## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

**Short Form Annual Return/Report of Small Employee** 

**Benefit Plan** 

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

F~*	art I Annual Report Identification Information	_			
FUI	r calendar plan year 2009 or fiscal plan year beginning 09/01/2009	9	and ending	08/31/	2010 
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
ALFF	RED S FABRIC CENTERS, INC. PROFIT SHARING PLAN				plan number (PN) • 003
				10	Effective date of plan
					09/01/1988
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
ALFF	REDS FABRIC CENTERS, INC.			20	(EIN) 14-1586312 Plan sponsor's telephone number
1814	4 CENTRAL AVENUE			20	518-489-6700
	ANY, NY 12205			2d	Business code (see instructions)
22	Dian administrator's name and address (if same as Dian anapas, as	ntor "Como	."\	2h	451130 Administrator's EIN
	Plan administrator's name and address (if same as Plan sponsor, er REDS FABRIC CENTERS, INC. 1814 CENTR	AL AVEN	,	35	14-1586312
	ALBANY, NY	12205		3с	Administrator's telephone number
1	If the name and/or EIN of the plan sponsor has changed since the las	et roturn/ro	part filed for this plan, aptor the	1h	518-489-6700
	name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, efficience	40	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	4
b	Total number of participants at the end of the plan year			5b	1
С	Total number of participants with account balances as of the end of complete this item)			5c	1
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
	Are you claiming a waiver of the annual examination and report of a	an indeper		PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and conditi	ons.)	PA)	
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either 6a or 6b, the plan cannot use Fo</b>	an indeper and conditi	ons.)	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information	an indeper and conditi	ons.)SF and must instead use Form 55	PA)	Yes No
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  art III Financial Information  Plan Assets and Liabilities	an indeper and conditi orm 5500-	ons.)	PA)	
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  art III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and conditi orm 5500- 7a	(a) Beginning of Year	PA)	(b) End of Year
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and conditi orm 5500- 7a	(a) Beginning of Year	0 0	(b) End of Year
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and conditi orm 5500- 7a 7b	(a) Beginning of Year	0 0	(b) End of Year  34939
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use For  art III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and conditi orm 5500- 7a 7b	(a) Beginning of Year 35870  (a) Amount	0 0 0	(b) End of Year  34939  0 34939
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a   If you answered "No" to either 6a or 6b, the plan cannot use For  art III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and conditi orm 5500- 7a 7b 7c	(a) Beginning of Year 35870  (a) Amount	600.	(b) End of Year  34939  0 34939
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  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	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 35870  (a) Amount	(O)	(b) End of Year  34939  0 34939
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  art III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 35870  (a) Amount	(O)	(b) End of Year  34939  0 34939
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 35870  (a) Amount	(O)	(b) End of Year  34939 0 34939 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  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  (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) 8a(3)	(a) Beginning of Year 35870  (a) Amount	(O)	(b) End of Year  34939  0 34939
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  art III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 35870  (a) Amount	PA)  000.  000000000000000000000000000000	(b) End of Year  34939 0 34939 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  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  (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	(a) Beginning of Year 35870  (a) Amount  4813	PA)  000.  000000000000000000000000000000	(b) End of Year  34939 0 34939 (b) Total
7 a b c 8 a b c c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fo  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  (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) 8c 8d	(a) Beginning of Year 35870  (a) Amount  4813	PA)  000.  000  000  000  000  000  88888888	(b) End of Year  34939 0 34939 (b) Total
7 a b c 8 a b c c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Foart III Financial Information  Plan Assets and Liabilities  Total plan assets	an indeper and condition 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	(a) Beginning of Year 35870  (a) Amount  4813	PA)  000.  000.  000.  000.  000.  000.  88.  000.  000.	(b) End of Year  34939 0 34939 (b) Total
7 a b c 8 a b c d e f	If you answered "No" to either 6a or 6b, the plan cannot use Fourt 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  (2) Participants  (3) Others (including rollovers)  Other 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 condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 35870  (a) Amount  4813	PA)  000.  000.  000.  000.  000.  000.  88.  000.  000.	(b) End of Year  34939 0 34939 (b) Total  48138
7 a b c 8 a b c d e f g	If you answered "No" to either 6a or 6b, the plan cannot use Fourt 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  (2) Participants  (3) Others (including rollovers)  Other 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 condition 5500-  7a	(a) Beginning of Year 35870  (a) Amount  4813	PA)  000.  000.  000.  000.  000.  000.  88.  000.  000.	(b) End of Year  34939 0 34939 (b) Total

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Part IV	Plan	Charac	teristics

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
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	Χ					27449
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art			0 1 1		. /=			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0	, o = 0.		٠ ا		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions.	and e	nter th	e date of	the le	tter ruli	na
	granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		T			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left enegative amount)			12d				_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se ie	establ	ished			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					cable	a Sche	edule
Во	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ , it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 06/15/2011 LAWRENCE M. A	ALFRE	D					

SIGN HERE
Signature of plan administrator
SIGN HERE
Signature of plan administrator
Date
Enter name of individual signing as plan administrator
LAWRENCE M. ALFRED
LAWRENCE M. ALFRED
Signature of employer/plan sponsor
Date
Enter name of individual signing as employer or plan sponsor

Pension, Profit Sharing and Employee Benefit Plan Design and Administration Services 433 New Karner Road Albany, New York 12205 Tel. (518) 452-8139 Fax (518) 452-8141

## Explanation and Authorization of Filing Options under EFAST2

## Alfred's Fabric Centers, Inc.

Instructions: Please complete this memo and return it to CPC with a signed and dated copy of pages one and two of the Form 5500 (regardless of which option you choose) by mail, e-mail, or fax as soon as possible. Otherwise, your 5500 cannot be submitted.

Creative Pension Consultants, Inc. ("CPC") has notified me ("plan sponsor") of the available options for electronically filing Form 5500, and I authorize the method selected below:

- 1. <u>Electronic Signing Credentials</u> An authorized signer of the plan sponsor needs to obtain electronic signing credentials from the Employee Benefits Security Administration ("EBSA"). Then, when the Form 5500 is ready to be filed, it will be posted by CPC to a special EBSA website and the plan sponsor will be notified of the posting by e-mail. The plan sponsor is then required to log into the website and enter their signing credentials. CPC then receives notification from the website and electronically files on the plan sponsor's behalf.
- 2. Manual Signature The plan sponsor will receive a paper copy of the Form 5500 from CPC via mail or the CPC secure web portal. The plan sponsor manually signs the paper copy of the Form 5500 and sends pages one and two back to CPC by mail, fax or e-mail. CPC then attaches a scanned copy of the manually signed Form 5500 to an electronic version of the Form 5500 and electronically files it on the plan sponsor's behalf. This method allows CPC to track the filing to determine if it was completed timely and therefore not subject to penalties for late filing. CPC will alert me of any inquiries or information regarding the report received from any government agency.

Please	check the appropriate box:
	Option 1 - We will obtain (or have obtained) signing credentials at the EBSA website. We will electronically sign the 2010 Form 5500 and authorize CPC to electronically transmit the filing to the EBSA. We will be filing under the e-mail address: (e-mail address must be provided if this option is selected).
×	Option 2 - We will <u>not</u> obtain signing credentials at the EBSA website. We authorize CPC, upon receipt of the manually signed pages one and two of Form 5500, to electronically file the 2010 Form 5500 with the EBSA. We understand that an image of the Plan Administrator's/Plan Sponsor's manual signature will be included with the rest of the return/report posted by the EBSA on the internet for public disclosure. <b>NOTE: this will be the default if the form is returned to CPC without selecting either option.</b>

CPC has added a minimal charge of \$50 to our base fee to cover additional processing time.

Authorized Signer of the Employer

6-15-11 Date

## 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

P	art I Annual Repo	rt Identification Information	<u> </u>					
For	the calendar plan year 200	9 or fiscal plan year beginning	09/01	/2009	and ending	08	/31/2010	
A	This return/report is for:	x single-employer plan	multiple-em	nployer plan (n	ot multiemployer)		one-participant	plan
_	This return/report is for:	first return/report	final return/	report		_		
	·	an amended return/report	short plan y	ear return/rep	ort (less than 12 mon	ths)		
С	Check box if filing under:	x Form 5558	automatic e	•	•	ĺГ	DFVC program	
•	oneon box ii iiiiig undoi.	special extension (enter descrip				L	] F 9	
D	art II Basic Plan In	formation enter all requested	<u> </u>					
	Name of plan	ilomiation enter all requested	intormation.		_	1b	Three-digit	
						1	plan number	222
	Alfred's Fabric Ce	enters, Inc. Profit Sharing	g Plan				(PN) ► Effective date of p	003 lan
							09/01/1988	
2a	Plan sponsor's name and a	address (employer, if for single-employ	er plan)		_		Employer Identific	
	Alfreds Fabric Cen	nters, Inc.					(EIN) 14-1586	
	1814 Central Avenu	10					Plan sponsor's tele (518) 489-67	
		10005					Business code (se	ee instructions)
	Albany Plan administrator's name	and address (If same as plan employe	er enter "Same")	\			451130 Administrator's Ell	N
Ju	Same	and address (if same as plan employe	i, cinci danc )	,			turning action of En	•
						3c	Administrator's tel	enhone number
						"		
4	If the manner and for CINL of the	he also special bas should since the	a last return/ren	art filed for this	nion optor the	4b		
4		the plan sponsor has changed since the imber from the last return/report. Spon		ort med for tris	s plan, enter the	4c		
_							PN	
-		ts at the beginning of the plan year.				5a 5b	-	4 
b		ts at the end of the plan year ts with account balances as of the end				35		
	complete this item)	<u> </u>	<u></u>	<u></u>	<u> </u>	5c		1
		ts during the plan year invested in eligi						X Yes No
b		of the annual examination and report of the annual examination and report of the first contractions on waiver eligibility.						X Yes No
		either 6a or 6b, the plan cannot use						
Pa	art III Financial Info	ormation						
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of	f Year
а	Total plan assets		7a		358,700			34,939
b	Total plan liabilities .		7b		0			0
C	Net plan assets (subtract li	ine 7b from line 7a)	7c		358,700			34,939
8	Income, Expenses, and Tra	ansfers for this Plan Year	j.		(a) Amount	2788	(b) To	otal
а	Contributions received or r		8a(1)		0			
	(1) Employers (2) Participants		8a(2)		0			
	(3) Others (including rollo	vers)	8a(3)		0			
b			8b	_	48,138			
C	Total income(add lines 8a(	(1), 8a(2), 8a(3), and 8b)	8c					48,138
ď	Benefits paid (including dir	rect rollovers and insurance premiums						
	to provide benefits)		· · 8d		349,088	_	7	
е		rrective distributions (see instructions)			0			
f		viders (salaries, fees, commissions).			0 011			
g	Other expenses		· · 8g		22,811		12	271 000
h			8h	-				(323,761)
i	Net income (loss) (subject		<u>8i</u>		Section of the Control of the Contro			(323,761)
i	Transfers to (from) the pla	in (see instructions)	8j		0			

Part	IV Plan Characteristics						
			<u> </u>		· · · · ·		
Ja I	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte 2E 3D	eristic	Code	s in the	instruction	s:	
b I	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic C	odes	in the	instructions	:	
Parl	V Compliance Questions		_				
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution within the time period described in			x			_
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		<u>  ^ </u>	-		_
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
_	Was the plan covered by a fidelity bond?	10c	х				40,000
c d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			-			
_	or dishonesty?	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services or other organization that provides some or all of the benefits under the plan? (See	10e		x			
£	instructions.)			x			
Ť	Has the plan failed to provide any benefit when due under the plan?		<u> </u>		<del>  -</del>		07.440
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	-		The state of the s	27,449
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				4		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete					□Yes	X No
12	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					<del></del>	
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	secu	011 30	2 01 Er	NOA!		<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi	ons a	and er	ter the	date of the	letter rulin	n
	granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401			_
b	Enter the minimum required contribution for this plan year		٠	12b	<u> </u>		
C	Enter the amount contributed by the employer to the plan for this plan year		.	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□No	□N/A
Part	No. of the second secon	<u> </u>					
N Y	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur	nder th	ne cor	ntrol			
•	of the PBGC?	· ·	e) to			Yes	X No
С	which assets or liabilities were transferred. (See instructions.)	pian	5,10				
	I3c(1) Name of plan(s):		1	3c(2) E	EIN(s)	13c(3	) PN(s)
		1					
		+					
					hod.		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					Schodu	
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/regist is true, correct, and complete.	oort, a	nd to	the be	st of my kno	owledge an	d
	Tawrence M	Alf	red				
SIG	RE Signature of plan administrator Date (2-15-1/ Enter name of in			ning as	plan admir	nistrator	
	Taurango M						
SIG	C IS-II			ning as	emplover	or plan spo	nsor
	and addition of employer plan apolisor	3.1144	<u> 0.9</u>	9 40		p p.	

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