## 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance witl	n the instructions to the Form 550	0-SF.		peonon		
Pa	art I Annual Report Id	dentification Information				1			
For	calendar plan year 2010 or fisc		10	and ending 1	2/31/2	2010			
Δ.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
	This return/report is for:	first return/report	final retur			ш	,		
	inis return/report is for.	an amended return/report	=	year return/report (less than 12 mo	nthe)				
_		<u>'</u>	<del>-</del>	. ,	111115)	П ътио			
C	Check box if filing under:	^ Form 5558	_	extension		☐ DFVC progra	am		
		special extension (enter descripti	ion)						
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
VINV	INO WINE PROFIT SHARING	AND 401(K) PLAN				plan number	001		
					10	(PN)	( l		
					10	Effective date o			
	Plan enoneor's name and addr	ress (employer, if for single-employe	r nlan)		2h	Employer Identi			
	INO WINE COMPANY, INC.	ess (employer, il for single-employe	i piaii)		2.5	(EIN) 13-310			
					2c	Plan sponsor's t	elephone number		
	VEST 46TH STREET YORK, NY 10036					212-46			
	101tt, 111 10000				2d	Business code (	see instructions)		
32	Dian administrator's name and	address (if some as Dlan ananos	ontor "Com	,n\	2h	Administrator's			
VINV	INO WINE COMPANY, INC.	address (if same as Plan sponsor, 621 WEST	46TH STRE	ET	30	13-310			
		NEW YORK	(, NY 10036		3c	Administrator's	telephone number		
						212-46	3-7880		
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	er from the last return/report. Spons	or's name		40	PN			
52	Total number of participants of	t the heginning of the plan year			_	FIN	7		
	5a Total number of participants at the beginning of the plan year				5a				
	• •	t the end of the plan year			5b		0		
С		rith account balances as of the end o			5c		0		
	•						X Yes No		
	•	. , ,		(See instructions.)dent qualified public accountant (IQ					
				ons.)			X Yes No		
	<u> </u>	, .	Form 5500-	SF and must instead use Form 55	00.				
Pa	rt III   Financial Inform	ation			-				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	538757	7		0		
b					)		0		
С	Net plan assets (subtract line	7b from line 7a)	7с	538757	7	0			
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) 1	Total .		
а	Contributions received or rece				)				
	(1) Employers		8a(1)		_				
	(2) Participants		8a(2)		)				
	(3) Others (including rollovers)		(	)					
b	Other income (loss)		8b	21018	3				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				21018		
d		rollovers and insurance premiums		559775	5				
	•				_				
е	Certain deemed and/or correc	tive distributions (see instructions)	8e	(					
f	Administrative service provide	rs (salaries, fees, commissions)	8f		)				
g	Other expenses		8g		)				
h	Total expenses (add lines 8d.		1				559775		
		8e, 8f, and 8g)	<u>8h</u>						
i		8e, 8f, and 8g) e 8h from line 8c)					-538757		

Form 5500-SF 2010	Page <b>2-</b>

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Co	des in	the instruc	ctions		
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Amo	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described 0 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte line 10a.)	1 <b>0b</b>		X				
С	Wa	as the plan covered by a fidelity bond?	10c		Χ				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau dishonesty?	10d		X				
е	ins	ere 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 tructions.)	10e		X				
f	Ha	s 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				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance				,			
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>		
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_					
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 year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ligative amount)			12d				
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	Ю	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug the PBGC?	ht under	the co	ontrol		X	Yes	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1				
1	13c(1) Name of plan(s):			<b>13c(2)</b> EIN(s) <b>13c(3)</b>			13c(3)	PN(s)	
`aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able car	ıco ic	ostabl	lichod			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					able	a Sche	edule
SB o	r Ścł	hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retust true, correct, and complete.							
SIGI	N	Filed with authorized/valid electronic signature.  07/01/2011 JOHN BURY							

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Filing Authorization for the 2010 Form 5500-SF

Vinvino Wine Profit Sharing and 401(k) Plan

EIN/PN:	13-3103/76/001
Plan Year Ending:	12/31/2010
PART I Authorizati	on of Practitioner to Electronically Sign and File
I hereby authorize Bury & A return/reports through EFAS	associates, Inc. to electronically sign and file the above-named ST2.
page to Bury & Associates, I Bury & Associates, I administrator/employ DOL, IRS, or PBGC A copy of my signat of Labor on the Inter Bury & Associates, I respect to any Plan s  This authorization is applica Plan year end stated above.  Plan Administrator:	sign the 5500-SF Forms and provide a scanned copy of that signature ociates, Inc.  Inc. will retain a copy of this written authorization in its records;  Inc. will notify the individual signing below as plan yer about any inquiries and information it receives from EFAST2, regarding this annual return/report; and ure will be included with the return/report posted by the Department met for public disclosure.  Inc. shall not be deemed an administrator or other fiduciary with olely on account of the services performed under this authorization.
entento de a maissillo començão como ensoassemento.	SELECTION FOR AN ASSESSMENT SERVICE SE
	Igement of Receipt of Authorization
only for the express purpose information to any parties of will take reasonable steps to	iates, Inc., I hereby certify that the firm will use the authority granted es described above; that the firm will not disclose confidential other than the DOL, as required for EFAST filing; and that the firm assure that confidential information provided by the Plan sor is protected from unauthorized disclosure.

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so..

For Bury & Associates, Inc.:

Name of Plan:

## 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

2010

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	10	and anding 10	2/31/2	010
For c	calendar plan year 2010 or fiscal plan year beginning 01/01/201		and criaing	.70172	
АТ	his return/report is for: Single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan
Вт	his return/report is for: first return/report	final return/	report		
	an amended return/report	short plan y	ear return/report (less than 12 mon	ths)	
C	Check box if filing under:	automatic e	extension		DFVC program
	special extension (enter description)	ion)			
Da		and the substitution of th			
		nation		1b	Three-digit
	Name of plan NO WINE PROFIT SHARING AND 401(K) PLAN				plan number 001
					(PN) •
				1c	Effective date of plan 01/01/1998
				2h	Employer Identification Number
	Plan sponsor's name and address (employer, if for single-employe INO WINE COMPANY, INC.	er plan)			(EIN) 13-3105776
VIIIV	INO WINE COMPANT, INC.				Plan sponsor's telephone number
	VEST 46TH STREET				212-463-7880
NEW	YORK, NY 10036			2d	Business code (see instructions) 424800
				2 h	
3a VINV	Plan administrator's name and address (if same as Plan sponsor, INO WINE COMPANY, INC. 621 WEST	enter "Same" 46TH STREE	) -T	งม	Administrator's EIN 13-3105776
	NEW YORK	K, NY 10036		3с	Administrator's telephone number
					212-463-7880
4 11	f the name and/or EIN of the plan sponsor has changed since the I	ast return/rep	ort filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan number from the last return/report. Spons	sor's name	<u> </u>	4c	PN
52	Total number of participants at the beginning of the plan year			5a	7
					0
	Total number of participants at the end of the plan year			5b	
С	Total number of participants with account balances as of the end	of the plan ye	ear (defined benefit plans do not		0
	complete this item)			5c	0
62	complete this item)				[V]
6a b	Were all of the plan's assets during the plan year invested in elig	ible assets? (	See instructions.)	PA)	Yes No
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ible assets? ( of an independ y and condition	See instructions.)lent qualified public accountant (IQI	PA)	Yes No
b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use	ible assets? ( of an independ y and condition	See instructions.)lent qualified public accountant (IQI	PA)	Yes No
Pa	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use till Financial Information	ible assets? ( of an independ y and condition	See instructions.) Jent qualified public accountant (IQI) Jens.) F and must instead use Form 55	PA)	Yes No
b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities	ible assets? ( If an independ If an an and condition If an an and condition If an	See instructions.) Jent qualified public accountant (IQI Jens.) F and must instead use Form 55  (a) Beginning of Year	PA) 00.	Yes No Yes No (b) End of Year
Pa 7 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S	See instructions.) Jent qualified public accountant (IQI Jens.) F and must instead use Form 55  (a) Beginning of Year  538757	PA)	Yes No Yes No (b) End of Year
Pa 7 a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities	ible assets? ( if an independ y and condition Form 5500-S  7a  7b	See instructions.)	PA)	Yes No Yes No No (b) End of Year 0
Pa 7 a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a  7b	See instructions.) Jent qualified public accountant (IQI Jens.)  F and must instead use Form 55  (a) Beginning of Year  538757	PA)	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a  7b	See instructions.)	PA)	Yes No Yes No No (b) End of Year 0
Pa 7 a b c	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a 7b 7c	See instructions.) Jent qualified public accountant (IQI Jens.)  F and must instead use Form 55  (a) Beginning of Year  538757	PA)  00.	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use the set of the plan cannot use the plan assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a 7b 7c  8a(1)	See instructions.) Jent qualified public accountant (IQI Jens.)  (a) Beginning of Year  538757  (a) Amount	PA)  00.	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use the plan assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a 7b 7c  8a(1) 8a(2)	See instructions.) Jent qualified public accountant (IQI Jens.)  F and must instead use Form 55  (a) Beginning of Year  538757  (a) Amount	PA)  00.	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b c	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use the set of the plan cannot use the plan assets and Liabilities  Total plan assets (subtract line 7b from line 7a)	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)	See instructions.) Jent qualified public accountant (IQI Jens.)  (a) Beginning of Year  538757  (a) Amount	PA)  00.	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use the plan assets and Liabilities  Total plan assets and Liabilities  Total 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  Other (including rollovers)  Other income (loss)	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	See instructions.) Jent qualified public accountant (IQI Juns.)  F and must instead use Form 55  (a) Beginning of Year  538757  (a) Amount	PA)  00.	Yes No Yes No No (b) End of Year  0 0 0
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	See instructions.) Jent qualified public accountant (IQI Jens.)  (a) Beginning of Year  538757  (a) Amount	PA)  00.	(b) End of Year  (b) Total
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use the set of the plan cannot use the plan assets and Liabilities  Total 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	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c	See instructions.) Jent qualified public accountant (IQI Jens.)  (a) Beginning of Year  538757  (a) Amount	PA)	(b) End of Year  (b) Total
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition of the cond	See instructions.) See instructi	PA)	(b) End of Year  (b) Total
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  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)	ible assets? ( of an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d  8e	See instructions.) Jent qualified public accountant (IQI ins.)  F and must instead use Form 55  (a) Beginning of Year  538757  (a) Amount	PA)	(b) End of Year  (b) Total
Pa 7 a b c 8 a b c f	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use of the plan assets and Liabilities.  Total plan liabilities	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d  8e  8f	See instructions.) See instructi	PA)	(b) End of Year  (b) Total
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	ible assets? ( if an independ y and condition Form 5500-S  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d  8e  8f  8g	See instructions.) See instructi	PA)  000.	(b) End of Year  (b) Total
Pa 7 a b c 8 a b c d e f g h	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use of the plan assets and Liabilities.  Total plan assets and Liabilities.  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)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	ible assets? ( if an independ y and condition of the cond	See instructions.) See instructi	PA)  000.	(b) End of Year  (b) Total
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information  Plan Assets and Liabilities  Total plan assets	bile assets? ( if an independ y and condition of the cond	See instructions.) See instructi	PA)  000.	(b) End of Year  (b) Total  21018

	Form 5500-3F 2010 Page <b>2-</b>		-					
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Flan Characters and the List of F							
b	If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Chara	cteristic	Cod	es in th	e instru	ctions:		
Part	V   Compliance Questions							
10	During the plan year:		Yes	No		Amou	int	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2516.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c		А				
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				
0		10e	gand base is the in man as	X.				
f	Has the plan failed to provide any benefit when due under the plan?	101		X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X				
9	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		7.				
j	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	1Gi						
Pari	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete S	ched	ule SB	(Form	[	Yes	
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or sec	tion 3	802 of E	ERISA?	[]	Yes	□ No
	of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							ina
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ictions, oth	and e	nıer (n Dav	e date o	r the lett Year	21 101	нц
16	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13							
r	Enter the minimum required contribution for this plan year.	******	[	12b				
0	The Article of the Ar			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ofa		12d				
8	Wil: the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	2	N/A
Par	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?					8	Yes	No
	K"Yes," enter the amount of any plan assets that reverted to the employer this year		- 1	13a				Ó
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	under t	he co	introl		Ä	Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan	(s) to					
	13c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	se is	establ	ished.			
Und SB	er penalties of pegury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of it is true, correct	turn/rep	ort. ir	cludin	g. if appl	icable, a ny k <b>n</b> owl	Sch edge	edule and

6-27-11

62711

Date

Date

Signature of plan administrator

SIGN HERE Signature of employer/plan sponsor

SIGN HERE GIACHING

GIACHINO

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as plan administrator

DOUGLAS

D0066AS