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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Part I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending	12/31/2	2010				
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report		_				
	an amended return/report short plan year return/report (less than 12 m								
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
·	special extension (enter descripti	1							
D	art II Basic Plan Information—enter all requested inform								
	Name of plan	ialion		1h	Three-digit				
	RECOVERY, INC. 401(K) AND PROFIT SHARING PLAN				plan number 001				
					(PN) •				
				1c	Effective date of plan				
	5			O.L.	01/01/2002				
	Plan sponsor's name and address (employer, if for single-employe RECOVERY, INC.	r plan)		20	Employer Identification Number (EIN) 43-1852132				
				2c	Plan sponsor's telephone number				
7 EA	ST 8TH ST., #154 YORK, NY 10003				866-444-2030				
142 00	TORK, WT 10000			2d	Business code (see instructions) 561440				
32	Plan administrator's name and address (if same as Plan sponsor,	anter "Same	2")	3h	Administrator's EIN				
A/R I	RECOVERY, INC. 7 EAST 8TH	ł ST., #154	,		43-1852132				
	NEW YORK	., NY 10003	•	3с	Administrator's telephone number				
	(4) (4) (5) (4) (4)			4.	866-444-2030				
	f the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Spons		eport filed for this plan, enter the	4b	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				4				
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				4				
	complete this item)				□ □ □				
-	Were all of the plan's assets during the plan year invested in eligi		'		Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			X Yes ☐ No					
	If you answered "No" to either 6a or 6b, the plan cannot use F		,						
Pa	rt III Financial Information	•							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	17900)4	227347				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	17900)4	227347				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	0-(4)	863	37					
	(1) Employers	8a(1)	2663	18					
	(2) Participants		2000	_					
L	(3) Others (including rollovers)	` '	1325	2					
b	Other income (loss)		1020		48528				
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+0320				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses		18	35					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				185				
i	Net income (loss) (subtract line 8h from line 8c)				48343				
i	Transfers to (from) the plan (see instructions)								

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2J 2K 2G 3D	acteris	tic Co	des in th	ne instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	ic Cod	les in th	e instructions:
	in the plant provided worlding borlotte, criter the applicable worlding routine codes from the blotter in tail order	.0.0110		200 111 111	o mondono.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
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		30000
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		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		1594
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	X		
rt	VI Pension Funding Compliance				
l	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of El	RISA? Yes 🛚 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ctions,	and e	nter the	date of the letter ruling

13a	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	40-		<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)		

Day_

12b

12c

12d

Yes

Year

No

N/A

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year.....
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

negative amount)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

Part VII | Plan Terminations and Transfers of Assets

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.	07/25/2011	NOLA DEVITT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebe Employee Benefits Security Administrators Pension Berefit Gueranty 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):

2010

OMB Nos. 1210-0110 1210-0089

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No.	artitia Annual Report Identification Information	natice with	t the tuetingue	to the Form 5500	-51.					
Fa	calendarplen year 2010 or fiscal plan year beginning	01/01/	3.0.7.0	and ending	7.	17/72/2015				
. ,	This return/report is for: Single-employer plan	1.11				12/31/2010				
					one participant plan					
			1	turn och vare mit till						
	☐ an amended return/report		and the second s	l (lass than 12 mon	(he)	_				
نباز	Check box if filing under:		extension		- 1	DFVC program				
Vener .	pecial extension (enter description)									
P	artilligi Basic Plan Information—enter all requested Inform	allon								
13	Name of plan	1			16	Three-digit				
	A/R Recovery, Inc. 401(k) and Profit Sha	ring P	lan			plan number (PN) > 001				
				<u> </u>	10	Effective date of plan				
					01/01/2002					
2a	Plen sponsor's name and address (amplayer, if for single-employer A/R Recovery, Inc.	plan)	-7		2b Employer Identification Number					
	We recovery, Inc.	•].		(EIN) 43-1852132				
	7 East Sth Sty, #154				2c	Plan sponsor's telephone number				
	New York NY Inno			-	866-444-2030 2d Business code (see instructions)					
	tion in the control of the control o					561440				
32	Plan administrator's name and address (if same as Plan sponsor, a A/R Recovery, Inc.	nter Sam	ı")	Ì	3b	Administrator's EIN				
	7 East 8th St., #151			}	3-	43-1852132 Administrator's telephone number				
	New York NY 10003				-	866-444-2030				
4	If the name and/or EIN of the plan sponsor has changed since the la	st relunvie	part filed for this p	an, enter the	4b					
	name, EIN, and the plan number from the last return/report. Sponso	i's name		Ī	4c	Dat				
5a	Total number of padicipants at the beginning of the plan year	an litery in the								
b	Total number of participants at the end of the plan year		, i		5a					
c	Total number of participants with account balances as of the end of	ennagana. Cilia atama	maninistrapis prancisis. Para para para para para para para para		5b	4				
_ . -	complete this item)	tine blan)	ear (denned bene	ii bisua oo uoi	5c	4				
бa	Were all of the plan's assets during the plan year invested in eligib	7aloaze ele	(See Instructions.	Y		X Yes No				
b	Are you claiming a water of the annual examination and most of	on indeper	dant midlifud mil	lle cooperators (ICIC	AL					
	under 29 CFR 2520,104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ons.)			X Yes No				
'P	Tilla Financial Information	OUL SOUR-	er and musi insi	ead use Form 550	υ.					
7	Plan Assats and Liabilities	THE PARTY	/al Barle	ning of Year	1	167 5-4 -172				
त	Total plan assets		Int Dafii	179004	-	(b) End of Year				
b	Total plan (abilities	7b		1,500	+	227347				
C	Net plan assets (subtract line 75 from line 7a)	. 7c		179004	-	227347				
8.	Income, Expenses, and Transfers for this Plan Year		(=) A	mount	1	(b) Total				
a	Contributions received or receivable from:	1	(6) 7	astouit.	2.0	(b) 10tal				
	(1) Employers	·		8631	7 🚎					
	(2) Parlicipants			26631	1					
	(3) Others (including rollovers)		<u></u>	1						
b	Other Income (loss)			13253	1 -: c					
	Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)	BC	為國際國際的		7	A B C 7 B				
C	Benefits paid (including direct rollovers and insurance premiums									
D	to provide banafits)									
Ť		8e	,							
.! g:	Administrative service providers (salaries, fees, commissions)									
h	Other expenses (add lines 8d, 8e, 8f, and 8g)		14(18)(其序)(理4(12))(2)(1 85 Tarangan		原形型原理性學院。在1871年1				
i					34	185				
	Net Income (loss) (subtract line 8ft from line 8c)		在时间里是自己	理等兩門開發		48343				
	Transfer in fireful rise high face NIPORDIOUS) """"""""""""""""""""""""""""""""""""	Bj			1.3	BURNAD DATE				

.**************************************	Form 5580-SF 2010	F	age 2-								
Par	Plan Characteristics										
9a. If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes to the instructions:											
	2E 2J 2K 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:										
<u> </u>											
10	Compliance Questions										
134 4	During the plan year: Was there a foliure to transmit to the plan any participant contribution		Yes	No		Am	ount				
	29 CFR 2510.3-1027 (See Instructions and OOL's Voluntary Fiductions	10a		X							
Ь	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	Din and Include teach	tantiana annumed	106	, (Х.	-	7.			
Ċ	Was the plan covered by a lidelity bond?	*************************	**************	105	×				-	30000	
ď	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishahesty?	delily bond, that was	caused by fraud	10d	-11	х			·		
B	Were any less or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions;]	persons by an insu	rance carrier.	100		x				-	
į.	Has the plan falled to provide any benefit when due under the plan?	Dietaitelemakiniaanijappija	driftediriditation?	itir		Х					
9	Did the plan have any participant loans? (It "Yes," enter amount as a	of year end.)		10g	X		<u> </u>			1594	
	If this is an individual account plan, was there a blackout period? (Si 2520,101-3.)	es instructions and i	19 CFR	10h	x		计数数 表面作	, ii. i -			
	11.10h was answored "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-3	topulted notice or e	ee of the	101	X.			1.51	M. 11 o		
Part	VIII Pension Funding Compliance	*							1	<u></u>	
77	ls (bis a defined benefit plan subject to minimum funding requiremen 5500))	ils? (If "Yes," see in	structions and con	plote .	Sched	ule St	(Form	F	Yes		
12	Is this a delined contribution plan subject to the minimum funding re	outrements of section	n 432 of the Code	nr.co	rtlan :	יייייייי	FDISAT	 -		X No	
lf y	(If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicat If a walver of the minimum funding standard for a prior year is being granting the walver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	amoritzad in this pla MB (Form S500), an	Mon Id skip to line 13,	th		nter (i Day	re date of	ihe le Ye:	iller rüf ir	ing	
b.	Enter the minimum required contribution for this plan year	der instantion (der instantion (der i	والمراجعة والمستعددة والمستعددة والمستعددة	بموجةتين	[126					
C i	Enter the amount contributed by the employer to the plan for this pla	n:vear			[12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the regalive amount)	**********	*****	********	,,,	12d		<u></u>			
(U-1992	Will the minimum funding amount reported on line 12d be met by the	funding deadline?.					Yes		Nσ	N/A	
Parti											
	rias a resolution in terminate the plan been adopted during the plan								Yes	X No	
<u></u>	If Yes, enter the amount of any plan assets that reverted to the em	ployer this year	(International Control of the Contro	أغضضن		13=					
	Were all the plan assets disiributed to participants or behaliclaries, to of the PBGC?				انتماماته	Li di in			Yes	Na Na	
	lī during tils plan year, ony assets or kabikties were transferred from which assets or kabikties were fransferred. (See Instructions.)	ı ınıs pian io anoine	r plan(s), identily t	ie plai	า(ร) เอ					,	
13	c(1) Name of plan(s):		<u></u>		13	c(Z) E	N(5)		13c(3)	PN(s)	
5 79											
		-				- Par					
Cautio	on: A panalty for the late or incomplete filing of this return/repo	n will ho scence an	impes reached	ln	ا مو	man kan ba	Sehni-				
Under 58 or	penalties of perjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	declare that I have	evanimed this rate	era/mar	on In	etudin	o Hannii	cable, y know	a Sche vledge	edule and	
SON SOLAR 7/22/11 NOLA DEVITE								·····			
HERE	FIERE Signature of pittin administrator Date Entername of individual signing as plan administrator								·		
SIGN	the Count	7/22/11	NOLA DEVIT								
HERE	Signature of employer/plan sponsor	Date	Enter name of Ir	idividu	al slo	niin e	s emplay	er or b	lan spc	2015OF	