Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

| | , | | | | Inis Form is Open to Public Inspection |
|-----------------|---|-----------------------------------|---|-----------------------------|--|
| Part I | | tification Information | | | · |
| For cale | ndar plan year 2010 or fiscal p | olan year beginning 01/01 | | | /31/2010 |
| A This | eturn/report is for: | a multiemployer pla | n; a multip | ole-employer plan; or | |
| | | a single-employer p | lan; a DFE (| (specify) | |
| | | _ | <u></u> | | |
| B This | eturn/report is: | the first return/repo | t; the fina | I return/report; | |
| | | an amended return | report; a short | plan year return/report (le | ess than 12 months). |
| C If the | plan is a collectively-bargaine | ed plan, check here | | | |
| D Chec | k box if filing under: | X Form 5558; | automa | tic extension; | the DFVC program; |
| 2 000 | . v o o o o o o o o o o o o o o o o o o | special extension (e | | | |
| Part | II Basic Plan Inform | nation—enter all requeste | . , | | |
| | ne of plan | idiləri onter an requeste | a initimation | | 1b Three-digit plan 001 |
| | NAIK, M.D. 401(K) PLAN | | | | number (PN) ▶ |
| | | | | | 1c Effective date of plan 01/01/1987 |
| 2a Plan | sponsor's name and address | s (employer, if for a single-e | mployer plan) | | 2b Employer Identification |
| | ress should include room or s | | , , , , | | Number (EIN) |
| ASHOK | NAIK, M.D., PLLC | | | | 33-1130466 |
| | | | | | 2c Sponsor's telephone number |
| 4450 144 | MAIN OT DD | | | | 585-344-0871 |
| | MAIN ST RD A, NY 14020 | | SHOK NAIK, M.D., PLLC 156 W MAIN ST RD | | 2d Business code (see |
| | | В | ATAVIA, NY 14020 | | instructions) 621111 |
| | | | | | 021111 |
| | | | | | |
| | | | , | | |
| | A penalty for the late or in | · · · | | | |
| | | | | | oort, including accompanying schedules, d belief, it is true, correct, and complete. |
| | | | | | |
| SIGN | Filed with authorized/valid ele | ectronic signature. | 09/16/2011 | PHYLLIS RIMKUS | |
| HERE | Signature of plan adminis | ual signing as plan administrator | | | |
| | Orginature or plan adminis | u u v | Date | Litter Harrie of Hidividi | dai organing do pian daminiotrator |
| SIGN | | | | | |
| HERE | Signature of employer/pla | n snonsor | Date | Enter name of individ | ual signing as employer or plan sponsor |
| | Oignature of employer/pla | п эропэот | Date | Litter frame or illulvio | uai signing as employer of plan sponsor |
| SIGN | | | | | |
| HERE | | | | | |

Date

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

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2010) Page **2**

| | Plan administrator's name and address (if same as plan sponsor, enter "San HOK NAIK, M.D., PLLC | ne") | | Iministrator's EIN 1130466 |
|---------|---|---|---------------------|--|
| | 56 W MAIN ST RD TAVIA, NY 14020 | | nu | ministrator's telephone umber 5-344-0871 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report: | n/report filed for this plan, enter the name, EIN | l and | 4b EIN |
| а | Sponsor's name | | | 4c PN |
| 5 | Total number of participants at the beginning of the plan year | | 5 | 3 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete | e only lines 6a, 6b, 6c, and 6d). | | |
| а | Active participants | | . 6a | 3 |
| b | Retired or separated participants receiving benefits | | . 6b | 0 |
| С | Other retired or separated participants entitled to future benefits | | . 6c | 0 |
| d | Subtotal. Add lines 6a , 6b , and 6c | | . 6d | 3 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to re | ceive benefits | . 6е | 0 |
| f | Total. Add lines 6d and 6e | | 6 f | 3 |
| g | Number of participants with account balances as of the end of the plan year complete this item) | • | . 6g | 3 |
| h | Number of participants that terminated employment during the plan year with less than 100% vested | | 6h | 0 |
| 7 | Enter the total number of employers obligated to contribute to the plan (only | | | |
| 8a b | If the plan provides pension benefits, enter the applicable pension feature con the plan provides welfare benefits, enter the applicable welfare feature code if the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable pension feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits, enter the applicable welfare feature code in the plan provides welfare benefits. | | | |
| 9a | Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor | 9b Plan benefit arrangement (check all the (1) Insurance (2) Code section 412(e)(3) (3) Trust General assets of the section 412 (2) | insurand | |
| 10 a | Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan | b General Schedules (1) H (Financial Information) (2) X I (Financial Information) (3) A (Insurance Information) | mation) nation – | |
| | actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (4) C (Service Provid (5) D (DFE/Participat (6) G (Financial Tran | ing Plan | Information) |

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

| | ilispection |
|---------------------------------------|---|
| and ending 12 | /31/2010 |
| B Three-digit plan number (PN) | 001 |
| | |
| D Employer Identificati | on Number (EIN) |
| 33-1130466 | |
| | B Three-digit plan number (PN) D Employer Identification |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 | Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|---|--|---------|-----------------------|------------------|
| а | Total plan assets | . 1a | 735327 | 802364 |
| b | Total plan liabilities | . 1b | 0 | 0 |
| С | Net plan assets (subtract line 1b from line 1a) | 1c | 735327 | 802364 |
| 2 | Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| а | Contributions received or receivable: | | | |
| | (1) Employers | . 2a(1) | 4010 | |
| | (2) Participants | . 2a(2) | 22000 | |
| | (3) Others (including rollovers) | . 2a(3) | 0 | |
| b | Noncash contributions | . 2b | 0 | |
| С | Other income | . 2c | 45759 | |
| d | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | . 2d | | 71769 |
| е | Benefits paid (including direct rollovers) | . 2e | 0 | |
| f | Corrective distributions (see instructions) | . 2f | 0 | |
| g | Certain deemed distributions of participant loans (see instructions) | . 2g | 0 | |
| h | Administrative service providers (salaries, fees, and commissions) | . 2h | 4732 | |
| i | Other expenses | . 2i | 0 | |
| j | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | . 2j | | 4732 |
| k | Net income (loss) (subtract line 2j from line 2d) | . 2k | | 67037 |
| | Transfers to (from) the plan (see instructions) | . 2I | | 0 |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | | Yes | No | Amount |
|---|---|----|-----|----|--------|
| а | Partnership/joint venture interests | 3a | | X | |
| b | Employer real property | 3b | | X | |
| | Real estate (other than employer real property) | | X | | 228436 |
| d | Employer securities | 3d | | X | |
| е | Participant loans | 3e | | X | |

| | Schedule I (Form 5500) 2010 Page 2- | | | _ | |
|----|---|------------|---------|-----------|----------------------------------|
| | | | Yes | No X | Amount |
| 3f | Loans (other than to participants) | 3f | | | |
| g | Tangible personal property | 3g | | X | |
| Pa | art II Compliance Questions | | | | |
| 4 | 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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| b | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance | 4b | | X | |
| С | Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | |
| е | Was the plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | |
| j | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4 j | | X | |
| k | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | X | | |
| I | Has the plan failed to provide any benefit when due under the plan? | 41 | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year | . Ye | es 🏻 l | No | Amount: |
| 5b | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.) | entify t | he plan | ı(s) to v | which assets or liabilities were |

 5b(1) Name of plan(s)
 5b(2) EIN(s)
 5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Sandos

Department of Labor Emptoyee Genefite Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form \$500. OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

| ŶĬ, | Annual Repor | rt identification information | | |
|----------------|----------------------------------|--|------------------------------|--|
| Fo | r the calendar plan year 2 | 010 or flacel plan year beginning 01/01/2010 | and ending 12/ | 31/2010 |
| A | This return/report is for: | a multiemployer plan; | a multiple-employe | er plan; or |
| | | 🛪 a single-employer plan; | a DFE (specify) | · |
| B | This return/report is: | ine first return/report; an amended return/report; | he final return/rep | ort; êtum/report (less lhan 12 months). |
| C | If the plan is a collectively-ba | argained plan, check here | | |
| D | Check box if filing under: | Form 6666; special extension (enter description) | automatic extension | in; |
| T _s | Basic Plan In | formation enter all requested information. | | |
| 1a | Name of plan ASHOK WATK, M.D. | 401(K) PLAN | | 1b Three-digit plan number (PN) ► 001 |
| | | | | 1c Effective date of plan 01/01/1987 |
| 2a | • | address (employer, if for a single-employer plan) | | 2b Employer Identification Number (EIN) |
| | (Address should include r | · | | 33-1130466 |
| | ashok wair, m.d., | PLLC | | 2c Sponsor's telephone number (585) 344-0871 |
| | 4156 W MAIN ST RD | | | 2d Business code (see Instructione) |
| | us batavia | NY 14020 | | 621111 |
| Ca | ulion; A penalty for the late | or incomplete filing of this return/report will be asse | ezec uniesa responeble cause | is established. |
| | | ther penalties set forth in the instructions, I declare that I well as the electronic version of this return/report, and to | | |
| | A of | Mails 9/13/ | ASHON NATE, M.D. | |

Date

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Signature of DPE

Form 5500 (2010) v.092307.1

Enter name of individual signing as plan administrator

Enter name of Individual aigning as DFE

Enter name of individual signing as employer or plan sponsor

| _ | Form 5500 (2010) | | | | Pego 2 | | | | | | |
|----|---|-----------|----------------------------------|----------------|--|----------------------------|----------------|-----------------|--------|---------|-------------------------------------|
| 3a | Plan administrator's name and address (if same as plan sponsor, enter "Se | ame") | | | | | | | | 3b / | Administrator's EIN |
| | Same Same | | | | | | | | | | Administrator's telephone number |
| | | | | | | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/report: | mfrepor | t filec |) fo | or thie plan, | ente | r the | nam | e, Ell | d and | 4b EIN |
| a | Sponsar's name | | | | | | | | | | 4¢ PN |
| 5 | Total number of participants at the beginning of the plan year | | •. | $\overline{}$ | . , . | . , | | | | 6 | 3 |
| 6 | Number of participants as of the end of the plan year (welfare plans comple | | | | | | | | | | |
| a | Active participants | | | • | | | | • | | 68 | 3 |
| b | Refired or separated participants receiving benefits | | | | | | | | | 6b | 0 |
| C | Other retired or separated participants entitled to future banefits | | • | • | | | | • | • • | 6c | 0 |
| d | Subtotal. Add tines 6a, 6b and 6c | | • | • | | • • | | • | | 6d | 3 |
| e | Deceased participants whose beneficiaries are receiving or are entitled to re | ecoive t | enef | lts | | | | • | • • | 6e | 0 |
| f | Total. Add lines 6d and 6e | | • | • | • • • | • • | | • | | 61 | 3 |
| g | Number of participants with account balances as of the end of the plan year complete this item) | | | | contribuliar | plan | s | • | | 6g | 3 |
| h | Number of participants that terminated employment during the plan year will 100% vested | | | | | | | | • | 6h | 0 |
| 乙 | Enter the total number of employers obligated to contribute to the plan (only | y multler | nploy | /01 | complete t | ihle ita | 3M) | • | | 7 | |
| | If the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature c | | | | | | | | | | |
| 9a | Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor | | Plan (1) (2) (3) (4) | 50 X | insurance Code sect Trust General e | ilon 4 | 12(0) |)(9) i | nsura | nce co | |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are | attache | d, ar | ıd, | where indi | cated | , ent | er th | nun | iber at | ached. (See instructions) |
| a | Pension Schedules (1) R (Retrement Plan Information) (2) MB (Multiemployer Dafined Sensiti Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (| (1) | ra X | | H (Fir I (Fir A (In: | surar nenci | iel In 100 l | nform | • | Brnell Plan) ation) |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial | | (5) | | | _ : | | | | | Information) |
| | Information) - signed by the plan actuary | | res I | 1 I | | 0.10 | | * . | | | (amatia-) |

| | SCHEDULE I | F | inancial Inf | orma | ation Si | mall Plan | | OMB No. 1210-0110 | | |
|--|--|---|--------------------------------------|------------------|--|---|--|---|--|--|
| | (Form 5500) | This schedule | is required to | be filed | f under secti | on 104 of the Err | the Employee | | | |
| Department of the Treasury Internal Revenue Service Rettrement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). | | | | | 2010 | | | | | |
| | Department of Lebor mployee Benefits Security Administration | • | File as an at | tachn | nent to For | m 5500. | | This Form is Open to F Inspection. | | |
| | Penejon Benefit Guaranty Corporation | | | | | | 10.104.404.4 | | | |
| | calendar plan year 2010 or fiscal plan y | aar beginning | 01/01/20 | 10 | | and ending | 12/31/2010 | <u> </u> | | |
| A | Name of plan | | | | | ٦٥ | Three-digit | | | |
| | ASHOR MAIR, M.D. 401(R) FL | AN | | | | | plan number | ▶ 001 | | |
| C | Pien eponsor's name as shown on line | 2a of Form 5500 | | | | D | Employer Idea | ntification Number (EIN) | | |
| | ASHOK MAIR, M.D., PLLC | | | | | | 33-113046 | 6 | | |
| Repo | Small Plan Financial In the low the current value of assets and | liabilities, income, (| expenses, trans | fera ai | nd changes i | n net assets duri | ing the plan year | r. Combine the value of plan | | |
| benet | nt below the current value of assets and is held in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the | liabilities, income, der the value of the dependent of the | portion of an in | อนเลกด | ce contract the | nal guarantees d rately maintained | uring this plan yo f fund(s) and an | ear to pay a specific dollar y payments/receipts to/from | | |
| benel benel ineurs | rt below the current value of assets and is held in more than one trust. Do not entit at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: | liabilities, income, der the value of the dependent of the | portion of an in | อนเลกด | ce contract the | nal guarantees d rately maintained | uring this plan you fund(s) end an | ear to pay a specific dollar y payments/receipts to/from (b) End of Year | | |
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| betael benef Ineura 1 8 | rt below the current value of assets and sheld in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets | liabilities, income, der the value of the dexpenses of the search dollar. | portion of an in plan including a | aurand ny Iru | e contract the st(e) or sepa | nal guarantees d rately maintained | uring this plan you fund(s) and an of Year 735,327 | ear to pay a specific dollar y payments/receipts to/from (b) End of Year 602,30 | | |
| esset benef ineurs 1 a b | rt below the current value of assets and sheld in more than one trust. Do not ent at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets | liabilities, income, ter the value of the dexpenses of the snearest dollar. | portion of an in plan including a | aurand ny Iru | ce contract the st(s) or sepa | nal guarantees di rately maintained (a) Beginning (| uring this plan yo I fund(s) and an of Year 735,327 | ear to pay a specific dollar y paymente/receipte to/from (b) End of Year 802, 30 | | |
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| benet lneurs 1 a b | rt below the current value of assets and is held in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets | liabilities, income, ter the value of the dexpenses of the snearest dollar. | portion of an in plan including a | aurand ny Iru | e contract the election or separate the election or separate the election of t | nal guarantees di rately maintained (a) Beginning d (a) Amount | oring this plan you fund(s) and an of Year 735,327 0 735,327 | ear to pay a specific dollar y paymente/receipte to/from (b) End of Year 802, 30 | | |
| benet lneurs 1 a b | rt below the current value of assets and sheld in more than one trust. Do not ent at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets Total plan liabilities Net plan assets (subtract line 1b from I income, Expenses, and Transfers Contributions received or receivable (1) Employers (2) Pantidpanta (3) Others (including rollovers) | liabilities, income, ter the value of the dexpenses of the snearest dollar. | portion of an in plan including a | aurand ny Iru | 1a 1b 1c 2a(1) 2a(2) 2a(3) | nal guarantees di rately maintained (a) Beginning d (a) Amount | oring this plan you fund(s) and an of Year 735,327 0 735,327 | ear to pay a specific dollar y paymente/receipte to/from (b) End of Year 802, 30 | | |
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| benet lneurs 1 a b | rt below the current value of assets and is held in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets | liabilities, income, of the value of the dexpenses of the search dollar. line 1a) | portion of an in plan including a | aurand ny Iru | 2a(1) 2a(2) 2b 2c 2d 2e | nal guarantees di rately maintained (a) Beginning d (a) Amount | of Year 735,327 0 735,327 4,010 22,000 0 | ear to pay a specific dollar y paymente/receipts to/from (b) End of Year 802,30 (b) Total | | |
| benet lneurs 1 a b | rt below the current value of assets and is held in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets Net plan assets | liabilities, income, of the value of the dexpenses of the senearest dollar. line 1a) | portion of an in plan including a | aurand ny Iru | 2a(1) 2a(2) 2c 2d | nal guarantees di rately maintained (a) Beginning d (a) Amount | uring this plan you fund(s) and an of Year 735,327 0 735,327 4,010 22,000 0 45,759 | ear to pay a specific dollar y paymente/receipts to/from (b) End of Year 802,30 (b) Total | | |
| benet lneurs 1 a b | rt below the current value of assets and is held in more than one trust. Do not ent it at a future date. Include all income an ince cerriers. Round off amounts to the Plan Assets and Liabilities: Total plan assets Net plan assets Net plan assets (subtract line 1b from Income, Expenses, and Transfers Contributions received or receivable (1) Employers | liabilities, income, der the value of the led expenses of the enearest dollar. line 1a) a for this Plan Y (a(3), 2b, and 2c) (b) coant loans | portion of an in plan including a | aurand ny Iru | 2a(1) 2a(2) 2b 2c 2d 2e | nal guarantees di rately maintained (a) Beginning d (a) Amount | uring this plan you fund(s) and an of Year 735,327 0 735,327 4,010 22,000 0 45,759 | ear to pay a specific dollar y paymente/receipts to/from (b) End of Year 802,30 (b) Total | | |

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yea" and enter the current value of any assets remaining in the plan as of the end of the plan year. Attocate the value of the plan's interest in a commingled trust containing the easets of more than one plan on a line-by-line basis unless the trust maste one of the specific exceptions described in the instructions.

21

2j

2k

21

| | <u></u> | Yes | No | Amount |
|---|---|-----|----|---------|
| а | Partnership/joint venture interests | | X | |
| b | Employer real property | | х | |
| C | Real estate (other than employer real property) | X | | 228,436 |
| | Employer securities | | Х | |
| • | Participant loans | | х | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 9500.

Other expenses

Total expenses (add lines 2e, 2f, 2g, 2h and 2i) .

K Net Income (loss) (subtract line 2j from line 2d) .

Transfere to (from) the plan (see instructions)

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4,732

67,037

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|----|--|-----------------|---------------|--------------|----------------------|--|---------|
| | | | Yes | No | | Amount | |
| 3f | Loans (other than to participants) | 31 | ļ | X | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| 9 | Tangible personal property | 3g | <u> </u> | X | | | |
| (| Compliance Questions | · | | | 1 | <u> </u> | |
| 4 | During the plan year: | | Yes | No | | Amount | |
| a | Wes there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 2510.3-1027 Continue to answer "Yee" for any prior year failures until fully corrected. (See instructions and DOL's Votuntary Fiduciary Correction Program) | 4a | | × | | | |
| b | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Dierogard participant loans secured by the participants' account balance | 4b | | x | | | |
| C | Were any legaes to which the plan was a party in default or classified during the year 4s uncollectible? | 40 | | × | | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4s.) | 41 | | X | | | |
| e | Was the plan covered by a fidelity bond? | 40 | x | | | | 500,000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneaty? | 数题 4f | | × | | | |
| Ø | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 疆4 | | × | | | |
| h | Did the plan receive any noncesh contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | NEW X | | | |
| i | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4 | | 2 | | | |
| 1 | Were all the plan assets either distributed to perdoipante or baneficiaries, transferred to enother plan, or brought under the control of the PBGO? | 超後 | | | |),),'''''''''','','','','','','','','',' | |
| k | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2620.104-467 if "No", attach the IQPA's report or 2620.104-60 etatement. (See instructions on waiver eligibility and conditions.) | 4K | × | | | | |
| 1 | Has the plan felled to provide any benefit when due under the plan? | 41 | | x | | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-8.) | 4m | | × | | | |
| n | If 4m was enswered "Yee," check the "Yee" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2620.101-3 | ±±± | | | | | |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year | •= X | No . | Amount | 1 | | |
| 6b | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity transferred. (See instructions.) | fy the p | lan(s) to | which as | se t s or ila | bliitles were | ; |
| | 5b(1) Neme of plan(s) | 5 b | (2) | EIN(8) | | 5b(3) F | PN(#) |
| | | | - | | | | |
| | | | | • | | _ | |
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