Prediction Complete all entries in accordance with the instructions to the Form S500-SF. Inspection Partal Annual Report Identification Information and ending 12/31/2010 For calender plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 A This return/report is for: isngle-employer plan multiple-employer plan (not multiple-employer) one-participant plan B This return/report an amended return/report inal return/report inal return/report A Name of plan IP orm S558 automatic extension DFVC program Brance of plan Special extension (enter description) Part II Basic Plan Information—enter all requested information 1 1A Name of plan BirkhinkrishAM VENDING COMPANY 401K PLAN 01 CE Effective date of plan BirkhinkrishAM VENDING COMPANY 20 SECOND AVE N 20 Employer identification Number 20 Se204-7520 22 Plan sponsor's name and address (if same as Plan sponsor, enter "Same") 33 A Plan administrator's name and address (if same as Plan sponsor, enter "Same") 33 A drain administrator's name and address (if same as Plan sponsor's name 32 Administrator's EIN 33 A Plan administrator's name and address (if same as of the end of the plan year. 5a	This Form is Open to Public Inspection 2010 □ one-participant plan □ DFVC program Three-digit plan number (PN) ▶ 001 Effective date of plan 08/01/1977 Employer Identification Number (EIN) 63-0632864 Plan sponsor's telephone number	Actions 104 and 4065 of the Employee (ERISA), and section 6058(a) of the Code (the Code). h the instructions to the Form 5500-SF. and ending 12/31/2 employer plan (not multiemployer) m/report n year return/report (less than 12 months) c extension 1b	This form is required to be filed under service Retirement Income Security Act of 1974 Internal Revenue Complete all entries in accordance with entification Information I plan year beginning 01/01/2010 single-employer plan multiple-e first return/report final return an amended return/report short plan Form 5558 automation special extension (enter description)	Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Id For calendar plan year 2010 or fisca A This return/report is for: B This return/report is for:									
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	(b) Total	(a) Amount											
a Contributions received or receivable from: (1) Employers		0											
(2) Participants		0											
(3) Others (including rollovers)													
b Other income (loss)		-8604		b Other income (loss)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-8604		3a(2), 8a(3), and 8b)	C Total income (add lines 8a(1), a									
d Benefits paid (including direct rollovers and insurance premiums to provide benefite)		373081											
e Certain deemed and/or corrective distributions (see instructions) 8e				· ,									
f Administrative service providers (salaries, fees, commissions)			. , ,										
g Other expenses			· · · · /										
	373081		se, 8t, and 8g)										
	<u>373081</u> -381685												

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 2F 2G 2J 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	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 in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	as the plan covered by a fidelity bond?	10c		Х				
d									
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, aurance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
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		X				
Part	VI	Pension Funding Compliance							
11									
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction inting the waiver.							ng
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	En	ter the minimum required contribution for this plan year			12b				
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	lo X	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co				Yes	× No
C	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)							
1	3c(*	I) Name of plan(s):		130	:(2) Ell	N(s)		13c(3)	PN(s)
	-								
Caut	ioni	A negative for the late or incomplete filing of this return/report will be assessed unless reasonab		eo ie	octabl	ished			

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

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.	09/08/2011	JERRY SPIEGELMAN
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

		Penefit Plan								
	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee 2010								
F	Department of Labor Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the de (the Code).							
,	Penning Rappit Community Communities		the instructions to the Form 550	1-SF	Inspection					
	art Annual Report Identification Information					i				
Fo		01/01/20	10 and ending	··	12/31/2010					
Α	This return/report is for: X single-employer plan] multiple-er	nployer plan (not multiemployer)		one-participant	plan				
В	This return/report is for:] final return	/report							
	an amendec return/report	short plan	year return/report (less than 12 mor	nths)						
С	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter descripti	ion)								
Ρ	art II Basic Plan Information-enter all requested inform	nation								
1a	Name of plan			1b	Three-digit					
	BIRMINGHAM VENDING COMPANY 401K PLAN				plan number					
				4-	(PN)	001				
				1¢	Effective date of pl 08/01/1977	lan				
2a	Plan sponsor's name and address (employer, if for single-employed BIRMINGHAM VENDING COMPANY	r plan)	**************************************	2b	Employer Identifica	ation Number				
	BIRMINGHAM VENDING COMPANY				<u>(EIN) 63-06328</u>	364				
				2c	Plan sponsor's tele (205) 324-75	ephone number				
	540 SECOND AVE N.			2d	Business code (se					
	BIRMINGHAM		AL 35209		454210					
3a	. Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAMB}}$	enter "Same')	3b	Administrator's EIN	1				
				30	Administrator's tele	enhone number				
				00						
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor	ast return/rep	ort filed for this plan, enter the	4b	EIN					
	name, city, and the plan humber from the last returnineport. Sponse	ors name		4c	PN					
5a	Total number of participants at the beginning of the plan year			5a	Т	53				
b	Total number of participants at the end of the plan year									
С										
			,	F -		•				
	complete this item)			5c		0				
	Were all of the plan's assets during the plan year invested in eligit	ble assets? (See instructions.)			X Yes No				
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	ble assets? (f an indepen	See instructions.) dent qualified public accountant (IQ	PA)		X Yes No				
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ble assets? (f an independ and conditio	See instructions.) dent qualified public accountant (IQ ns.)	PA)		(1778)				
b 	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	ble assets? (f an independ and conditio	See instructions.) dent qualified public accountant (IQ ns.)	PA)		X Yes No				
b 	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	ble assets? (f an independ and conditio	See instructions.) dent qualified public accountant (IQ ns.)	PA)		X Yes No				
b Pa	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities	ble assets? (f an independ and conditio Form 5500-S	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550	PA) 10.		X Yes No				
b Pa 7	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	ble assets? (f an independ and conditio Form 5500-S	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year	PA) 10.		X Yes No X Yes No Year				
b Pa 7 a	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	ble assets? (f an independ and conditio Form 5500-S 7a 7b	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year	PA) 10.		X Yes No X Yes No Year 0				
b Pa 7 a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	ble assets? (f an independ and conditio Form 5500-S	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381,68	PA) 10.		X Yes No X Yes No Yes No				
b Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ble assets? (* f an independ and conditio corm 5500-S	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68	PA) 10.	(b) End of	X Yes No X Yes No Yes No				
b Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	ble assets? (f an independ and conditio <u>Form 5500-S</u> 7a 7b 7c 8a(1)	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68	PA) 10.	(b) End of	X Yes No X Yes No Yes No				
b Pa 7 a b c 8	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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	ble assets? (f an independ and conditio <u>Form 5500-S</u> <u>7a</u> <u>7b</u> <u>7c</u> <u>8a(1)</u> <u>8a(2)</u>	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68	PA) 10.	(b) End of	X Yes No X Yes No Yes No				
b Pa 7 a b c 8 a	 Were all of the plan's assets during the plan year invested in eligits Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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) 	ble assets? (* f an independ and conditio corm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount	PA) 0. 5 5 0	(b) End of	X Yes No X Yes No Yes No				
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b Pa 7 a b c 8 a b c c	 Were all of the plan's assets during the plan year invested in eligiti Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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) 	ble assets? (* f an independ and conditio <u>Form 5500-S</u> 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 al				
b Pa 7 a b c 8 a b c	 Were all of the plan's assets during the plan year invested in eligiti Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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 (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	ble assets? (f an independentio and conditio Form 5500-S 	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount (8, 604	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 al				
b Pa 7 a b c 8 a b c d	 Were all of the plan's assets during the plan year invested in eligition Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Feart III Financial Information Plan Assets and Liabilities Total plan assets 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 to provide benefits) Certain deemed and/or corrective distributions (see instructions) 	ble assets? (* f an independ and conditio <u>Form 5500-S</u> 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8c 8c 8c 8c 8c 8c	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount (8, 604	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 al				
b Pa 7 a b c 8 a b c d	 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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 to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses 	ble assets? (f an independention and condition Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c 8f 8g	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount (8, 604	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 0 0 al (8,604)				
b Pa b c 8 a b c d f	 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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 to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses (add lines 8d, 8e, 8f, and 8g) 	ble assets? (* f an independ and conditio <u>corm 5500-S</u> 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8d 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount (8, 604	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 0 Q 0 0 al (8,604) (8,604) 373,081 373,081 0				
b Pa b c 8 a b c d e f g	 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets 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 to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses 	ble assets? (* f an independ and conditio <u>corm 5500-S</u> 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 	See instructions.) dent qualified public accountant (IQ ns.) F and must instead use Form 550 (a) Beginning of Year 381, 68 381, 68 (a) Amount (8, 604	PA) 0. 55 0 0	(b) End of	X Yes No X Yes No Year 0 0 0 al (8,604)				

-	Form 5500-SF 2010 Page 2-							
Parl	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2E 2F 2G 2J 3D	1 Characteri	stic Co	des in	the instruct	ions		-
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteris	atic Coo	les in f	he instructi	ons:		
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 describ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	orted		х				
С	Was the plan covered by a fidelity bond?			х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	fraud		x				
e	Were any fees or commissions paid to any prokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	r, e		x				
f	Has the plan failed to provide any benefit when due under the plan?			х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			х				
-	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							-
i	2520.101-3.)							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х		: ·		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500))					П	Yes X I	٩٥
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the					П	····· 🛏	١o
	(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 granting the waiver.						tter ruling	
if y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li							
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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount)	he left of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	√o X 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?						Yes X I	٩V
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bi of the PBGC?						Yes X I	٩V
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the pl	an(s) to					
1	I3c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(:	\$)
						+		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	isonable ca	use is	estab	lished.			
	exampling of participly and other populities sat forth in the instructions. I declare that I have examined	this return/n	enort i	ncludir	a if applies	ahle	a Schedule	

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		9/8/11	Jerry Spiegelman
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	CX E	9/8/11	Steven Toranto
SIGN HERE	Signature offemployer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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