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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Complete	te all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	•				
	rt I Annual Report Identificatio									
For	calendar plan year 2010 or fiscal plan year be	eginning 01/01/20	10	and ending 1	2/31/2	2010				
Α.	This return/report is for:	loyer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	This return/report is for: first return/r	report	final retur	n/report						
	an amende	d return/report	short plar	year return/report (less than 12 mo	nths)					
C	Check box if filing under: Form 5558	Ī	automatic extension DFVC program							
	The state of the s	ension (enter descript	ion)			ш				
Da	rt II Basic Plan Information—ent									
	Name of plan	er all requested inion	паноп		1h	Three-digit				
	rame of plan FS 1961 (NEW YORK) INCORPORATED 40°	I(K) PLAN			10	plan number				
	TO TOOT (NEW YORK) INDOORG ORWINGED TO	.(14) 1 27 114				(PN) • 001				
					1c	Effective date of plan				
						01/01/2005				
	Plan sponsor's name and address (employer	, if for single-employe	er plan)		2b	Employer Identification Number				
POR	TS 1961 NEW YORK INCORPORATED				0-	(EIN) 45-0527049				
601 V	VEST 26TH STREET, SUITE 875				2C	Plan sponsor's telephone number 212-414-1050				
	YORK, NY 10001				2d	Business code (see instructions)				
					1	424300				
3a	Plan administrator's name and address (if sa	me as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN				
PUR	TS 1961 NEW YORK INCORPORATED	NEW YORK		ET, SUITE 875	0 -	45-0527049				
					3C	Administrator's telephone number 212-414-1050				
4 1	the name and/or EIN of the plan sponsor has	s changed since the la	ast return/re	port filed for this plan, enter the	4b	FIN				
	name, EIN, and the plan number from the last			,						
			4c	PN						
5a	Total number of participants at the beginning	of the plan year			5a	8				
b	Total number of participants at the end of the	e plan year			5b	13				
С	Total number of participants with account ba	lances as of the end	of the plan y	rear (defined benefit plans do not		6				
	complete this item)				5c	6				
	Were all of the plan's assets during the plan	,		,		Yes No				
b	Are you claiming a waiver of the annual example under 29 CFR 2520.104-46? (See instruction					X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the	υ,		,						
Pa	rt III Financial Information	no pian camier acc		or and muct motoda acc r crim co						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	128842	2	178965				
b	Total plan liabilities									
C	Net plan assets (subtract line 7b from line 7a			128842	2	178965				
8	Income, Expenses, and Transfers for this Pla		70	(a) Amount		(b) Total				
а	Contributions received or receivable from:	ali leai		(a) Amount		(b) Total				
<u> </u>	(1) Employers		8a(1)							
	(2) Participants		8a(2)	22588	3					
	(3) Others (including rollovers)	1222								
b	Other income (loss)		8b	16115	5					
С	Total income (add lines 8a(1), 8a(2), 8a(3), a	and 8b)				52033				
d	Benefits paid (including direct rollovers and i	•		4046						
	to provide benefits)		8d	1910						
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e		_					
f	Administrative service providers (salaries, fe	es, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g))				1910				
i	Net income (loss) (subtract line 8h from line					50123				
i	Transfers to (from) the plan (see instructions									

Form 5500-SF 2010 Page 2-	
Part IV Plan Characteristics	

9a	If th	e plar	prov	ides	pension benefits,	enter the app	olicable pension	n feature o	codes from	the List of	Plan	Characteristic	Codes in	the instru	uctions
	2E	20	21	2K	3D										

Part	V Con	npliance Questions								
10	During the	plan year:				Yes	No	Į.	mount	
а	Was there	a failure to transmit to the plan any participant contribution 510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
b		e any nonexempt transactions with any party-in-interest? ([a.)			10b		X			
С	Was the p	olan covered by a fidelity bond?			10c	X				4000
d		an have a loss, whether or not reimbursed by the plan's fide	•	10d		Χ				
е	insurance	fees or commissions paid to any brokers, agents, or other service or other organization that provides some or all of the s.)	ne benefits under the	plan? (See	10e	X				4
f	Has the p	an failed to provide any benefit when due under the plan?			10f		X			
g	Did the pla	an have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		n individual account plan, was there a blackout period? (Se 3.)			10h		X			
İ		answered "Yes," check the box if you either provided the reproviding the notice applied under 29 CFR 2520.101-3	•		10i					
art	VI Pen	sion Funding Compliance					ı			
11	Is this a de	fined benefit plan subject to minimum funding requirement							☐ Yes	X No
12		efined contribution plan subject to the minimum funding rec							Yes	X No
12			•	1412 of the Code	oi se	Clion	302 UI	LNISA!	□ .00	□
_		omplete 12a or 12b, 12c, 12d, and 12e below, as applicable			e				. 1 - 11	
а		of the minimum funding standard for a prior year is being a e waiver.								
lf y	-	eted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Cai	
b	Enter the i	ninimum required contribution for this plan year				[12b			
С	Enter the	amount contributed by the employer to the plan for this plan	year				12c			
d		ne amount in line 12c from the amount in line 12b. Enter the mount)	•	-			12d			
е	Will the mi	nimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
art	VII Pla	n Terminations and Transfers of Assets								
3a	Has a reso	lution to terminate the plan been adopted during the plan y	ear or any prior year	?		<u>.</u>			Yes	X No
	If "Yes," er	nter the amount of any plan assets that reverted to the emp	loyer this year				13a			
b	Were all th	e plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u			ntrol		Yes	X No
С		is plan year, any assets or liabilities were transferred from ets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify th	ne plai	n(s) to	1			
1	3c(1) Nam	e of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
Cauti	on: A pen	alty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.	1	
Unde SB o	r penalties Schedule	of perjury and other penalties set forth in the instructions, I MB completed and signed by an enrolled actuary, as well a	declare that I have e	examined this retu	ırn/rep	ort, ir	cludin	g, if applicat		
belief		correct, and complete. th authorized/valid electronic signature.	05/26/2014	IACON EVEDT						
	l Filed Wi	an authorized/vallu electronic signature.	05/26/2011	JASON EVERT						

SIGN	Filed with authorized/valid electronic signature.	05/26/2011	JASON EVERT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

100	art I Annual Report Identification Information		4 4 4	010	2012					
F-01	r calendar plan year 2010 or fiscal plan year beginning 01/01/201	U	and ending 1	2/31/2	2010					
Α	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	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	automatio	extension		DFVC program					
	special extension (enter description	on)								
P	art II Basic Plan Information—enter all requested inform									
	Name of plan	iation		1h	Three-digit					
	RTS 1961 (NEW YORK) INCORPORATED 401(K) PLAN			10	nlan number					
					(PN) • 001					
				1c	Effective date of plan					
_				-	01/01/2005					
	I Plan sponsor's name and address (employer, if for single-employer RTS 1961 NEW YORK INCORPORATED	r plan)		2b	Employer Identification Nur 45-0527049	nber				
, 01	THE TREAT FORK MOORY ON THE			20	Plan sponsor's telephone r	umber				
601	WEST 26TH STREET, SUITE 875			20	212-414-1050	umbei				
INEV	V YORK, NY 10001			2d	Business code (see instruc	tions)				
2-	Pleased the Alberta Company			0.	424300					
POF	Plan administrator's name and address (if same as Plan sponsor, e RTS 1961 NEW YORK INCORPORATED 601 WEST 2	enter "Same 26TH STRE	e") ET, SUITE 875	3b	Administrator's EIN 45-0527049					
	NEW YORK	, NY 10001	140	3c	Administrator's telephone n	umber				
					212-414-1050	dilibei				
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report. Sponso		4c PN							
5a	Total number of participants at the beginning of the plan year		PN	8						
b			5a							
c				5b		13				
•	Total number of participants with account balances as of the end o complete this item)			5c		6				
6a					Yes Yes					
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IOF	PA)	_	∐ No				
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen and conditi	dent qualified public accountant (IQF ons.)	PA)	_	∐ No				
Dr	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indepen and conditi	dent qualified public accountant (IQF ons.)	PA)	_	п .				
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	an indepen and conditi	dent qualified public accountant (IQF ons.) SF and must instead use Form 550	PA)	Yes	п .				
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities	an independent and condition orm 5500-	dent qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year	PA)	(b) End of Year	No				
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indepen and conditi orm 5500-	dent qualified public accountant (IQF ons.) SF and must instead use Form 550	PA)	(b) End of Year	п .				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an independent and condition orm 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No No 178965				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an independent and condition orm 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	an independent and condition orm 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No No 178965				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	an indeper and condition 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No No 178965				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	an indeper and condition 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No No 178965				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	an indeper and conditi orm 5500-	dent qualified public accountant (IQF ons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8b	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8b	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8b 8c	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8b 8c	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a b c d e	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	an independent and condition orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	dent qualified public accountant (IQFons.)	PA)	(b) End of Year	No No 178965				

	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension f 2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes from the	List of Plan Charac	cteris	tic Cod	des in	the instruction	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc		10a		Х		Amount		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	sactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				40000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	f the benefits under th	e plan? (See	10e	х				43
f	Has the plan failed to provide any benefit when due under the plan	?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		X		HETCHT-	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and 2	29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or o	ne of the	10ii					
Part				101					
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see ins	structions and comp	olete	Sched	ule SE	3 (Form	∏ Yes	No No
12	Is this a defined contribution plan subject to the minimum funding r							Yes	No No
			MI TIZ OI INC COUC	01 36	CHOIL	02 01	LINDA:	П .оо	Ппо
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applications of the minimum funding at the state of the minimum funding at the state of								
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized in this pla	in year, see instruct	tions,	and e	nter th	e date of the	e letter rui	ing
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			''		Day		real	
-	Enter the minimum required contribution for this plan year	. ,,			Г	12b			
						12c			
d	Enter the amount contributed by the employer to the plan for this pl Subtract the amount in line 12c from the amount in line 12b. Enter t	•			-	120			
u	negative amount)				L	12d			
1000	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	n year or any prior yea	ar?		<u></u>			Yes	⊠ No
	If "Yes," enter the amount of any plan assets that reverted to the en	nployer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?					ntrol		Yes	No No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan to another	plan(s), identify the	e plar	n(s) to				
1	Sc(1) Name of plan(s):				130	(2) EI	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	e cau	se is e	establ	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an effolled actuary, as well it is true, correct and completed	I declare that I have I as the electronic ver	examined this returnsion of this return/re	rn/rep eport	ort, in , and t	cluding the b	g, if applicab pest of my kr	ile, a Scho nowledge	edule and
SIGN	Seult	05/24/11	BRUCE Hi	IN	el.				
HER		Date	Enter name of inc			ning as	plan admin	istrator	
SIGN									
HERI		Date	Enter name of inc	dividu	al sign	ning as	employer o	r plan spo	onsor

Page 2-

Form 5500-SF 2010