## 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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 12/31/200	9	and ending 1	2/30/2	2010
Α.	This return/report is for:	x 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 plar	year return/report (less than 12 mor	nths)	
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program
	<b>3</b> · · ·	special extension (enter description	on)			
Ds	rt II Basic Plan Infor	mation—enter all requested inform				
	Name of plan	mation—enter all requested inform	iation		1h	Three-digit
	ISTREAM HOLDING CORPOR	RATION PENSION PLAN				plan number
						(PN) • 001
					1c	Effective date of plan
						12/31/1981
	•	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number
MER	ISTREAM HOLDING CORPOR	RATION			20	(EIN) 11-2296380
384 1	(IRKMAN AVENUE				20	Plan sponsor's telephone number 516-285-5592
	ONT, NY 11003				2d	Business code (see instructions)
						339900
		address (if same as Plan sponsor, e			3b	Administrator's EIN
MEK	ISTREAM HOLDING CORPOR	RATION 384 KIRKMA ELMONT, N		E	20	11-2296380
					30	Administrator's telephone number 516-285-5592
4	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
		er from the last return/report. Sponso		•		
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	2
b	Total number of participants a	t the end of the plan year			5b	2
С		rith account balances as of the end o			5c	
	,					X Yes No
		during the plan year invested in eligible the annual examination and report of				
D		(See instructions on waiver eligibility				X Yes No
		ner 6a or 6b, the plan cannot use F				
Pa	rt III   Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	206747	7	215743
b	Total plan liabilities		. 7b		)	0
С	Net plan assets (subtract line	7b from line 7a)	. 7c	206747	7	215743
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece	ivable from:				
	`, , ,			272	2	
	(2) Participants		. 8a(2)	C	)	
	(3) Others (including rollovers	3)	. 8a(3)	(	)	
b	Other income (loss)		. 8b	8996	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			9268
d		rollovers and insurance premiums	8d			
е		tive distributions (see instructions)		(	)	
f		rs (salaries, fees, commissions)				
g				272	_	
h	·	8e, 8f, and 8g)		dan 1 da		272
i		e 8h from line 8c)				8996
i		ee instructions)		(		3000
		,				

Dort IV	Dian	Charac	teristics
Part IV	Plan	Charac	`teristics

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

1A 1G

D	if th	le plan provides welfare benefits, enter the applicable welfare featur	re codes from the i	list of Pian Charact	eris	iic Co	des in	tne instru	ctions:			
art	٧	Compliance Questions										
0	Du	ring the plan year:				Yes	No		Amo	unt		
а		as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			0a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do		·	0b		X					
С	W	as the plan covered by a fidelity bond?		1	0с		X					
d		d the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?			0d		X					
е	ins	ere any fees or commissions paid to any brokers, agents, or other per surance service or other organization that provides some or all of the structions.)	e benefits under the	e plan? (See	0e		X					
f	На	s the plan failed to provide any benefit when due under the plan?		1	0f		X					
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	1	0g		X					
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)	9 CFR	0h		X						
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3		l0i								
art	۷I	Pension Funding Compliance										
1												
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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 instructions, and enter the date of the letter ruling granting the waiver											
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day		roui			
b	Ent	ter the minimum required contribution for this plan year					12b					
С	Ent	ter the amount contributed by the employer to the plan for this plan y	year				12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the rgative amount)	•	-			12d					
е	Wil	I the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	o N/A		
art	VII	Plan Terminations and Transfers of Assets										
3a	Ha	s a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?		<u>-</u>				Yes X No		
		Yes," enter the amount of any plan assets that reverted to the emplo					13a					
b	of t	ere all the plan assets distributed to participants or beneficiaries, tran								Yes X No		
С		during this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	pla	n(s) to	1					
1	3c(1	1) Name of plan(s):				13	c(2) El	N(s)	1	<b>3c(3)</b> PN(s)		
		A penalty for the late or incomplete filing of this return/report v							1. 1	0.1		
Во	r Ścl	enalties of perjury and other penalties set forth in the instructions, I do hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.										
SIGI	N F	Filed with authorized/valid electronic signature.	04/20/2011	JOHN BURY								
J. G	<u>.</u> +											

SIGN	SIGN	Filed with authorized/valid electronic signature.	04/20/2011	JOHN BURY
	HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN				
LIEDE		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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2009

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						File as an attach		3300 OI			40/00/2	040		
					year beginning	12/31/2009			and	l ending	12/30/2	:010		
				nearest dollar										
•	Caut	ion: A	penalty of \$1	,000 will be as	sessed for late	e filing of this repo	ort unless reas	onable ca	ause is esta	blished.				
A I ME	Name RISTI	of pla	n HOLDING CO	ORPORATION	I PENSION PL	_AN				e-digit numbe	r (PN)	•	001	
					2a of Form 550	00 or 5500-SF			<b>D</b> Empl	oyer Ide	entification	Number	(EIN)	
ME	RISTI	REAM	HOLDING CO	ORPORATION					11-2296	380				
E	уре о	of plan:	X Single	Multiple-A	Multiple-B	. F	F Prior year pla	an size:	X 100 or fev	ver	101-500	More	than 500	
Pá	art I	Ba	asic Inform	nation										
1			valuation date		Month 12	Day <u>30</u>	Year	2010						
2		sets:		<u></u>					_					
	а		et value							Г	2a			215743
	b	Actua	arial value								2b			215743
3	Fur			ant count break				(1) N	Number of p	articipai	nts	(2)	Funding Tar	aet
	а	For r	etired particip	ants and bene	eficiaries receiv	ing payment	3a	( )			0	. ,		0
	b										1			19371
	С		active participa											
							3c(1)							0
		(2)	Vested benef	fits			2 (2)							130871
		` ,					2 (2)				1			130871
	d	` '									2			150242
4	If th	ne plan	is at-risk, che	eck the box an	d complete iter	ms (a) and (b)								
	а	•	•		·	assumptions			ш	Г	4a			
	b	Fund	ing target refle	ecting at-risk a	ssumptions, b	ut disregarding trading disregarding loa	ansition rule fo	r plans th	nat have be	en	4b			
5	Fffe				•		<u> </u>				5			6.00 %
6											6			3741
			Enrolled Actu											
	To the accord	best of nance with	ny knowledge, the n applicable law ar	information supplied in the su		and accompanying school ner assumption is reason plan.								
	IGN ER								_			02/25/2	2011	
				Sign	ature of actuar	ту						Date		
JOH	N M.	BURY	, EA									08-04	183	
BUR	Y & /	ASSO	CIATES, INC.	Type or p	rint name of ac	ctuary					Most rece	ent enrolln 973-783	nent number -4477	
06.5		0.75			Firm name					Tele	phone nu	mber (incl	uding area co	ode)
		STRE AIR, N	ЕТ Ј 07042											
				Add	dress of the firm	m								
	actu		s not fully refle	ected any regu	ulation or ruling	g promulgated und	der the statute	in compl	eting this so	hedule,	check the	e box and	see	

!-1
!- 1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances							
	,						(a)	Carryover balance		(b) l	Prefundi	ng balance	
7		_	•		icable adjustments (Item 13				0			0	
8	Portion (	used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0	
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0	
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0	
11					d to prefunding balance:								
	<b>a</b> Exce	ss contr	ributions (Item 38	from prior	year)					0			
	<b>b</b> Intere	est on (a	a) using prior year	's effective	e rate of					0			
					year to add to prefunding bala					0			
	_			•	balance					0			
12				_	eemed elections				0			0	
13					+ item 10 + item 11d – item				0			0	
	art III		ding percenta	·		,			ı				
14	Funding		<u> </u>								14	143.60 %	
15					ge						15	149.84 %	
16	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether car	ryover/prefu	ınding bala	nces may be used			16	149.84 %	
17					is less than 70 percent of the						17	%	
	art IV				<u>.</u>		<u> </u>	<u> </u>		L	Į.		
	Part IV Contributions and liquidity shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:												
	(a) Date		(b) Amount p		(c) Amount paid by	(a) [	Date	(b) Amount pa	aid by	(0	c) Amou	int paid by	
(N	IM-DD-YY	YY)	employer	(s)	employees	(MM-DD	)-YYYY)	employer(	s)	employees			
											1		
						Totals ►	18(b)			18(c)			
19	Discount	ed emp	loyer contributions	s – see ins	structions for small plan with	a valuation	date after t	he beginning of the	e year:				
	<b>a</b> Contri	butions	allocated toward	unpaid mir	nimum required contribution	from prior ye	ears		19a			0	
	<b>b</b> Contri	butions	made to avoid res	strictions a	djusted to valuation date				19b			0	
	<b>C</b> Contri	outions a	allocated toward mi	inimum req	uired contribution for current y	ear adjusted	d to valuation	n date	19c			0	
20	Quarterly	contrib	outions and liquidit	ty shortfall:	s:								
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No	
	<b>b</b> If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current yea	ar made in a	timely mar	nner?				Yes No	
	<b>C</b> If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:							
				1	Liquidity shortfall as of e	nd of Quarte	er of this pla	an year	1				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1	
				i		1			1				

Pa	rt V Assumptio	ns used to determine f	unding target and targ	jet no	rmal cost						
21	Discount rate:										
	<b>a</b> Segment rates:	1st segment: 2.35 %	2nd segment: 5.57 %		3rd segment: 6.29 %	)	N/A, full yiel	d curve (	used		
	<b>b</b> Applicable month	(enter code)				21b					
22	Weighted average ret	irement age				22			65		
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescri	bed - separate	Substitut	te				
Pa	rt VI Miscellane	ous items	_			<del></del>					
24		nade in the non-prescribed act	uarial assumptions for the cur	rent pla	n vear? If "Yes." see	instructions	regarding require	ed			
					-		· · · · ·	Yes	X No		
25	Has a method change	been made for the current pla	an year? If "Yes," see instruct	tions reg	garding required attac	hment		Yes	No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	struction	ns regarding required	attachment	·	Yes	No		
	If the plan is eligible for	or (and is using) alternative fur	nding rules, enter applicable c	ode and	I see instructions	27	<u>L</u>	<u>.</u>			
_						1					
	•	ation of unpaid minimu									
		uired contribution for all prior ye				28			0		
29		contributions allocated toward			' '	29	0				
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	1 29)		30			0		
Pa	rt VIII Minimum	required contribution t	for current year								
31		djusted, if applicable (see instr				31					
32	Amortization installme	ents:	,		Outstanding Bala	ance	Install	ment			
	a Net shortfall amorti	ization installment			<del>-</del>	0			0		
	<b>b</b> Waiver amortizatio	n installment				0			0		
33	If a waiver has been a	approved for this plan year, en	ter the date of the ruling letter	grantin		33					
	(Month	Day Year	) and the waived amou	ınt					0		
34	• .	nent before reflecting carryove				34			0		
			Carryover balance		Prefunding bala	nce	Total b	alance			
35	Balances used to offs	et funding requirement		0		0			0		
36		rement (item 34 minus item 35	i)			36			0		
37		d toward minimum required co				37			-		
	(Item 19c)								0		
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0				
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over ite	m 37)	39	0				
40	Unpaid minimum requ	uired contribution for all years.				40			0		

## 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).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

	File as an attachme	ent to Form	5500 or 5	500-SF.			
For	calendar plan year 2009 or fiscal plan year beginning 12/31/2009			and endir	ng 12/30/2	2010	
	Round off amounts to nearest dollar.						
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	onable cau	se is establishe	<u>.</u>		
	lame of plan RISTREAM HOLDING CORPORATION PENSION PLAN			B Three-digi plan numb		<b>&gt;</b>	001
C 1	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D. Employeesis	lantification	a Niumah au /	FINI\
	RISTREAM HOLDING CORPORATION			D Employer lo	ienuncauoi	i Number (	EIIN)
Ет	ype of plan: Single Multiple-A Multiple-B	Prior year pla	an size: 🛛	100 or fewer	101-500	☐ More t	han 500
Pa	rt I Basic Information						
1	Enter the valuation date: Month 12 Day 30	Year 2	2010				
2	Assets:						
	a Market value				. 2a		215743
	b Actuarial value				2b		215743
3	Funding target/participant count breakdown	(1) Nu	mber of particip	ants	(2)	Funding Target	
	a For retired participants and beneficiaries receiving payment				0		0
	b For terminated vested participants	. 3b		terror and the second	1		19371
	<b>c</b> For active participants:						
	(1) Non-vested benefits	3c(1)					0
	(2) Vested benefits						130871
	(3) Total active	· , ,			1		130871
	d Total	3d			2		150242
4	If the plan is at-risk, check the box and complete items (a) and (b)						
	a Funding target disregarding prescribed at-risk assumptions				4a		
	b Funding target reflecting at-risk assumptions, but disregarding trans at-risk for fewer than five consecutive years and disregarding loading				4b		
5	Effective interest rate				. 5		6.00 %
6	Target normal cost				. 6		3741
	rement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonal combination, offer my best estimate of anticipated experience under the plan.	les, statements ole (taking into a	and attachment account the exp	nts, if any, is complet perience of the plan a	e and accurate and reasonable	e. Each prescri e expectations)	bed assumption was applied in and such other assumptions, in
	ERE Sh 13					02/25/2	011
JOH	Signature actuary N.M. BURY, EA					Date 08-041	83
BUR	Type or print name of actuary Y & ASSOCIATES, INC.				Most rec	ent enrollm 973-783-	ent number 4477
	Firm name ARK STREET ITCLAIR, NJ 07042			Te	lephone nu	ımber (inclı	uding area code)
	Address of the firm						
If the	actuary has not fully reflected any regulation or ruling promulgated under	the statute	in complet	ing this schedul	e, check th	e box and	see $\square$
	ortions		1	5	,		

Pa	art II Begi	nning of year	carryove	er and prefunding ba	lances							
						(a) C	arryover balance		(b) F	refundir	ng balan	ce
7				cable adjustments (Item 13				0				0
8	Portion used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0				0
9	Amount remain	ning (Item 7 minus	item 8)	•••••				0				0
10	Interest on iten	n 9 using prior year	r's actual re	turn of%				0	0			
11	Prior year's ex	cess contributions	to be added	to prefunding balance:								
	a Excess con	tributions (Item 38	from prior	year)								0
	b Interest on	(a) using prior yea	r's effective	rate of5.90 %								0
	<b>C</b> Total availal	ble at beginning of o	current plan	year to add to prefunding bala	ance						0	
	d Portion of (	c) to be added to p	refunding b	alance								0
12	Reduction in ba	alances due to elec	ctions or de	emed elections				0				0
13	Balance at beg	inning of current y	ear (item 9	+ item 10 + item 11d - item	12)			0				0
P	art III Fu	nding percent	ages									
14	Funding target	attainment percen	tage							14	143	3.60 %
				je						15	149	9.84 %
16	Prior year's fur current year's f	nding percentage for funding requiremen	or purposes	of determining whether car	ryover/prefur	nding balan	ces may be used	to reduce	е	16	149	).84 %
17				s less than 70 percent of th						17		%
P	art IV Co	ntributions an	d liquidi	tv shortfalls							***************************************	***************************************
18				ear by employer(s) and em	olovees:							
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a) Da		(b) Amount p	aid by	(0	) Amour	nt paid b	у
(IV	M-DD-YYYY)	employer	(s)	employees	(MM-DD-	YYYY)	employer	(s)		emplo	yees	
		-							-			
		<del> </del>							-			
100000000000000000000000000000000000000		<del> </del>				-			-			
		<del> </del>							-			
			-					<del></del>	<b> </b>			
				Anger State of the	Totals ▶	18(b)			18(c)			
19	Discounted em	ployer contribution	e eoo inet	ructions for small plan with			o hoginning of the		10(0)			
				imum required contribution				19a				0
				ljusted to valuation date				19b				0
				uired contribution for current y				19c				0
20		ibutions and liquidi	1000 1000		ear adjusted	to valuation	uale	190				U
			-	he prior year?		•••••		L		П	Yes	No
				tallments for the current year							Yes [	No
				ete the following table as ap				Γ			. 55 [	٦.,٠
				Liquidity shortfall as of e		of this plar	n year					
	(1) 1	Ist		(2) 2nd		(3)			(4) 4th			

	(V )				***************************************	**************************************						
		ns used to determine t	unding target and target	normal cost								
<b>4</b> 1	Discount rate:  a Segment rates:	1st segment: 2.35 %	2nd segment: 5.57 %	3rd segment: 6.29 %		N/A, full yield curve used						
	<b>b</b> Applicable month	(enter code)			21b							
22	Weighted average ret	irement age			22	. 65						
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pr	escribed - separate	Substitu	te						
Pa	rt VI Miscellane	ous items			***************************************							
24			uarial assumptions for the currer									
25	Has a method change	been made for the current pla	an year? If "Yes," see instruction	s regarding required attac	hment	Yes No						
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment	Yes No						
27		or (and is using) alternative fur	nding rules, enter applicable code	and see instructions	27							
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years											
28	Unpaid minimum requ	uired contribution for all prior ye		28	0							
29	Discounted employer (item 19a)	contributions allocated toward	butions from prior years	29	0							
30			tributions (item 28 minus item 29		30	0						
Pa	rt VIII Minimum	required contribution f	or current year									
31			uctions)		31							
32	Amortization installme			Outstanding Bala	ince	Installment						
	a Net shortfall amorti	zation installment			0	0						
	<b>b</b> Waiver amortization	n installment			0	0						
33	If a waiver has been a (Month [	pproved for this plan year, ent Day Year	er the date of the ruling letter grant (a) and the waived amount	inting the approval	33	0						
34			r/prefunding balances (item 31 +		34	0						
			Carryover balance	Prefunding balar	nce	Total balance						
35	Balances used to offse	et funding requirement	0	0	. 0							
36	Additional cash require	ement (item 34 minus item 35)		36	0							
37	Contributions allocated (Item 19c)	d toward minimum required co	ntribution for current year adjust	ed to valuation date	37	0						
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)		38	0						
39	Unpaid minimum requ	ired contribution for current ye	ar (excess, if any, of item 36 over	r item 37)	39	0						
40	Unpaid minimum requi	ired contribution for all years		40	0							

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

- Summary of Plan Provisions

PLAN SPONSOR: MERISTREAM HOLDING CORPORATION

EIN: 11-2296380

PLAN NAME: MERISTREAM HOLDING CORPORATION PENSION PLAN

PLAN NUMBER: 001

COMPUTER ID: DYN PLAN TYPE: DB

EFFECTIVE DATE : 12/31/81 VALUATION DATE : 12/30/10 PLAN YEAR END : 12/30/10 PLAN ENTRY DATE: 12/31/09

NORMAL RETIREMENT: AGE 65

ELIGIBILITY REQ: YEARS OF SERVICE REQUIRED: 0.50

MINIMUM AGE REQUIREMENT : 20.50 ENTRY ON THE NEXT ANNIVERSARY DATE

VEST SCHED YEAR: 0 1 2 3 4 5 6 7 8 9 10 11

0% 0% 20% 40% 60% 80% 100% 100% 100% 100% 100% 100%

BENEFIT FORMULA: 100.00% OF PAY REDUCED FOR LESS THAN 30 YEARS OF SERVICE

REDUCED BY MAXIMUM TAX REFORM ACT OFFSET

TOP HEAVY MINIMUM: 2.0% PER YEAR FROM 1985 PARTICIPATION

AVERAGE PAY FOR BENEFITS BASED ON HIGHEST 5 YEARS

ACCRUED BENEFIT BASED ON YEARS OF SERVICE

ACTUARIAL ASSUMPTIONS: ACC. BEN VALUATION SEG1 SEG2 SEG3 PRE-RETIREMENT MORT: NONE NONE POST-RETIREMENT MORT: IAM83M AMT09 PRE-RETIREMENT INTEREST: 6.00 12 4.71 6.67 6.77 POST-RETIREMENT INTEREST: 6.00 2009 NORMAL FORM OF BENEFIT: LIFE ANNUITY

ASSET VALUE AT MARKET: 215743

CREDIT BALANCE IN FSA: 0

ASSET VALUATION BASIS: Market Value

### ACTUARY'S STATEMENT:

The report made by the Schedule B is based in part on information provided to the actuary by another person. Such information would customarily not be verified by the actuary who has no reason to doubt it's substantial accuracy.

Schedule SB, line 22 - Description of Weighted Average Retirement Age:
All active participants assumed to retie at NRA

MERISTREAM HOLDING CORPORATION PENSION PLAN

EIN: 11-2296380 PN: 001

VALUATION AS OF 12/30/10 SCHEDULE SB, line 26 -Schedule of Active Participant

ATT.		YE	ARS OF	CREDITED	SERVIC	ΈE					
AGE <25	<1	1-4	5 - 9	10-14	15-19	20-24	25-29	30-34	35 <b>-</b> 39	>39	
123	C	0	0	0	0	0	0	0	0	0	
25-29	C	0	0	0	0	0	0	0	0	0	
30-34	C	0	0	0	0	0	0	0	0	0	
35-39	C	0	0	0	0	0	0	0	0	0	
40-44	0	0	0	0	0	0	0	0	0	0	
45-49	0	0	0	0	0	0	0	0	0	0	
50-54	1 0	0	0	0	0	0	0	0	1	0	
55-59	0	0	0	0	0	0	0	0	0	0	
60-64	0	0	0	0	0	0	0	0	0	0	
65-69	0	0	0	0	0	0	0	0	0	0	
>69	0	0	0	0	0	0	0	0	0	0	

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: MERISTREAM HOLDING CORPORATION PENSION PLAN EIN: 11-2296386

PN: 001

Each participant is assumed to retire at his/her normal retirement age. 100% of active participants are presumed to retire at age \_\_\_\_65\_.

## Filing Authorization for the 2009 Form 5500-SF

Name of Plan:

Meristream Holding Corporation Pension Plan

EIN / PN:

11-2296380 / 001

Plan Year Ending:

12/30/2010

#### Authorization of Practitioner to Electronically Sign and File PARTI

I hereby authorize Bury & Associates, Inc. to electronically sign and file the above-named return/reports through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign the 5500-SF Forms and provide a scanned copy of that signature page to Bury & Associates, Inc.
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Bury & Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Date: 4-4-2011

Employer/Plan Sponsor (if not the Plan Administrator):

### **PART II** Acknowledgement of Receipt of Authorization

On behalf of Bury & Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure. Date: 4/8/11

For Bury & Associates, Inc.:

The designated service provider must retain this authorization. Do not submit this form to the DOL unless requested to do so..

### 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

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information	Part I Annual Report Identification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010								
A	eturn/report is for: Single-employer plan multiple-employer plan (not multiemployer)				one-participant plan				
B This return/report is for:   first return/report			n/report						
	an amended return/report	short plai	year return/report (less than 12 mo	nths)					
С	Check box if filing under: Form 5558		extension	,	DFVC program				
	special extension (enter description		CALCITION		_ Di vo piogram				
D-	art II Basic Plan Information—enter all requested inform								
-	Name of plan	ation		1h	Three-digit				
	IISTREAM HOLDING CORPORATION PENSION PLAN			10	plan number				
					(PN) ▶ 001				
		1c	Effective date of plan						
				-	12/31/1981				
	Plan sponsor's name and address (employer, if for single-employer STREAM HOLDING CORPORATION	plan)		2b	Employer Identification Number (EIN) 11-2296380				
TVI Last V	NOTICE IN TOLE IN CONTROL			2c	Plan sponsor's telephone number				
	KIRKMAN AVENUE				516-285-5592				
ELIM	ONT, NY 11003			2d	Business code (see instructions)				
32	Plan administrator's name and address (if same as Plan anapass a	ntor "Com	2"}	2h	339900 Administrator's EIN				
	Plan administrator's name and address (if same as Plan sponsor, e IISTREAM HOLDING CORPORATION 384 KIRKMA			30	11-2296380				
	ELMONT, N'	Y 11003		3с	Administrator's telephone number				
					516-285-5592				
	If the name and/or EIN of the plan sponsor has changed since the la- name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
name, Lin, 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	2				
b	Total number of participants at the end of the plan year			5b	2				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do									
С	Total number of participants with account balances as of the end of	f the plan y	rear (defined benefit plans do not						
С	Total number of participants with account balances as of the end of complete this item)			5с					
6a	complete this item)	le assets?	(See instructions.)						
6a	Complete this item)	le assets? an indeper	(See instructions.)	 PA)					
6a	Complete this item)	le assets? an indeper and condit	(See instructions.)dent qualified public accountant (IQions.)	PA)					
6a b	Complete this item)	le assets? an indeper and condit	(See instructions.)dent qualified public accountant (IQions.)	PA)					
6a b	Complete this item)	le assets? an indeper and condit	(See instructions.)dent qualified public accountant (IQions.)	PA)					
6a b	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use Fort III  Financial Information	an indeper and condit orm 5500-	(See instructions.)	PA) 00.	Yes No				
6a b Pa	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities	an indeper and condit orm 5500-	(See instructions.)	PA)	(b) End of Year				
Pa 7 a b	complete this item)	an indeper and condit orm 5500-	(See instructions.)	PA) 000.	(b) End of Year 215743				
Pa 7 a b	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and condit orm 5500-	(See instructions.)	PA) 000.	(b) End of Year  215743				
Pa 7 a b c	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets	ole assets? an indeperand condit orm 5500- 7a 7b 7c	(See instructions.)	PA)  00.	(b) End of Year  215743  0 215743				
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Pa 7 a b c 8 a	complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)	PA)  000.	(b) End of Year  215743  0 215743				
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Part bar	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? an indeper and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.)	PA)  7  9  9  9  9  9  9  9  9  9  9  9  9	(b) End of Year  215743 0 215743 (b) Total				

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D-411/	DI	01	
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:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part		Compliance Questions							Page Mariana
10		ng the plan year:				Yes	No	А	mount
а	29	there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (I ne 10a.)			10b		Х		
С	Wa	Was the plan covered by a fidelity bond?					Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						Х		2
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		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		Х		
h		s is an individual account plan, was there a blackout period? (Se			10h		Х		
i	If 10	th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i				
Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirement							Yes No
12	ls th	is a defined contribution plan subject to the minimum funding rec	quirements of section	n 412 of the Code	or se	ction	302 of I	ERISA?	Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
a		valver of the minimum funding standard for a prior year is being a							
lf v		ting the waiverompleted lines 3, 9, and 10 of Schedule M			uı		Day	1	eai
b		r the minimum required contribution for this plan year				Γ	12b		
							12c		
d	<ul> <li>c Enter the amount contributed by the employer to the plan for this plan year</li></ul>						12d		
е		the minimum funding amount reported on line 12d be met by the						Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets		94-04					
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes No
		es," enter the amount of any plan assets that reverted to the emp				Γ	13a		
b	Wen	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	ansferred to another	plan, or brought	under	the co		L	Yes X No
С	If du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)							
1	I3c(1) Name of plan(s):					13	c(2) El	N(s)	13c(3) PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ıse is	establ	ished.	A
SBo	r Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete	declare that I have on the electronic vers	examined this return/	um/rej 'report	port, ir t, and	ncluding to the b	g, if applicab best of my kn	le, a Schedule owledge and
SIGI	N .es	11/2 ACCE	4-4-2011	BriAN	1	P	HA	NSEN	
HER	2007	Signature of plan administrator	Date	Enter name of ir		ual sig			strator
610	No.	Be 1994 -4-4-2011 BriAN			A				
SIGI HER	_	signature of employer/plan sponsor	Date	Enter name of in		ial sin			nlan snonsor
	10	- S. ata. o or omprojentian oponion	2 310	odiric of it			g u	- 5p.oyc. 0	F.G., 5P5, 1501