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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation Complete all	entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	art I Annual Report Identification In					
For	calendar plan year 2010 or fiscal plan year beginni	ng 01/01/20	10	and ending	2/31/2	2010
Α.	This return/report is for:	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 retu	ırn/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	Ī	automatio	extension		DFVC program
	special extension	n (enter descript	ion)			_
Pa	rt II Basic Plan Information—enter all	requested inform	nation			
	Name of plan				1b	Three-digit
	SCOM, INC. 401(K) PLAN					plan number 001
						(PN) ▶
					1C	Effective date of plan 01/01/2001
2a	Plan sponsor's name and address (employer, if for	r single-employe	er plan)		2b	Employer Identification Number
	SCOM, INC.	omigio ompioyo	, pian,			(EIN) 98-0219604
2000	PURCHASE STREET				2c	Plan sponsor's telephone number 914-249-5950
	CHASE, NY 10577				24	Business code (see instructions)
					Zu	511210
3a	Plan administrator's name and address (if same as	s Plan sponsor,	enter "Same	e")	3b	Administrator's EIN
UKB	SCOM, INC.	2000 PURC PURCHASE			20	98-0219604
					30	Administrator's telephone number 914-249-5950
	f the name and/or EIN of the plan sponsor has cha	•		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan number from the last retur	n/report. Spons	or's name		4c	DNI
-5a	Total number of participants at the beginning of th	e nlan vear			5a	13
b	Total number of participants at the end of the plan			10		
C	Total number of participants at the end of the plant	5b	10			
	complete this item)			•	5c	9
6a	Were all of the plan's assets during the plan year	invested in eligi	ble assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examinat	ion and report of	f an indeper	ndent qualified public accountant (IQ	PA)	X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the pla					^ Yes No
Pa	rt III Financial Information	an cannot use i	-01111 3300-	or and must instead use Form 55	υ.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		7a	93954	2	1050202
b	Total plan liabilities				0	0
C	Net plan assets (subtract line 7b from line 7a)			93954	2	1050202
8	Income, Expenses, and Transfers for this Plan Ye		70	(a) Amount		(b) Total
а	Contributions received or receivable from:					(2) 10 (2)
	(1) Employers		8a(1)	2042	_	
	(2) Participants		8a(2)	34073	3	
	(3) Others (including rollovers)		8a(3)		_	
b	Other income (loss)		8b	105089	9	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8l	b)	8c			159583
d	Benefits paid (including direct rollovers and insura to provide benefits)		<u>8d</u>	4857	3	
е	Certain deemed and/or corrective distributions (se	e instructions)	8e			
f	Administrative service providers (salaries, fees, co	ommissions)	8f	350	0	
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			48923
i	Net income (loss) (subtract line 8h from line 8c)		8i			110660
i	Transfers to (from) the plan (see instructions)		8i			

	F	orm 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	des in	the instructio	ns:	
L		2F 2G 2J 3D		tio Co.	daa :a 4	tha inaturation		
b	ii trie	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	alic Coo	ies in t	ne instruction	15.	
art	V	Compliance Questions						
0	Durir	ng the plan year:		Yes	No	Aı	mount	
а		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						
		ne 10a.)	10b	X			4500	20000
С		the plan covered by a fidelity bond?	10c	^			1500	00000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е		e 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.)							3169
f	Has	s the plan failed to provide any benefit when due under the plan?			X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Χ			
		1.101-3.)	10h					
1		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art		Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	•			,	Yes X	No
12	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	le or se	ection 3	302 of I	ERISA?	Yes X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		f 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 waiverMonth Day Year						
lf :	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.	_				
b	Enter	the minimum required contribution for this plan year			12b			
С		the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
art	VII	Plan Terminations and Transfers of Assets						
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			Yes X	No
	If "Ye	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough e PBGC?				,	Yes X	No

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

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.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/26/2011	BARBARA DIVIRGILIO					
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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Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0040

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

P	arti A	Annual Repor	t Identification Informatio	n							
For	the calend	ar plan year 2010	or fiscal plan year beginning		01/01/2010	and ending	12/31/2010				
Α	This return/r	report is for:	x single-employer plan	mul	tiple-employer plan (not multiemployer)	one-participant plan				
В	This return/r	report is for:	first return/report	☐ fina	l return/report		<u>.</u>				
		•	an amended return/report	뭄	•	port (less than 12 months	s)				
C	Check hov i	if filing under:	☐ Form 5558	H	omatic extension		DFVC prog	ıram			
•	Officer box i	ir ming under.	special extension (enter descr	ш	on all one of the second of th		П эт төргөг	jrani			
	-411 6	Paris Diamins		<u> </u>							
-	art II E Name of p		formation enter all requested	d informati	on.	1	1b Three-digit				
							plan number				
	Orbisco	om, Inc. 401	(K) Plan			-	(PN) ▶	001			
							1c Effective date 01/01/200	•			
2a	Plan spon	sor's name and a	ddress (employer, if for single-emplo	yer plan)			2b Employer Ide				
	Orbisco	om, Inc.					(EIN) 98-0219604				
	2000 Pu	ırchase Stree	et.				2c Plan sponsor's telephone number (914) 249-5950				
			•	2d Business code (see instructions)							
	Purchas	· · · · · · · · · · · · · · · · · · ·	NY 10577				511210				
3a	Plan admi Same	inistrator's name a	and address (If same as plan employ	er, enter "	Same")		3b Administrator	's EIN			
						_	2				
							3c Administrator's telephone number				
											
4			e plan sponsor has changed since the plan sponsor has changed since the last return/report. Sports			s plan, enter the	4b EIN				
							4c PN				
5a			at the beginning of the plan year.				5a	13			
b			s at the end of the plan year s with account balances as of the end				5b	10			
·			with account parances as of the end				5c	9			
6a			s during the plan year invested in elig					XYes No			
b	-	-	f the annual examination and report			, ,					
			? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use	•	,	tead use Form 5500		XYes No			
P:		inancial Info					 				
7		ts and Liabilities			(a) E	Beginning of Year	(b) E	nd of Year			
а	Total plan	assets			7a	939,542		1,050,202			
b	Total plan	liabilities			7b	0		0			
С	Net plan a	issets (subtract lin	e 7b from line 7a)		7c	939,542		1,050,202			
8			nsfers for this Plan Year			(a) Amount	(o) Total			
а		ons received or re						,			
	. , .	oyers			a(1)	20,421	-				
	(2) Partic	•	· · · · · · · · · · · · · · ·		a(2)	34,073	-				
h			ers)	· · 8	a(3)	402 000					
b		(/) 0-(0) 0-(0)	• •	8b	105,089		4			
d	l otal inco	me(add lines 8a(1 aid (includina dire), 8a(2), 8a(3), and 8b) ct rollovers and insurance premiums	, · : -	8c			159,583			
	to provide				8d	48,573		(APP)			
е	Certain de	eemed and/or corr	ective distributions (see instructions)		8e						
f	Administra	ative service provi	ders (salaries, fees, commissions) .		8f	350					
g	Other exp	enses			8g						
h	Total expe	enses (add lines 8	d, 8e, 8f, and 8g)	[8h			48,923			
i	Net incom	ie (loss) (subject li	ne 8h from line 8c)		8i			110,660			
i	Transfora	to (from) the nion	(see instructions)		0;						

}a ≀	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte 2E 2F 2G 2J 3D	ristic (Codes	in the	instructions:		
b i	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	stic C	odes i	n the ir	nstructions:		
Par	V Compliance Questions						
10	During the plan year:		Yes	No	Am	ount	
a	Was there a failure to transmit to the plan any participant contribution 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			· · · · · · · · · · · · · · · · · · ·
d	Was the plan covered by a fidelity bond?	10c	х	x		15,0	00,000
е	or dishonesty?	10d				***************************************	0.150
f	instructions.)	10e	X	х			3,169
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			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					
THE PERSON NAMED IN COLUMN	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No
a If v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ons, ai	nd ent	er the Day	date of the lett	-	
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 of negative amount)	а	. [12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	Yes []No [□N/A
Part							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			 13a		Yes	X No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?					∏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.)	plan(s) to				
	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3) F	PN(s)
		 				····	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use i	s esta	blishe	d.		
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ischedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report is true, correct, and complete.	eport, ort, an	includ d to th	ding, if e best	applicable, a S of my knowled	Schedule dge and	
SIG	De a Maria la Trade de la Trade de	tA1	B	KR	ETSCH	MAN	N
HEI		individual signing as plan administrator					
SIG	N Staré Mark Metsellman DIANE :	SttA	HE	> K	RETSC	HMA	NN
HEI	Signature of employer/plan sponsor Date 7 21 11 Enter name of inc	dividua	al sign	ing as	employer or pl	an spons	or

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Part IV Plan Characteristics