAC	CTU	ARIAL SERVI	CES INC						_				480-502	-3900		
D0	DOM	4.4	000		F	irr	n name					Te	elephone	num	ber (incl	uding a	area cod	e)
	BOX OTTS			AZ 85267-428	36													
			,															
					Add	res	s of the firm				-							
I£ tr				o not fully as fi				lante di	adoutho statut	in agent		thio oct cal	- حام مار	l. 4l '	hav ==-1			
if the	acti	uary	y na	s not fully refle	ected any regu	atı	on or ruling promul	gated un	naer the statute	in comple	eting t	ınıs schedu	iie, chec	k tne	box and	see		

Page	2-	1
ago	_	•

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances								
	,			-			(a) (Carryover balance		(b) F	Prefundir	ng balance		
7		•	0 , ,		icable adjustments (Item 13				33394			61973		
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0		
9	Amount	remainir	ng (Item 7 minus i	tem 8)					33394			61973		
10	Interest	on item	9 using prior year	's actual re	eturn of12.99 %				4338			8050		
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Exce	ss contr	ibutions (Item 38	from prior	year)					30243				
					e rate of%							0		
					year to add to prefunding bala							30243		
	_		0 0	•	balance							30243		
12				_	eemed elections				1077			0		
									36655			100266		
	Part III Funding percentages													
											14	79.36 %		
14											15	79.36 %		
	16. Dries words funding a grounding for a way and of determining whether compared under helping a may be used to reduce													
current year's funding requirement										16	81.86 %			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	art IV	Con	tributions and	d liquidi	ity shortfalls									
18	18 Contributions made to the plan for the plan year by employer(s) and employees:													
(N)	(a) Date		(b) Amount page employer((c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(-	(0	•	nt paid by		
(10	IIVI-DD-1 I	11)	cmployen	(3)	cinployees	(IVIIVI)	,	chiployer(3)	employees				
						Totals ▶	18(b)		0	18(c)		0		
40							, ,			10(0)				
19					structions for small plan with			Г						
	-				nimum required contribution			•	19a					
	b Contributions made to avoid restrictions adjusted to valuation date													
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20			outions and liquidit	-							<u> </u>	🗖		
	a Did the plan have a "funding shortfall" for the prior year?													
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current year	r made in a t	timely man	ner?			X	Yes No		
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap									
		(1) 1-	×+		Liquidity shortfall as of e	nd of Quarter			1		(1) 1+h			
		(1) 1s	ot .		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>		

Pa	rt V Assumptio	ns used to determine f	funding target and targe	et normal cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.48 %	2nd segment: 6.20 %	3rd segment 6.42 %		N/A, full yield curve used		
	b Applicable month	(enter code)			. 21b	2		
22	Weighted average ret	irement age			. 22	66		
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitut	e		
Pa	rt VI Miscellane	ous items						
24	Has a change been m	nade in the non-prescribed act	tuarial assumptions for the curre	• •		· · · · · · · · · · · · · · · · · · ·		
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	ons regarding required attac	chment	Yes No		
			Participants? If "Yes," see inst					
27	If the plan is eligible for	or (and is using) alternative fu	nding rules, enter applicable co	de and see instructions	27			
Pa			ım required contributio		1			
28		•	ears		. 28			
29	<u> </u>		d unpaid minimum required con		+			
	' '		unpaid minimum required con	' '	. 29			
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item :	29)	. 30	0		
Pa	rt VIII Minimum	required contribution	for current year					
31	Target normal cost, a	djusted, if applicable (see inst	ructions)		. 31	0		
32	Amortization installme	ents:	·	Outstanding Bal	ance	Installment		
	a Net shortfall amorti	ization installment			271187	49914		
	b Waiver amortizatio	on installment						
33	If a waiver has been a	approved for this plan year, en Day Year	ter the date of the ruling letter of the maived amount	ranting the approval	33			
34	• •	0,	er/prefunding balances (item 31		34	49914		
			Carryover balance	Prefunding bala	ance	Total balance		
35	Balances used to offs	et funding requirement	387	763	11151	49914		
36	Additional cash requir	rement (item 34 minus item 35	5)		36	0		
37								
38	Interest-adjusted exce	ess contributions for current ve	ear (see instructions)		. 38	0		
39			ear (excess, if any, of item 36 o		. 39	0		
40		uired contribution for all years			40	0		

Schedule SB - Item 26 - Schedule of Active Participant Data

Years of Credited Service

Attained Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +
Under 25										
25 to 29										
30 to 34										
35 to 39				1						
40 to 44										
45 to 49										
50 to 54										
55 to 59				1			1			
60 to 64										1
65 to 69										
70 and up										

L.D. Pearson & Son, Inc. Defined Benefit Pension Plan

For Plan Year Ending December 31, 2010

IV. Summary of Actuarial Assumptions and Methods

Interest and Post-Retirement Mortality Assumptions:

For PPA Funding:

- 1. Interest rates: Segment 1 4.48%; Segment 2 6.20%; Segment 3 6.42%
- 2. Post-retirement mortality table: RP2000 Combined Healthy Male (2010)

For Actuarial Equivalent:

- 1. Interest rates: Pre-retirement PPA Funding Segment rates; Post-retirement 7.50%
- 2. Post-retirement mortality table: 1983 Individual Annuity Female

For 417(e):

- 1. Interest rates: Segment 1 3.13%; Segment 2 5.07%; Segment 3 5.50%
- 2. Post-retirement mortality table: 2010 Applicable Mortality Table from Rev. Rul. 2007-67

General Assumptions:

3. Retirement age Age 65, or the fifth anniversary of Plan entry, if later.

4. Assumed form of benefit Life annuity

General Pre-retirement Assumptions:

5.	Early Retirement rates	None assumed
6.	Mortality rates	None assumed
7.	Separation, Disability rates	None assumed
8.	Salary increase rate	None assumed

Calculated Assumption:

9. Effective Interest Rate 5.75% per annum

Valuation Date: December 31, 2010

Actuarial Value of Assets:

Market value of assets

L.D. Pearson & Son, Inc.
Defined Benefit Pension Plan

For Plan Year Ending December 31, 2010

Attachment to Form 5500, Schedule SB, Line 25 – Change in Method

Changes have been made to the plan's funding methods, applicable for the 2008, 2009 or 2010 plan years for which Internal Revenue Code §430 applies. Further, such changes are not inconsistent with the requirements of Internal Revenue Code §430.

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.

	art I	Annual Report Identification Information							
For	calenda	r plan year 2010 or fiscal plan year beginning	01/01/2	010	and ending		12/31/2010		
Α	This retu	ırn/report is for: X single-employer plan	multiple-	employer plai	n (not multiemployer)		one-participant plan		
		urn/report is for: first return/report	X final retui	n/report					
_		an amended return/report	short plan	vear return	report (less than 12 mo	nths)			
_	Chook h	H_ '	≓ `	extension	roport (roos aran r= mo	,	DFVC program		
C	Check b			CALCITISION			_ bi vo program		
_	4 11	special extension (enter descrip							
	art II	Basic Plan Information—enter all requested infor	mation			415	-		
Ίа	Name o	of plan Pearson & Son, Inc.				10	Three-digit plan number		
		·					(PN) ▶ 001		
	Deiir	ned Benefit Pension Plan				1c	Effective date of plan		
						01/01/1988			
2a	Plan sp	onsor's name and address (employer, if for single-employer Pearson & Son, Inc.	er plan)			2b	Employer Identification Number		
	ш.р.	realson & Son, Inc.					(EIN) 61-0304340		
						2C	Plan sponsor's telephone number (502)896-0349		
	149 E	Breckenridge Lane				2d	Business code (see instructions)		
	Louis	sville		KY	40207		812210		
3a	Plan ad	lministrator's name and address (if same as Plan sponsor,	enter "Sam	e")		3b	Administrator's EIN		
						2-			
						30	Administrator's telephone number		
4	If the nar	me and/or EIN of the plan sponsor has changed since the	ast return/re	port filed for	this plan, enter the	4b	EIN		
	name, E	IN, and the plan number from the last return/report. Spons	sor's name			40	DNI		
F 0	Tatalia					4c	PN .		
_		umber of participants at the beginning of the plan year				5a			
		umber of participants at the end of the plan year				5b			
С		umber of participants with account balances as of the end ete this item)				5c			
62		all of the plan's assets during the plan year invested in elig					X Yes No		
		u claiming a waiver of the annual examination and report of							
		29 CFR 2520.104-46? (See instructions on waiver eligibilit					X Yes No		
		answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and mus	t instead use Form 55	00.			
Pa	art III	Financial Information							
7	Plan A	ssets and Liabilities		(a)	Beginning of Year		(b) End of Year		
		lan assets			1,187,96	53	(
b	Total p	lan liabilities	7b			0	(
С	Net pla	n assets (subtract line 7b from line 7a)	7с		1,187,96	53	(
8	Income	e, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total		
а		outions received or receivable from:	0-(4)						
		nployers				-			
	` ,	rticipants	- · ·			-			
L	` '	ners (including rollovers)	` '		02.00) ()			
b		ncome (loss)			83,80	70	92 90		
c d		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)s s paid (including direct rollovers and insurance premiums	<u>8c</u>				83,800		
u		ide benefits)	8d		1,263,40	8(
е	Certain	n deemed and/or corrective distributions (see instructions).	8e						
f	Admini	strative service providers (salaries, fees, commissions)	8f						
g	Other 6	expenses	8g		8,35	55			
h		xpenses (add lines 8d, 8e, 8f, and 8g)					1,271,763		
i		come (loss) (subtract line 8h from line 8c)					(1,187,963		
j		ers to (from) the plan (see instructions)							
•		k Paduation Act Nation and OMP Control Numbers, see the instruc	oj .	l			Form 5500 SE (2010)		

Form 5500-SF 2010 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1**G** b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Χ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b Was the plan covered by a fidelity bond? 10c Χ 180,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Χ or dishonesty?..... 10d 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 10e X instructions.) Has the plan failed to provide any benefit when due under the plan? 10f Х 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.) X 10h 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 Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 instructions, and enter the date of the letter ruling If 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 C Enter the amount contributed by the employer to the plan for this plan year..... 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 12d e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes Νn 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 No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... 13a 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.... X Yes No 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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 Robert S. Pearson SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator <u>4.12.11</u> Robert S. Pearson SIGN HERE (Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

L.D. Pearson & Son, Inc. Defined Benefit Pension Plan

For Plan Year Ending December 31, 2010

VI. Shortfall Amortization

	Number of Future		Value of Future
<u>Year</u>	<u>Installments</u>	<u>Installment</u>	<u>Installments</u>
Six Years Prior	1	\$0	\$0
Five Years Prior	2	0	0
Four Years Prior	3	0	0
Three Years Prior	4	0	0
Two Years Prior	5	0	0
One Year Prior	6	36,166	188,333
Current Year	7	13,748	82,854
Total		\$49,914	\$271,187

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

OMB No. 1210-0110

2010

This Form is Open to Public

Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Compration Internal Revenue Code (the Code).							
File as an attachment to Form 5500 or 5500-SF.								
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							31/2010	
Round off amounts to nearest do								
Caution: A penalty of \$1,000 will be	assessed for late filing of thi	s report u	ınless reas	nable ca	use is established	١.		
A Name of plan					B Three-digit			
					plan number (PN)		•	001
					1 1	. (177)		
L.D. Pearson & Son, Inc			ion Pla	n				
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-5	SF			D Employer Id	entifica	tion Number	(EIN)
L.D. Pearson & Son, Inc					61 00040			
		Te :		. 5	61-03043			
	e-A Multiple-B	- IF F	rior year pla	n size: X	100 or fewer	101-5	00 More	than 500
Part I Basic Information	Month 12 Day	21		2010				
1 Enter the valuation date: 2 Assets:	Month 12 Day	31	Year_	2010				
_						_2a		1,200,784
						2b		1,200,784
3 Funding target/participant count b	reakdown			(1) No	umber of participa	nts	(2)	Funding Target
a For retired participants and b	eneficiaries receiving paymen	nt	3a			1		590,532
b For terminated vested partici	pants		3b			0		(
c For active participants:		•						
, ,		1	3c(1)				<u> </u>	
			3c(2)	5.4				740,09
.,		}				4		
								740,097
d Total								
4 If the plan is at-risk, check the box	and complete items (a) and ((b)		• • • • • • • • • • • • • • • • • • • •	U ,			
a Funding target disregarding p	rescribed at-risk assumptions	S				4a		
	sk assumptions, but disregard					4b	ł	
	secutive years and disregardi					_		
5 Effective interest rate						5		5.75 %
6 Target normal cost						6		
Statement by Enrolled Actuary								
To the best of my knowledge, the information su accordance with applicable law and regulations, combination, offer my best estimate of anticipate	In my opinion, each other assumption	ing schedule is reasonabl	es, statements le (taking into a	and attachme ccount the e	ents, if any, is complete xperience of the plan ar	and accu nd reason	rate. Each prescr able expectations	ibed assumption was applied in) and such other assumptions, in
	na ampaniona ana ana pian	_						
SIGN DO H							10/11	
HERE Cabut	siste					4	[11]	
	ignature of actuary						Date	
Robert J Bessen							11-045	15
Туре	or print name of actuary					Most r	ecent enrollm	nent number
Bessen Actuarial Services Inc					(480) 502-3900			
PO Box 14286 Firm name Telephor					ephone	number (incl	uding area code)	
Scottsdale		Z 852	67-4286	·	_			
	Address of the firm							
If the actuary has not fully reflected any instructions	egulation or ruling promulgate	ed under	the statute	in comple	ting this schedule	, check	the box and	see
For Paperwork Reduction Act Notice	and OMB Control Numbers.	see the	instruction	s for For	m 5500 or 5500-	SF.	Sched	ule SB (Form 5500) 201

age :	2-	
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Schedule SB (Form 5500) 2010

Pa	rt II	Begir	ning of year	carryov	er and prefunding b	balances						
						(a) Carryover balance			(b) Prefunding balance			
7	7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)							,394	61,97		61,973	
8										0		
9	Amoun	t remaini	ng (Item 7 minus i	tem 8)				33	,394			61,973
10	Interest	t on item	9 using prior year	s actual re	eturn of <u>12.99</u> %			4	,338			8,050
11	Prior ye	ear's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Excess contributions (Item 38 from prior year)									30,243		
	b Inte	erest on (a	a) using prior year'	s effective	rate of%							0
	C Tota	al availabl	le at beginning of c	urrent plan	year to add to prefunding b	oalance						30,243
	d Por	tion of (c)) to be added to pr	efunding b	oalance							30,243
12	Reduct	tion in bal	lances due to elec	tions or de	emed elections			1	,077			0
13	Balance	e at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - ite	em 12)		36	,655			100,266
P	art III	Fun	ding percenta	ages								
14	Fundin	_									14	79.36 %
											15	79.36 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce							81.86 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage						%					
P	Part IV Contributions and liquidity shortfalls											
	18 Contributions made to the plan for the plan year by employer(s) and employees:											
	(a) Dat	te	(b) Amount p	aid by	(c) Amount paid by	(a) [(b) Amount pa		(0		nt paid by
(IV	IM-DD-Y	YYY)	employer	(S)	employees	(MM-DL)-YYYY)	employer(S)		empi	oyees
						_						
	T-(-1> 40(-)						0					
10	Totals ► 18(b) 0 18(c) 0 19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:											
19		-	-		•			I	19a			
	· · · · · · · · · · · · · · · · · · ·											
	· · · · · · · · · · · · · · · · · · ·											
20	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?											
									: :			
	C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of Quarter of this plan year											
		(1) 19	st		(2) 2nd	a cha di Qualt	(3) 3rd (4) 4th			า		

_	()/ A ()							
		ns used to determine t	funding target and target	normal cost				
21	Discount rate: a Segment rates:	1st segment: 4.48 %	3rd segment: 6 . 42 %		N/A, full yield curve used			
	b Applicable month (enter code) 6.20 % 6.42 % 21b							
22	Weighted average ret	tirement age			22	66		
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pr	escribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous items						
24	•	· ·	tuarial assumptions for the curren			· · · ¬ ¬		
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required attac	hment	X Yes No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment	Yes X No		
27	If the plan is eligible for regarding attachment	or (and is using) alternative fu	nding rules, enter applicable code	e and see instructions	27			
Pa	rt VII Reconcilia	ation of unpaid minimu	um required contribution	s for prior years				
28	Unpaid minimum requ	uired contribution for all prior y	ears		28			
29	, ,		d unpaid minimum required contri	1 7	29			
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item 29)	30	C		
Pa	rt VIII Minimum	required contribution	for current year					
31	Target normal cost, a	djusted, if applicable (see insti	ructions)		31	C		
32	Amortization installme	ents:		Outstanding Bala	ince	Installment		
	a Net shortfall amorti	ization installment		2	71,187	49,914		
	b Waiver amortization installment							
33	If a waiver has been a (Month	approved for this plan year, en Day Year	nter the date of the ruling letter gra	anting the approval	33			
34	0 1	0 3	er/prefunding balances (item 31 +		34	49,914		
			Carryover balance	Prefunding balar	nce	Total balance		
35	Balances used to offs	set funding requirement	38,76	3	11,151	49,914		
36	Additional cash requir	rement (item 34 minus item 35	36	C				
37		· ·	ontribution for current year adjust		37	C		
38						C		
39								
40								

L.D. Pearson & Son, Inc. Defined Benefit Pension Plan

For Plan Year Ending December 31, 2010

III. Summary of Principal Plan Provisions

- A. Plan Year: January 1 December 31.
- B. Eligibility: Completion of 1 year of service, or age 21, if later.
- C. Entry Date: The first January 1st or July 1st following satisfying Eligibility.
- D. Average Annual Compensation: The highest average 3 consecutive Plan Years of compensation, since the date of hire.
- E. Benefit Accrual Service: One year is credited for each Plan Year since the date of hire in which the employee works at least 1,000 hours.
- F. Normal Retirement Age: Age 65, or the fifth anniversary of Plan entry, if later.
- G. Early Retirement Age: not applicable
- H. Retirement Benefit Formula: 0.0% of Average Annual Compensation multiplied by years of Benefit Accrual Service.
- I. Accrued Benefit: The Retirement Benefit, based on Average Annual Compensation and years of Benefit Accrued Service as of the date of determination of the Accrued Benefit.
- J. Normal Form of Benefit: Life annuity.
- K. Actuarial Equivalent Rates: Basis for converting the Retirement Benefit (or Accrued Benefit) to an alternative Form of Benefit:

	Interest Rates	Mortality Table
Pre-Retirement:	7.50% per annum	None
Post-Retirement:	7.50% per annum	1983 Individual Annuity - Female

L. Vesting: Top-Heavy 2/20% Schedule, based on 1,000 hours and service from Effective Date.

L.D. Pearson & Son, Inc. Defined Benefit Pension Plan

> For Plan Year Ending December 31, 2010

Attachment to Form 5500, Schedule SB, Line 22 - Weighted Average Retirement Age

Each participant is assumed to retire at his/her normal retirement age.