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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500)-SF.				
		entification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 10/01/200	9	and ending	9/30/2	2010			
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plan	n year return/report (less than 12 mon	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description							
Da	rt II Basic Plan Inforn	nation—enter all requested inform							
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit			
	OLD WEINBERG, PENSION PL	AN			110	plan number			
	-,					(PN)	001		
					1c	Effective date of			
						10/01/1			
	Plan sponsor's name and addre OLD WEINBERG, P. E. CONSU	ess (employer, if for single-employer	plan)		2b	Employer Identi (EIN) 11-283			
ПАК	JLD WEINBERG, F. E. CONSO	ETING ENGINEER, PC			2c	(=,	telephone number		
76 C	OURT STREET					718-85			
BRO	OKLYN, NY 11201			2d	Business code	(see instructions)			
			0 1.	541990					
	Plan administrator's name and a DLD WEINBERG, P. E. CONSU	3D	Administrator's 11-283						
PC	JED WEINDERO, T. E. CONCO	ı	3c Administrator's telephone number						
						718-85			
	•	n sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		5		
_				3					
	 Total number of participants at the end of the plan year								
С				· · · · · · · · · · · · · · · · · · ·	5c				
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQF					
				ions.)			X Yes No		
Do			orm 5500-	SF and must instead use Form 550	00.				
		ation		T					
7	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End	of Year		
	Total plan assets		7a	974772	+		969859		
b	•		. 7b	0	_		200050		
<u> </u>		b from line 7a)	7c	974772			969859		
8	Income, Expenses, and Transfe			(a) Amount		(b) -	Total		
а	Contributions received or received (1) Employers	vable from:	8a(1)						
	• • • • • • • • • • • • • • • • • • • •		8a(2)						
	• • • • • • • • • • • • • • • • • • • •				_				
b	, ,			63600					
C	` ,	Ba(2), 8a(3), and 8b)		35555			63600		
d		ollovers and insurance premiums							
-	to provide benefits)	•	. 8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	64153					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g	4360					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				68513		
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				-4913		
i		ee instructions)							

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Part IV	Plan	Chara	cteristics
railiv	- гіан	Gilaia	riensiirs

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:

		s plan provided from the politicity, enter the applicable from the could from the plan of the first	2010110		400 III C		0110110	•			
art	: V	Compliance Questions									
0	Dur	ing the plan year:		Yes	No		Am	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 ine 10a.)	10b		Х						
С	Wa	as the plan covered by a fidelity bond?	10c	X					100000		
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 ructions.)		X							
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		Χ						
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X						
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI	Pension Funding Compliance									
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					. X	Yes	No		
2	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.) a 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										
		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						
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ı	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 "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a						
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1						
1	3c(1) Name of plan(s):	13	c(2) Ell	N(s)		13c(3)	PN(s)			
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.					
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the complete than the					cable.	a Sche	edule		
Во	r Śch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete.									
									•		

SIGN	Filed with authorized/valid electronic signature.	06/27/2011	HAROLD WEINBERG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/27/2011	HAROLD WEINBERG
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).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

	File as all attaching	ent to Form		00/00/0	2010						
For	calendar plan year 2009 or fiscal plan year beginning 10/01/2009		and ending	g 09/30/2	2010						
▶ R	ound off amounts to nearest dollar.										
) c	▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.										
	ame of plan OLD WEINBERG, PENSION PLAN		B Three-digit plan number) 001						
			_								
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entificatior	n Number (EIN)						
HAR	OLD WEINBERG, P. E. CONSULTING ENGINEER, PC		11-2830708								
			11 2000100								
Ету	pe of plan: X Single Multiple-A Multiple-B	Prior year pla	n size: X 100 or fewer	101-500	More than 500						
Pa	t I Basic Information										
1	Enter the valuation date: Month 10 Day 01	Year <u>2</u>	009								
2	Assets:										
	a Market value			2a	974772						
	b Actuarial value			2b	974772						
3	Funding target/participant count breakdown		(1) Number of participa	ente	(2) Funding Target						
3		3a	(1) Number of participa	0	(2) Fullding Target						
	a For retired participants and beneficiaries receiving payment			_							
	b For terminated vested participants	3b		1	206						
	C For active participants:										
(1) Non-vested benefits											
	(2) Vested benefits	3c(2)			1118362						
	(3) Total active	3c(3)		4	1118362						
	d Total	_ `.'		5	1118568						
4											
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 tran			4b							
	at-risk for fewer than five consecutive years and disregarding load	ing factor									
_5	Effective interest rate			5	5.69 %						
6	Target normal cost			6	6150						
State	ment by Enrolled Actuary										
co	o the best of my knowledge, the information supplied in this schedule and accompanying scheducordance with applicable law and regulations. In my opinion, each other assumption is reasonal imbination, offer my best estimate of anticipated experience under the plan.										
	GN ERE				06/03/2011						
	Signature of actuary				Date						
NACH	IMAN YAAKOV ZISKIND, EA, JD				11-05856						
	Type or print name of actuary			Most rece	ent enrollment number						
ECON	IOMIC GROUP PENSION SERVICES				212-494-9063						
-	Final 2222										
333 S	Firm name EVENTH AVENUE		1 016	epnone nu	mber (including area code)						
1											
NEW	YORK, NY 10001										
-	Address of the firm										
If the a	actuary has not fully reflected any regulation or ruling promulgated unde tions	r the statute i	n completing this schedule	, check the	e box and see						

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Pa	art II	Begin	ning of year	carryov	er and prefunding bal	ances							
	•						(a) (Carryover balance		(b) F	Prefundii	ng balance	
7					cable adjustments (Item 13			1:	25712			0	
8	Portion (used to d	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0	
9	Amount	remainir	ng (Item 7 minus i	tem 8)				1:	25712	0			
10	Interest	on item	9 using prior year	s actual re	eturn of1.60_%				2011			0	
11	Prior yea	ar's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Exce	ess contr	ibutions (Item 38	from prior	year)							0	
	b Inter	est on (a	a) using prior year	's effective	rate of%							0	
C Total available at beginning of current plan year to add to prefunding balance											0		
d Portion of (c) to be added to prefunding balance													
											0		
13					+ item 10 + item 11d – item			1:	27723			0	
P	art III	Fun	ding percenta	iges		•			•				
14	14 Funding target attainment percentage												
	15 Adjusted funding target attainment percentage										15	75.91 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	86.66 %		
17	•				s less than 70 percent of the						17	%	
Pa	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 paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by												
(N	1M-DD-Y	/YY)	employer((s)	employees	(MM-DD-)	YYYY)	employer(s)		emplo	oyees	
											1		
						Totals ►	18(b)			18(c)			
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ate after th						
	a Contri	ibutions	allocated toward u	ınpaid mir	imum required contribution f	rom prior yea	ars		19a			0	
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0	
	C Contri	butions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted t	o valuation	n date	19c			0	
20	Quarterl	y contrib	utions and liquidit	y shortfalls	S:								
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No	
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current year	r made in a ti	mely man	ner?				Yes No	
	C If 20a	is "Yes,	" see instructions	and comp	ete the following table as ap	plicable:							
					Liquidity shortfall as of er	nd of Quarter							
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Pa	rt V Assumptio	ns used to determine t	funding target and ta	rget no	ormal cost							
21	Discount rate:											
	a Segment rates:	1st segment: 4.92 %	2nd segment: 6.71 %		3rd segment: 6.88 %							
	b Applicable month	(enter code)				21b	0					
22	Weighted average ret	tirement age				22	67					
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Presc	ribed - separate	Substitut	e					
Pa	rt VI Miscellane	ous items										
24	•	nade in the non-prescribed act			•		· · · · · · ·					
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26												
27	7 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment											
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years											
28	Unpaid minimum requ	uired contribution for all prior y		28	0							
29	' '	contributions allocated toward	' '	29	0							
30	0											
Pa	rt VIII Minimum	required contribution	for current year									
31		djusted, if applicable (see inst				31	6150					
32	Amortization installme		,		Outstanding Bala	ince	Installment					
	a Net shortfall amort	tization installment			-	202394	34001					
	b Waiver amortization	on installment				0	0					
33		approved for this plan year, en Day Year				33	0					
34	0 1	ment before reflecting carryove	, ,			34	40151					
			Carryover balance		Prefunding balar	nce	Total balance					
35	Balances used to offs	set funding requirement		40151		0	40151					
36	Additional cash requir	rement (item 34 minus item 35	i)			36	0					
37		ed toward minimum required co	•	•		37	37 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 3	36 over ite	em 37)	39	0					
40		uired contribution for all years				40						

Schedule SB, part V - Statement of Actuarial Assumptions/Methods HAROLD WEINBERG, CONSULTING ENGINEER, P.E.

PENSION PLAN

11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

FUNDING METHOD

As prescribed in IRC Section 430.

INTEREST RATES

Years 0-5 Segment rate 1 4.920%

Years 6-20

Segment rate 2 6.710%

Years over 20 Segment rate 3 6.800%

PRE-RETIREMENT

MORTALITY TABLE --

2009 Funding Target - Combined - IRC 430(h)(3)(A).

TURNOVER/DISABILITY-- None

SALARY SCALE ---

None

INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT

MORTALITY TABLE --

2009 Funding Target - Combined - IRC 430(h)(3)(A).

EXPENSE LOAD ---

None

COST OF LIVING

None

OPTIONAL FORM

100% of retirees assumed to elect lump sum payment.

LUMP SUM --

2009 Applicable Mortality Table for IRC 417(e) (Unisex).

0r

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES

Years 0-5

Segment rate 1 5.950%

Years 6-20

Segment rate 2 6.540%

Years over 20 Segment rate 3 6.570%

MORTALITY TABLE --

2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT

INTEREST ---

5.000%

MORTALITY TABLE --

1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

POST-RETIREMENT

INTEREST --

5.000%

MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods HAROLD WEINBERG, CONSULTING ENGINEER, P.E.

PENSION PLAN 11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:

INTEREST --

8.500%

POST-RETIREMENT:

INTEREST --

8.500%

MORTALITY TABLE -- 1984 UNISEX TABLE.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

Schedule SB, part V - Summary of Plan Provisions HAROLD WEINBERG, CONSULTING ENGINEER, P.E. PENSION PLAN

11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

TYPE OF ENTITY

Corporation.

DATES

Effective-10/01/1986 Valuation-10/01/2009 Eligibility-10/01/2009 Year-end-09/30/2010 Top Heavy Years - 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005

ELIGIBILITY

Minimum age- 21 Months of service- 12 Maximum age- None

Age at last birthday.

Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

PLAN ENTRY - October 1 or April 1 immediately following satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT

NORMAL - First of month coincident with or following attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (prospective salaries)

FUNDING - 3 Highest consecutive years.

ACCRUED BENEFIT - 3 Highest consecutive years.

TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of participation.

PLAN BENEFITS

RETIREMENT--

70.000% of average monthly compensation. Total benefit reduced by 1/25 for each year of participation less than 25 years.

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None

Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

Schedule SB, part V - Summary of Plan Provisions HAROLD WEINBERG, CONSULTING ENGINEER, P.E. PENSION PLAN

11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION

BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years. Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD

Market value.

Schedule SB, line 32 - Schedule of Amortization Bases HAROLD WEINBERG, CONSULTING ENGINEER, P.E. PENSION PLAN 11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

Type of Base	Present Value of	Date Base	Years Remaining	Amortization
	Remaining Instalments	Established	Amortization Period	Installment
Shortfall	202,394	10/01/09	7	34,001

Schedule SB, line 26 - Schedule of Active Participant Data HAROLD WEINBERG, CONSULTING ENGINEER, P.E.

PENSION PLAN 11-2830708/001

FOR THE PLAN YEAR 10/01/2009 THROUGH 09/30/2010

Years of Credited Service

	Ur	nder 1	1	to 4	5	to 9	10	to 14	15	to 19	20	to 24	25	to 29
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No .	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34					1									
35 to 39														
40 to 44														
45 to 49							1				1			
50 to 54														
55 to 59														
60 to 64														
65 to 69														
70 & up									1		÷			

Years of Credited Service

		Years	or cr	eartea	Service	3
	30	to 34	35	to 39	40	& up
Attained		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						

70 & up

SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE HAROLD WEINBERG, PENSION PLAN

PLAN # 001

EIN# 11-2830708

ALL PARTICIPANTS IN THE VALUATION ARE EXPECTED TO RETIRE AT AGE 67;
THEREFORE THE WEIGHTED AVERAGE RETIREMENT AGE IS 67.

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

rension benefit qualitary outpoission	➤ File as an atta	achment to Fo	orm 5500	or 5500-SF.			торостоп
for calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/20					0/2010		
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be asses 	sed for late filing of this repo	ort unless reas	onable ca	use is established			
A Name of plan HAROLD WEINBERG, PENSION PLAN				1	B Three-digit plan number (PN) ▶ 001		
C Plan sponsor's name as shown on line 2a c	of Form 5500 or 5500-FZ		,, , , , , , , , , , , , , , , , , , ,	D En	onlover Id	entificatio	n Number (EIN)
HAROLD WEINBERG, P. E. CO		PC		1	28307		(2.7.7)
E Type of plan: X Single Multip	ole-A Multiple-B	F Prior ye	ar plan siz	te: X 100 or fewe	r 🔲 1	01-500	More than 500
1 Enter the valuation date:	Month 10 Day	y <u>01</u>	Year	2009			
2 Assets:		***************************************					
					. 2a		974,772
b Actuarial value					. 2b		974,772
3 Funding target/participant count breakdow				(1) Number of p	•		2) Funding Target
a For retired participants and beneficia		[3a	······	0		0
b For terminated vested participants	• · ·		3b	***************************************	1		206
C For active participants:		•					
(1) Non-vested benefits		[3c(1)				0
(2) Vested benefits		[3c(2)				1,118,362
(3) Total active		[3c(3)		4		1,118,362
d Total		<u>]</u>	3d		5		1,118,568
4 If the plan is at-risk, check the box and co	•			· ·			
a Funding target disregarding prescribe	•			• • • • • • • • • • •	. <u>4a</u>		
b Funding target reflecting at-risk assurat-risk for fewer than five consecutive			-		. 4b		
			·····			<u>'</u>	5.69
5 Effective interest rate	······································	***************************************			. 6		6,150
6 Target normal cost		· · · · · · ·	* * * * *		. 0	<u> </u>	0,230
To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer my best estimate of articipated experience	schedule and accompanying schedules, steach other assumption is reasonable (taking), ander the plan.	latements and attachm ng into account the exp	ents, if any, is o perience of the p	complete and accurate. Each	presribed ass lions) and suc	umption was an	oplied in Ilons, in
SIGN HERE MM	and a				06,	/03/201	1
	ture of actuary					Date	
NACHMAN YAAKOV ZISKIND, EA	-					1-05856	···
Type or print name of actuary			Most recent enrollment number				
ECONOMIC GROUP PENSION SERVICES			(212) 494-9063 Telephone number (including area code)				
	irm name			Telephor	ie numbe	r (includin	g area code)
333 SEVENTH AVENUE 1							
US NEW YORK NY	10001						
	ss of the firm						
f the actuary has not fully reflected any regulati	on or ruling promulgated und	der the statute	in comple	ting this schedule,	check th	e box and	see

Par	t II Begini	ning of year carryover a	nd prefunding balances						
- Address of the second			(а) Carryover balance	Prefunding balance				
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)				ргіог					
					125,712				0
Portion used to offset prior year's funding requirement (item 35 from prior year)					0				0
9 Amount remaining (item 7 minus item 8)					125,712				0
10	Interest on ite	m 9 using prior year's actua	I return of		2,011				0
11	Prior year's e	cess contributions to be ac	lded to prefunding balance:						
			or year)					***************************************	0
b Interest on (a) using prior year's effective rate of								0	
	c. Total available at beginning of current plan year to add to prefunding balance			A CONTRACTOR OF THE PARTY OF TH					0
			unding balance						0
			deemed elections		0				
Annual Contract			n 9 + item 10 + item 11d - item 12).	· · · · · ·	127,723				0
	······································	ling percentages	1982-90-00-00-00-00-00-00-00-00-00-00-00-00-						
		······································	<u></u>					76.14	<u>%</u>
		······································	ntage				. 15	75.91	<u>%</u>
	-	• , ,	ses of determining whether carryove	-	•		16	06.66	
	current year's funding requirement						\$	86.66	<u>%</u>
-		value of the assets of the pi tributions and liquidity :		ung target, enter	such percentage	• • • •	. 17	***************************************	%
trimenum.	Girmunian Marcel			2222					
10			e plan year by employer(s) and employer		(le) 0		(-) (
								unt paid by oyees	
					1				
-									
			***************************************		:		***************************************		
					···			***************************************	
					······································		·····	***************************************	***************************************
***************************************								·····	

				Totals ► 18(b)		18	B(c)		
19	Discounted e	mployer contributions see	instructions for small plan with a val	uation date after	the beginning of the year:				
;	a Contributio	ns allocated toward unpaid	minimum required contribution from	prior years	. [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								0	
20	Quarterly con	tributions and liquidity short	fali(s):						
a Did the plan have a "funding shortfall" for the prior year?									
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No									
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) 1st	(2) 2nd	(3) 3rd		(4) 4th			

Part V Assumptions used to determine funding target and target normal cost								
21 Discount rate:	1-1		**************************************					
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used			
	4.92 %	6.71 %	6.88 %					
b Applicable month (e	21b							
22 Weighted average r	22	67						
23 Mortality table(s) (se		Substitute						
Part VI Miscellan		www.mountain.com		***************************************	······································			
_		d actuarial assumptions for the cu						
attachmentYes X No								
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes x No								
		ctive Participants? If "Yes," see in		d atta	chment Yes X No			
, ,	•	e funding rules, enter applicable o						
regarding attachme				27				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		m required contributions for	······································					
		ior years		28	0			
29 Discounted employ	er contributions allocated to	ward unpaid minimum required co						
(item 19a) .				29				
30 Remaining amount	of unpaid minimum required	i contributions (item 28 minus iten	129)	30	0			
Part VIII Minimum	required contribution for	or current year						
31 Target normal cost,	adjusted, if applicable (see	instructions)	,	31	6,150			
32 Amortization installr	ments:		Outstanding Balance		Installment			
a Net shortfall amortization installment			394	34,001				
b Waiver amortization	n installment			0	0 0			
33 If a waiver has beer	n approved for this plan yea	r, enter the date of the ruling lette	r granting the approval					
(Month	Yea	r) and the waived a	mount	33	0			
34 Total funding requir	ement before reflecting carr	yover/prefunding balances	***************************************					
(item 31 + item 32a	+ item 32b - item 33)	· · · · · · · · · · · · · · · · · · ·		34	40,151			
		Carryover balance	Prefunding Balance		Total balance			
35 Balances used to o	ffset funding requirement	40,151			40,151			
36 Additional cash requirement (item 34 minus item 35)					0			
37 Contributions alloca	ated toward minimum require	ed contribution for current year ad	justed to valuation date					
(item 19c)					0			
38 Interest-adjusted excess contributions for current year (see instructions)					0			
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)								
40 Unpaid minimum re	40)						