	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit		_	2010			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public			
	ension Benefit Guaranty Corporation			n the instructions to the Form 550	0-SF.	Inspection			
Pa	art I Annual Report Id	entification Information							
For	calendar plan year 2010 or fisca	7	0	and ending 1	1/30/2	2010			
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
<b>B</b> -	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	G Form 5558	automatic	extension		DFVC program			
		special extension (enter descriptio							
		nation—enter all requested information	ation		41				
	Name of plan				<b>1b</b> Three-digit plan number				
NAT	NOND/RATINOND 40 IR FLAN					(PN) ▶ 001			
					1c Effective date of plan 01/01/2008				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b Employer Identification Number (EIN) 22-1909050				
	NGS HWY				2c Plan sponsor's telephone numb 845-988-5858				
WAR	WICK, NY 10990-3139				2d Business code (see instructions) 812990				
3a RAYN	Plan administrator's name and a MOND/RAYMOND	address (if same as Plan sponsor, ei 85 KINGS H	٧Y		<b>3b</b> Administrator's EIN 22-1909050				
		WARWICK, N	NY 10990-3	3139	3c	Administrator's telephone number 845-988-5858			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
r	name, EIN, and the plan numbe	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	4			
b	Total number of participants at	the end of the plan year			5b	0			
С	• •	th account balances as of the end of		· ·	5c	0			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No			
b		e annual examination and report of a				X Yes No			
	•	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	23739	_	0			
b	Total plan liabilities		7b	(		0			
C	Net plan assets (subtract line 7	b from line 7a)	7c	23739	)	0			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	vable from:	8a(1)	3544	L .				
	(2) Participants		8a(2)	72	2				
	(3) Others (including rollovers)		8a(3)	C	)				
b	Other income (loss)		8b	1286	5				
С	Total income (add lines 8a(1),	Ba(2), 8a(3), and 8b)	8c			4902			
d		ollovers and insurance premiums	64	26224					
е	1 ,	ive distributions (see instructions)	8d 8e	(	)				
f		s (salaries, fees, commissions)	8f	2417	7				
g	•		8g	(	)				
h	·	Be, 8f, and 8g)	8h			28641			
i		8h from line 8c)				-23739			
j	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2H 2J 2F 2G 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		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?	10d		Х				
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		Х				
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 year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	802 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 instrugranting the waiver	nth						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,		-		<u> </u>			
b	Enter the minimum required contribution for this plan year			12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c	L			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d	<u> </u>			-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Х	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			X	Yes	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	1	3c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (	establ	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/30/2011	EDGARDO SAADE
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

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