	Form 5500-SF		eturn/F Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employe	e	2010
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection
	art I Annual Report Id calendar plan year 2010 or fisca	entification Information	0	and ending 1	2/31/2	2010
		single-employer plan		mployer plan (not multiemployer)	2/01/2	one-participant plan
	This return/report is for:	first return/report	final retur			
D		an amended return/report		year return/report (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558		extension	/	DFVC program
•	jj	special extension (enter descriptio	n)			
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation			
	Name of plan				1b	Three-digit
TRA	NSEL ELEVATOR, INC. CASH	BALANCE PENSION PLAN				plan number (PN) ▶ 002
					1c	Effective date of plan 01/01/2009
	Plan sponsor's name and addre	ess (employer, if for single-employer RIC, INC.	plan)		2b	Employer Identification Number (EIN) 11-2995885
	VEST 34TH STREET 4TH FLO	OR			2c	Plan sponsor's telephone number 212-727-3200
NEVV	YORK, NY 10011					Business code (see instructions) 238900
3a TRAN	Plan administrator's name and NSEL ELEVATOR AND ELECT	address (if same as Plan sponsor, e RIC, INC. 509 WEST 3 NEW YORK,	nter "Same 4TH STRE NY 10011	3") ET 4TH FLOOR		Administrator's EIN 11-2995885
						Administrator's telephone number 212-727-3200
		In sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	•					PN
		the beginning of the plan year			5a	48
b		the end of the plan year			5b	43
С	complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No
	,	er 6a or 6b, the plan cannot use Fe		,		
Pa	rt III Financial Informa	ation			-	
7	Plan Assets and Liabilities			(a) Beginning of Year 354243	2	(b) End of Year 716671
a b	•		7a 7b	004240	, 	110011
c	•	b from line 7a)	70 70	354243	3	716671
8	Income, Expenses, and Transf	/		(a) Amount		(b) Total
а	Contributions received or recei		0-(1)	353803	3	
			8a(1) 8a(2)		-	
			8a(3)		╡	
b	., ,			1003′		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			363834
d	Benefits paid (including direct in to provide benefits)					
е	Certain deemed and/or correct	ive distributions (see instructions)		_		
f		s (salaries, fees, commissions)		1406	2	
g b	•	20 of and $9a$	8g			1406
h i		3e, 8f, and 8g) 9 8h from line 8c)	8h 8i			362428
j		e instructions)				

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

#### Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **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	Duri	ng the plan year:		Yes	No		Amo	ount	
а		s 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	1			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	Х				4	500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x				
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	L			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		In was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					×	Yes	No
12	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA?		Yes	X No
	(lf "Y	es," 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 instructing the waiver.							
lf y	/ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo	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?					Π	Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a	·			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			Π	Yes	× No
C	lf du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th th assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s):		130	c(2) Ell	N(s)	.	13c(3)	PN(s)
Caut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished.			

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.	09/23/2011	MARK GREGORIO
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

Page 2-1

SCHEDULE SB	Single-Emplo	yer Define	d Ben	efit Plan	_	OM	IB No. 1210-0110
(Form 5500)		arial Inform					2010
Department of the Treasury Internal Revenue Service	This sales date is seen in d	te ha Chadaaa dagaa		6 - 6 (b) - <b>F</b> 1			2010
Department of Labor	This schedule is required Retirement Income Securit	y Act of 1974 (ERIS	SA) and s			This For	m is Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (th	,				Inspection
For calendar plan year 2010 or fiscal pla		achment to Form	5500 or 5	5500-SF. and end	ing 12/3	1/2010	
<ul> <li>Round off amounts to nearest dol</li> </ul>					ing 12/0	1/2010	
Caution: A penalty of \$1,000 will be		report unless reaso	onable ca	use is establishe	ed.		
A Name of plan		·		B Three-dig	ļit		000
TRANSEL ELEVATOR, INC. CASH BAI	LANCE PENSION PLAN			plan num	ber (PN)	►	002
C Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SE			<b>D</b> Employer	Identificat	ion Numbe	r (FIN)
TRANSEL ELEVATOR AND ELECTRIC				11-2995885			()
E Type of plan: K Single Multiple	-A Multiple-B	F Prior year pla	ın size: 🛛	100 or fewer	101-50	00 More	e than 500
Part I Basic Information			L		<u> </u>	<u> </u>	
1 Enter the valuation date:	Month Day	01 Year 2	010	_			
<b>2</b> Assets:							
_					2a		321314
					<b>2b</b>		321324
<b>3</b> Funding target/participant count br		20	<b>(1)</b> N	umber of partici	pants 0	(2	<b>)</b> Funding Target
_	eneficiaries receiving payment				0		0
<ul><li>b For terminated vested particip</li><li>c For active participants:</li></ul>	pants				0		Ū
		3c(1)					300325
.,							0
()					43		300325
<b>d</b> Total					43		300325
4 If the plan is at-risk, check the box	and complete items (a) and (b	)					
<b>a</b> Funding target disregarding p	rescribed at-risk assumptions .				4a		
	sk assumptions, but disregardir				4b		
5 Effective interest rate	secutive years and disregardin	<u> </u>					6.68 %
6 Target normal cost					6		285823
Statement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption is						
HERE						09/13	/2001
	ignature of actuary					Date	
NEIL M. SHORE, ASA, EA						11-04	
Type of SHORE TOMPKINS ACTUARIAL RESO	or print name of actuary OURCES				Most re	ecent enroll 312-76	ment number 2-5944
2 N. RIVERSIDE PLAZA, SUITE 1230 CHICAGO, IL 60606	Firm name			Te	elephone	number (ind	cluding area code)
	Address of the firm			-			
f the actuary has not fully reflected any n nstructions	egulation or ruling promulgated	under the statute	in comple	eting this schedu	lle, check	the box and	d see
	nd OMB Control Numbers, s	ee the instruction	s for For	m 5500 or 5500	)-SF.	Sch	edule SB (Form 5500) 201

### Part II Beginning of year carryover and prefunding balances

10		Bogn		i and protanding ba		(a) C	Carryover balance		(b) F	Prefundin	g balance
7		-	nning of prior year after appli	-				0			0
8	Portion u	used to o	offset prior year's funding rec	uirement (Item 35 from pric	or year)			0			0
9	Amount	remainii	ng (Item 7 minus item 8)					0			0
10	Interest	on item	9 using prior year's actual re	turn of%				0			0
11	Prior yea	ar's exce	ess contributions to be addec	to prefunding balance:							
	<b>a</b> Exce	ess contr	ributions (Item 38 from prior y	/ear)							22468
	<b>b</b> Inter	est on (a	a) using prior year's effective	rate of6.31 %							1418
	C Total	availabl	e at beginning of current plan	year to add to prefunding bala	ance						23886
	<b>d</b> Porti	on of (c)	to be added to prefunding b	alance							23886
12	Reductio	on in bal	ances due to elections or de	emed elections				0			0
13	Balance	at begir	nning of current year (item 9	+ item 10 + item 11d – item	12)			0			23886
P	art III	Fun	ding percentages								
14	Funding	target a	ttainment percentage							14	99.03 %
15	Adjusted	d funding	g target attainment percentag	je						15	106.99 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										100.00 %	
17			ue of the assets of the plan is							17	%
	art IV			-	o runung targe		don percentage			••	70
			<b>tributions and liquid</b> ade to the plan for the plan y		lovees.						
	(a) Date 1M-DD-Y	9	(b) Amount paid by employer(s)	(c) Amount paid by employees	(MM-DD-Y		<b>(b)</b> Amount pa employer(s		(0	Amoun (: emplo	t paid by yees
09	/01/2011		353803	0							
					Totals 🕨	18(b)		353803	18(c)		0
19	Discoun	ted emp	loyer contributions – see inst	ructions for small plan with	a valuation da	te after th	e beginning of the	year:			
	<b>a</b> Contri	ibutions	allocated toward unpaid min	imum required contribution	from prior year	ſS		19a			0
	<b>b</b> Contri	ibutions	made to avoid restrictions ad	djusted to valuation date				19b			0
	<b>C</b> Contri	butions a	allocated toward minimum requ	uired contribution for current y	vear adjusted to	valuation	date	19c			317656
20	Quarterl	y contrib	outions and liquidity shortfalls								
	a Did th	e plan h	ave a "funding shortfall" for t	he prior year?							Yes X No

**C** If 20a is "Yes," see instructions and complete the following table as applicable:

 Liquidity shortfall as of end of Quarter of this plan year

 (1) 1st
 (2) 2nd
 (3) 3rd
 (4) 4th

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ......

No

Page 3

Pa	rt V Assumptio	ns used to determine f	unding target and targ	et normal cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %	3rd segment 6.78 %		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)			21b	2			
22	Weighted average ret	irement age			22	63			
	Mortality table(s) (see			Prescribed - separate	Substitute	9			
Pa	rt VI Miscellaned	ous items							
	Has a change been m	nade in the non-prescribed actu	•			Ŭ <b>Ŭ</b> 1 <b>Ŭ</b>			
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ons regarding required attac	chment	Yes 🎽 No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding required	attachment.	X Yes No			
27	1 0	or (and is using) alternative fun			27				
Ра	rt VII Reconcilia	ation of unpaid minimu	m required contributio	ons for prior years	1 I				
-		•	•		28	0			
	<ul> <li>28 Unpaid minimum required contribution for all prior years</li></ul>								
30	· · ·	unpaid minimum required con			30	0			
				20)					
<u>га</u> 31		required contribution f	•		31	285823			
	Amortization installme	djusted, if applicable (see instruction		Outstanding Bal		Installment			
52		ization installment			0	0			
	<u>.</u>	n installment			0	0			
33	If a waiver has been a	approved for this plan year, ent	er the date of the ruling letter	granting the approval	33				
	(Month	Day Year	) and the waived amour	nt		0			
34		nent before reflecting carryove			34	285823			
			Carryover balance	Prefunding bala	ince	Total balance			
35	Balances used to offs	et funding requirement				0			
36	Additional cash requir	rement (item 34 minus item 35)	)		. 36	285823			
37		d toward minimum required co	, ,		37	317656			
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)		. 38	31833			
39	-	uired contribution for current ye	· ·		. 39	0			
40	Unpaid minimum requ	uired contribution for all years			. 40	0			

## Transel Elevator, Inc. Cash Balance Pension Plan Schedule SB - Part VI, Line 26 EIN: 11-2995885 Plan Number: 002

·					Years	of Credited	Service				
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Totals
25 <b>&lt;25</b>	0	1	0	0	0	0	0	0	0	0	1
30 <b>25-29</b>	0	5	0	0	0	0	0	0	0	0	5
35 <b>30-34</b>	0	2	1	0	0	0	0	0	0	0	3
40 <b>35-39</b>	0	3	1	0	0	0	0	0	0	0	4
45 <b>40-44</b>	0	1	4	1	0	0	0	0	0	0	6
50 <b>45-49</b>	0	1	8	1	2	0	0	0	0	0	12
55 <b>50-54</b>	0	2	1	1	0	0	0	0	0	0	4
60 <b>55-59</b>	0	3	1	0	0	0	0	0	0	0	4
65 <b>60-64</b>	0	1	3	0	0	0	0	0	0	0	4
70 <b>65-69</b>	0	0	0	0	0	0	0	0	0	0	0
70+	· · · 0	0	0	0.0	· 0.	0	0	0	0	0	0
Totals	0	19	19	3	2	0	0	0	0	0	43

# SECTION III SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Actuarial Assumptions

For PPA Funding

Segment 1: 4.81%

Segment 2: 6.69%

Segment 3: 6.78%

#### For Actuarial Equivalence

Pre Retirement: 5.50%

Pre Retirement: 5.50%

Pre-Retirement: Turnover

Interest Rates:

Disability

Mortality

None

None

None

## None

None

None

Post-Retirement:

Mortality

2010 Applicable

2010 Applicable

\$0

6.68%

2010 Applicable

2010 Applicable

Plan Expenses:

Calculated Effective Interest Rate:

Actuarial value of assets:

100.0% of the market value of assets.

**Assumed Benefit Form For Funding:** 

100% Lump sum payout

		נייקי		u Dell	efit Plan	<del></del>		
(Form 5500)			rial Inforn					2010
Department of the Treasury Internal Revenue Service	This set shuls is your		ha filad unday a	nation day	( of the Tranks of			2010
Department of Labor Employee Benefits Secunty Administration	This schedule is requered Retirement Income Set	ecurity /	Act of 1974 (ERI	SA) and s			This For	m is Open to Public
Pension Benefit Guaranty Corporation			evenue Code (th chment to Form	-	5500 SE			Inspection
r calendar plan year 2010 or fiscal p			01/2010	5500 01	and end	l ing	12/31/	/2010
Round off amounts to nearest do	ollar.							
Caution: A penalty of \$1,000 will be	e assessed for late filing o	f this re	port unless reas	onable ca	use is establish	ed.		-
Name of plan					B Three-dig	•		0.0.2
Fransel Elevator, Inc.	. Cash Balance P	ensi	on Plan		plan num	ber (PN)	•	002
Plan sponsor's name as shown on li	ne 2a of Form 5500 or 550	00-SF			<b>D</b> Employer	Identificati	on Number	(EIN)
Transel Elevator, Inc					11-299588			
Type of plan: 🛛 Single 🗍 Multiple	e-A 🗍 Multiple-B		F Prior year pl	an size: 🕅	100 or fewer	101-50	0    More	than 500
art I Basic Information			I	Ę	·	level		·····
Enter the valuation date:	Month 01 D	)ay	01 Year	2010				···· , ····
Assets:					<u>-</u>			
a Market value			• ` • • • • • • • • • • • • • • • • • •			2a		321314
<b>b</b> Actuarial value						2b		32132
Funding target/participant count b	reakdown		· · · · · · · · · · · · · · · · · · ·	(1) N	umber of partici	pants	(2	) Funding Target
a For retired participants and b	eneficiaries receiving pay	ment	<u>3a</u>			0		·
<b>b</b> For terminated vested partici	pants		<b>3b</b>		The state of the	0		
C For active participants:								20022
	·····							30032
(··· / · · · · · · · · · · · · · · · · ·						43		30032
(3) Total active d Total						43		30032
If the plan is at-risk, check the boy				I	Π			
a Funding target disregarding p		. ,				4a		<u> </u>
<b>b</b> Funding target reflecting at-ri								
at-risk for fewer than five con								
Effective interest rate	· · · · · · · · · · · · · · · · · · ·			<u></u>		5		6.68%
Target normal cost					······	6	· · · ·	28582
tement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations combination, offer my best estimate of anticipat	. In my opinion, each other assumption	panying s blion is rea	chedules, statements isonable (taking into a	and attachm account the e	ents, if any, is comple xpenence of the plan	ete and accur and reasonal	ate Each pres ble expectation	cribed assumption was applied in is ) and such other assumptions, i
	Mon		··· ·· · · · · · ·	······································	Å	st 1-	3,20	$\mathcal{D}$
S I M. Shore, ASA, EA	ignature of actuary						Date 11047	
Type re Tompkins Actuarial	or print name of actuary Resources		······································	· · · · ·			cent enroll 12-762	ment number -5944
	Firm name		······································		 T	elephone r	number (inc	cluding area code)
. Riverside Plaza te 1230					· ·			
cago IL 60	0606 Address of the firm				-			
				<u> </u>			· · · · · · · · · · · · · · · · · · ·	
actuary has not fully reflected any r	egulation or ruling promul	gated u	inder the statute	in comple	eting this schedu	ile, check	the box and	disee

Schedule SB	(Form	5500)	2010	
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Page Z=	Page	2-		
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Part II Begi	nning of year	carryov	er and prefunding ba	ances						
					(a) (	Carryover balance		(b) Pre	əfundi	ng balance
	~		icable adjustments (Item 13		•		0			C
the second se	offset prior year's	funding rea	quirement (Item 35 from pric	r year)			0		•	С
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0			0
			eturn of <u>0.00</u> %				0		2010 B-AMA (74-1	С
-			d to prefunding balance:							<u></u>
			year)		1 201 20 CO		-			22468
			rate of <u>6.31</u> %		1000 (000 000 000 000 000 000 000 000 00		· · ·  -			23886
		-	year to add to prefunding bala balance				-			23886
······	<u></u>		emed elections		220000000000000000000000000000000000000		0			
· · · · · · · · · · · · · · · · · · ·			+ item 10 + item 11d - item				0	^		23886
	nding percent									
		and Constant and the second							14	99.03%
			ge						15	106.99%
16 Prior year's fun	ding percentage fo	x purposes	of determining whether car	ryover/pref	unding balan	ices may be used	to reduce		16	100.00%
			is less than 70 percent of the						17	%
Part IV Cor	ntributions an	d liquidi	ty shortfalls							
18 Contributions m	ade to the plan fo	r the plan y	ear by employer(s) and emp	oloyees:			·			
(a) Date (MM-DD-YYYY)	(b) Amount p employer	<b>.</b>	(c) Amount paid by employees		Date C-YYYY)	(b) Amount pa employer(		(c)		nt paid by oyees
09/01/2011		353803								
						2. 2. 0 <b>9. </b>				
						· · · · · · · · · · · · · · · · · · ·				
• .			·							
								·		
	-									
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···· · · · · · · · · · · · · · · · · ·		-								1044 - 172 - 1 - 11 - 11
	<u> </u>									
		· · · ·	·	·						
			· · · · ·					1		
								1		
				Totals 🕨	• 18(b)		353803	3 18(c)		C
19 Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	year:			
a Contributions	allocated toward	unpaid min	imum required contribution t	from prior y	ears		19a			(
<b>b</b> Contributions	made to avoid re	strictions a	djusted to valuation date	•••••			19b			(
	فمتعاهدا فأشار فمارين فيترجي وتراويا التراك والمرابلة والمرجوع المستواعات		uired contribution for current y	ear adjuste	d to valuation	ı date	19c			317656
20 Quarterly contril		-							r F	
			the prior year?						L F	Yes X No
			tallments for the current yea		a umely man	ner?	Г			Yes No
C II ZUA IS TES	, see instructions	anu compi	ete the following table as ap Liquidity shortfall as of er		er of this pla	n year			Kingendarch	ning langu seban ini ka
(1) 1:	st		(2) 2nd			3rd		(4	) 4tl	)

B.	Accumptio	ns used to determine f	unding target and to	reat normal apost		·····
<del>ت ا</del> 21		ins used to determine i	unding target and ta	rget normal cost		
- 1	a Segment rates:	1st segment: 4.81%	2nd segment: 6 . 69%	3rd segme 6.7		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	2
22	Weighted average ret	irement age			22	63
23	Mortality table(s) (see	e Instructions) X Pre	scribed - combined	Prescribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items				
24		nade in the non-prescribed act				
25	Has a method change	e been made for the current pl	an year? If "Yes," see instr	uctions regarding required at	tachment	Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding requir	ed attachmen	
27		or (and is using) alternati∨e fur	<b>U</b> / //		27	
Pa	rt VII Reconcilia	ation of unpaid minimu	im required contribu	tions for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	0
29		contributions allocated toward			1 23	0
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus it	em 29)	30	0
Pa	rt VIII Minimum	required contribution	for current year			
31		djusted, if applicable (see instr			31	285823
32	Amortization installme	· · · · · · · · · · · · · · · · · · ·	·	Outstanding I		Installment
	a Net shortfall amorti	ization installment			0	C
	b Waiver amortizatio	n installment			0	C
33		approved for this plan year, en Day Year			33	0
34		nent before reflecting carryove			1 34	285823
			Carryover balance	Prefunding b	alance	Total balance
35	Balances used to offs	et funding requirement				C
36	Additional cash requir	ement (item 34 minus item 35	)		36	285823
37	Contributions allocate	d toward minimum required co	ontribution for current year	adjusted to valuation date	37	317656
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)	·····	38	31833
39	Unpaid minimum requ	lired contribution for current ye	ear (excess, if any, of item (	6 over item 37)	39	C
40	Unpaid minimum requ	ired contribution for all years .			40	C

# SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Plan Provisions

Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2010 to December 31,2010
Accrued Benefit	Hypothetical Account Balance
Compensation	W-2 Compensation for the plan year
Eligibility	All employees shall enter on the 1st of the month following completion of: 1 year of Service
Normal Retirement Age	The first of the month following attainment of age 62 with 5 years of participation
Normal Retirement Benefit	Based on their group classification, participants receive cash balance contributions as follows:
	Owners: \$100,000 per year Others: 1.5% of determination period compensation
Normal Form of Benefit	A Benefit is payable for the life of the participant
Death Benefit	Hypothetical Account Balance
Top-Heavy Minimum	Top heavy minimum benefits are provided under another plan of the employer
Vesting	Years of Credited Service are those after the effective date with greater than 1000 hours worked. The vesting schedule is as follows:

Credited Years				Vested Percent
1		-		0
2				0
3				100

11

# SECTION III SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Actuarial Assumptions

For PPA Funding

Segment 1: 4.81%

Segment 2: 6.69%

Segment 3: 6.78%

#### For Actuarial Equivalence

Pre Retirement: 5.50%

Pre Retirement: 5.50%

Pre-Retirement: Turnover

Interest Rates:

Disability

Mortality

None

None

None

## None

None

None

Post-Retirement:

Mortality

2010 Applicable

2010 Applicable

\$0

6.68%

2010 Applicable

2010 Applicable

Plan Expenses:

Calculated Effective Interest Rate:

Actuarial value of assets:

100.0% of the market value of assets.

**Assumed Benefit Form For Funding:** 

100% Lump sum payout

### Transel Elevator, Inc. Cash Balance Pension Plan

### EIN: 11-2995885, Plan No. 002

#### Schedule SB, Line 22 - Weighted Retirement Age

All participants assumed to retire at Normal Retirement Age of earlier of age 62 with 5 Years of Participation

Normal Retirement Age	Number of Participants	Weights
62,0000	24	1,488
62.0833	13	807
63.5833	2	127
64.5833	1	65
65.6667	1	66
67.4167	1.	67
68.6667	1	69
Total	43	2,689
Average	= 2689/43 = 63	

## Transel Elevator, Inc. Cash Balance Pension Plan Schedule SB - Part VI, Line 26 EIN: 11-2995885 Plan Number: 002

·	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Totals
25 <b>&lt;25</b>	0	1	0	0	0	0	0	0	0	0	1
30 <b>25-29</b>	0	5	0	0	0	0	0	0	0	0	5
35 <b>30-34</b>	0	2	1	0	0	0	0	0	0	0	3
40 <b>35-39</b>	0	3	1	0	0	0	0	0	0	0	4
45 <b>40-44</b>	0	1	4	1	0	0	0	0	0	0	6
50 <b>45-49</b>	0	1	8	1	2	0	0	0	0	0	12
55 <b>50-54</b>	0	2	1	1	0	0	0	0	0	0	4
60 <b>55-59</b>	0	3	1	0	0	0	0	0	0	0	4
65 <b>60-64</b>	0	1	3	0	0	0	0	0	0	0	4
70 <b>65-69</b>	0	0	0	0	0	0	0	0	0	0	0
70+	· · · 0	0	0	0.0	· 0.	0	0	0	0	0	0
Totals	0	19	19	3	2	0	0	0	0	0	43

		נשיקי		u Dell	efit Plan	I		
(Form 5500)			rial Inforn					2010
Department of the Treasury Internal Revenue Service	This set shuls is your		ha filad unday a	nation day	( of the Tranks of			2010
Department of Labor Employee Benefits Secunty Administration	This schedule is requered Retirement Income Set	ecurity /	Act of 1974 (ERI	SA) and s			This For	m is Open to Public
Pension Benefit Guaranty Corporation			evenue Code (th chment to Form	-	5500 SE			Inspection
r calendar plan year 2010 or fiscal p			01/2010	5500 01	and end	l ing	12/31/	/2010
Round off amounts to nearest do	ollar.							
Caution: A penalty of \$1,000 will be	e assessed for late filing o	f this re	port unless reas	onable ca	use is establish	ed.		
Name of plan					B Three-dig	•		0.0.2
Fransel Elevator, Inc.	. Cash Balance P	ensi	on Plan		plan num	ber (PN)	•	002
Plan sponsor's name as shown on li	ne 2a of Form 5500 or 550	00-SF			<b>D</b> Employer	Identificati	on Number	(EIN)
Transel Elevator, Inc					11-299588			
Type of plan: 🛛 Single 🗍 Multiple	e-A 🗍 Multiple-B		F Prior year pl	an size: 🕅	100 or fewer	101-50	0    More	than 500
art I Basic Information			I	Ę	·	level		·····
Enter the valuation date:	Month 01 D	)ay	01 Year	2010				···· , ····
Assets:					<u>-</u>			
a Market value			• ` • • • • • • • • • • • • • • • • • •			2a		321314
<b>b</b> Actuarial value						2b		32132
Funding target/participant count b	reakdown		· · · · · · · · · · · · · · · · · · ·	(1) N	umber of partici	pants	(2	) Funding Target
a For retired participants and b	eneficiaries receiving pay	ment	<u>3a</u>			0	· · · · · ·	·
<b>b</b> For terminated vested partici	pants		<b>3b</b>		The state of the	0		
C For active participants:								20022
	·····							30032
(··· / · · · · · · · · · · · · · · · · ·						43		30032
(3) Total active d Total						43		30032
If the plan is at-risk, check the boy				I	Π			
a Funding target disregarding p		. ,				4a		· · · ·
<b>b</b> Funding target reflecting at-ri								
at-risk for fewer than five con								
Effective interest rate	· · · · · · · · · · · · · · · · · · ·			<u></u>		5		6.68%
Target normal cost					······	6	· · · ·	28582
tement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations combination, offer my best estimate of anticipat	. In my opinion, each other assumption	panying s blion is rea	chedules, statements isonable (taking into a	and attachm account the e	ents, if any, is comple xpenence of the plan	ete and accur and reasonal	ate Each pres ble expectation	cribed assumption was applied in is ) and such other assumptions, i
	Mon		··· ·· · · · · · ·	······································	Å	st 1-	3,20	$\mathcal{D}$
S I M. Shore, ASA, EA	ignature of actuary						Date 11047	
Type re Tompkins Actuarial	or print name of actuary Resources		······································	· · · · ·			cent enroll 12-762	ment number -5944
	Firm name		······································		 T	elephone r	number (inc	cluding area code)
. Riverside Plaza te 1230					· ·			
cago IL 60	0606 Address of the firm				-			
				<u> </u>			· · · · · · · · · · · · · · · · · · ·	
actuary has not fully reflected any r	egulation or ruling promul	gated u	inder the statute	in comple	eting this schedu	ile, check	the box and	disee

Schedule SB	(Form	5500)	2010	
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Page Z=	Page	2-		
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Part II Begi	nning of year	carryov	er and prefunding ba	ances						
					(a) (	Carryover balance		(b) Pre	əfundi	ng balance
	~		icable adjustments (Item 13		•		0			C
the second se	offset prior year's	funding rea	quirement (Item 35 from pric	r year)			0		•	С
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0			0
			eturn of <u>0.00</u> %				0		2010 B-AMA (74-1	С
-			d to prefunding balance:							<u></u>
			year)		1 201 20 CO		-			22468
			rate of <u>6.31</u> %		1000 (000 000 000 000 000 000 000 000 00		· · ·  -			23886
		-	year to add to prefunding bala balance				-			23886
· · · · · · · · · · · · · · · · · · ·	<u> </u>		emed elections		220000000000000000000000000000000000000		0			
· · · · · · · · · · · · · · · · · · ·			+ item 10 + item 11d - item				0	^		23886
	nding percent									
		and Constant and the second							14	99.03%
			ge						15	106.99%
16 Prior year's fun	ding percentage fo	x purposes	of determining whether car	ryover/pref	unding balan	ices may be used	to reduce		16	100.00%
			is less than 70 percent of the						17	%
Part IV Cor	ntributions an	d liquidi	ty shortfalls							
18 Contributions m	ade to the plan fo	r the plan y	ear by employer(s) and emp	oloyees:			·			
(a) Date (MM-DD-YYYY)	(b) Amount p employer	<b>.</b>	(c) Amount paid by employees		Date C-YYYY)	(b) Amount pa employer(		(c)		nt paid by oyees
09/01/2011		353803								
						2. 2. 0 <b>9. </b>				
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	<u> </u>									
		· · · ·	·	·						
			· · · · ·					1		
								1		
				Totals 🕨	• 18(b)		353803	3 18(c)		C
19 Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	year:			
a Contributions	allocated toward	unpaid min	imum required contribution t	from prior y	ears		19a			(
<b>b</b> Contributions	made to avoid re	strictions a	djusted to valuation date	•••••			19b			(
	فمتعاهدا فأشار فماريك شهري وتراريا التراب المرابعة والمرابعة والمرابعة والمرابعة والمرابعة المتعرب المتعا		uired contribution for current y	ear adjuste	d to valuation	ı date	19c			317656
20 Quarterly contril		-							r F	
			the prior year?						L F	Yes X No
			tallments for the current yea		a umely man	ner?	Г			Yes No
C II ZUA IS TES	, see instructions	anu compi	ete the following table as ap Liquidity shortfall as of er		er of this pla	n year			Kingendarch	ning langu sebagai sebag
(1) 1:	st		(2) 2nd			3rd		(4	) 4tl	)

B.	Accumptio	ns used to determine f	unding target and to	reat normal apost		·····		
<del>ت ا</del> 21		ins used to determine i	unding target and ta	rget normal cost				
- 1	a Segment rates:	1st segment: 4.81%						
	<b>b</b> Applicable month	(enter code)			21b	2		
22	Weighted average ret	irement age			22	63		
23	Mortality table(s) (see	e Instructions) X Pre	scribed - combined	Prescribed - separate	Substitu	te		
Pa	rt VI Miscellane	ous items						
24		nade in the non-prescribed act						
25	Has a method change	e been made for the current pl	an year? If "Yes," see instr	uctions regarding required at	tachment	Yes 🛛 No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding requir	ed attachmen			
27		or (and is using) alternati∨e fur	<b>U</b> / //		27			
Pa	rt VII Reconcilia	ation of unpaid minimu	im required contribu	tions for prior years				
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	0		
29		contributions allocated toward			1 23	(		
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus it	em 29)	30			
Pa	rt VIII Minimum	required contribution	for current year					
31		djusted, if applicable (see instr			31	285823		
32	Amortization installme	· · · · · · · · · · · · · · · · · · ·	·	Outstanding I		Installment		
	a Net shortfall amorti	ization installment			0	C		
	b Waiver amortizatio	n installment			0	C		
33		approved for this plan year, en Day Year			33	0		
34		nent before reflecting carryove			1 34	285823		
			Carryover balance	Prefunding b	alance	Total balance		
35	Balances used to offs	et funding requirement				C		
36	Additional cash requir	ement (item 34 minus item 35	)		36	285823		
37	Contributions allocate	d toward minimum required co	ontribution for current year	adjusted to valuation date	37	317656		
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)	·····	38	31833		
39	Unpaid minimum requ	lired contribution for current ye	ear (excess, if any, of item (	6 over item 37)	39	C		
40	Unpaid minimum requ	ired contribution for all years .			40	C		

# SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Plan Provisions

Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2010 to December 31,2010
Accrued Benefit	Hypothetical Account Balance
Compensation	W-2 Compensation for the plan year
Eligibility	All employees shall enter on the 1st of the month following completion of: 1 year of Service
Normal Retirement Age	The first of the month following attainment of age 62 with 5 years of participation
Normal Retirement Benefit	Based on their group classification, participants receive cash balance contributions as follows:
	Owners: \$100,000 per year Others: 1.5% of determination period compensation
Normal Form of Benefit	A Benefit is payable for the life of the participant
Death Benefit	Hypothetical Account Balance
Top-Heavy Minimum	Top heavy minimum benefits are provided under another plan of the employer
Vesting	Years of Credited Service are those after the effective date with greater than 1000 hours worked. The vesting schedule is as follows:

Credited Years				Vested Percent
1		-		0
2				0
3				100

11

# SECTION III SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Actuarial Assumptions

For PPA Funding

Segment 1: 4.81%

Segment 2: 6.69%

Segment 3: 6.78%

#### For Actuarial Equivalence

Pre Retirement: 5.50%

Pre Retirement: 5.50%

Pre-Retirement: Turnover

Interest Rates:

Disability

Mortality

None

None

None

## None

None

None

Post-Retirement:

Mortality

2010 Applicable

2010 Applicable

\$0

6.68%

2010 Applicable

2010 Applicable

Plan Expenses:

Calculated Effective Interest Rate:

Actuarial value of assets:

100.0% of the market value of assets.

**Assumed Benefit Form For Funding:** 

100% Lump sum payout

### Transel Elevator, Inc. Cash Balance Pension Plan

### EIN: 11-2995885, Plan No. 002

#### Schedule SB, Line 22 - Weighted Retirement Age

All participants assumed to retire at Normal Retirement Age of earlier of age 62 with 5 Years of Participation

Normal Retirement Age	Number of Participants	Weights
62,0000	24	1,488
62.0833	13	807
63.5833	2	127
64.5833	1	65
65.6667	1	66
67.4167	1.	67
68.6667	1	69
Total	43	2,689
Average	= 2689/43 = 63	

## Transel Elevator, Inc. Cash Balance Pension Plan Schedule SB - Part VI, Line 26 EIN: 11-2995885 Plan Number: 002

·	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Totals
25 <b>&lt;25</b>	0	1	0	0	0	0	0	0	0	0	1
30 <b>25-29</b>	0	5	0	0	0	0	0	0	0	0	5
35 <b>30-34</b>	0	2	1	0	0	0	0	0	0	0	3
40 <b>35-39</b>	· 0	3	1	0	0	0	0	0	0	0	4
45 <b>40-44</b>	0	1	4	1	0	0	0	0	0	0	6
50 <b>45-49</b>	0	1	8	1	2	0	0	0	0	0	12
55 <b>50-54</b>	0	2	1	1	0	0	0	0	0	0	4
60 <b>55-59</b>	0	3	1	0	0	0	0	0	0	0	4
65 <b>60-64</b>	0	1	3	0	0	0	0	0	0	0	4
70 <b>65-69</b>	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0.0	0.	0	0	0	0	0	0
Totals	0	19	19	3	2	0	0	0	0	0	43

	Form 5500-SF Short Form Annual		Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service This form is required to be	Benefi	<b>t Plan</b> ections 104 and 4065 of the Employe	<u>-</u>	2010					
	Department of Labor Retirement Income Securi	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).								
•	Pension Benefit Guaranty Compration	Internal Revenue Code (the Code). This Form is O Inspective Complete all entries in accordance with the Instructions to the Form 5500-SF.								
	Part I Annual Report Identification Information									
Fo	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending		12/31/2010					
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)	🔲 one-participant plan						
В	This return/report is for:	final retu	•							
_	an amended return/report	short pla	n year return/report (less than 12 mor	nths)						
С	Check box if filing under: X Form 5558	automati	c extension		DFVC program					
E 2	special extension (enter descri	,								
L	art II Basic Plan Information—enter all requested info	rmation		41.						
Ta	Name of plan Transel Elevator, Inc. Cash Balance Pe	ngion Pi	an	ar	Three-digit plan number					
	Tranber Dievacor, inc. cash barance re	IIBLOII F.	Lan		(PN) • 002					
				1c	Effective date of plan					
20				01	01/01/2009					
Zđ	Plan sponsor's name and address (employer, if for single-employ Transel Elevator and Electric, Inc.	/er plan)			Employer Identification Number (EIN) 11-2995885					
					Plan sponsor's telephone number					
	509 West 34th Street 4th Floor				212-727-3200					
	New York NY 10011			20	Business code (see instructions) 238900					
3a	Plan administrator's name and address (if same as Plan sponsor Transel Elevator and Electric, Inc.	, enter "Sam	e")	<b>3b</b> Administrator's EtN 11-2995885						
	509 West 34th Street 4th Floor			3c	Administrator's telephone number					
1	New York NY 10011	10-1		41-	212-727-3200					
	f the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spor		port filed for this plan, enter the	4b EIN						
				4c	PN					
	Total number of participants at the beginning of the plan year		4	5a	48					
b	Total number of participants at the end of the plan year		Ļ	5b	43					
с 	Total number of participants with account balances as of the end complete this item)			5c						
6a	Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)		X Yes No					
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili	of an indepei	ndent qualified public accountant (IQF	PA)	X Yes 🗌 No					
	If you answered "No" to either 6a or 6b, the plan cannot use									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	354243	3	716671					
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	354243	3	716671					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	353803	ر المناع . • • • • • • • • • • • • • • • • • • •						
	(2) Participants									
	(3) Others (including rollovers)									
b	Other income (loss)	10033	10031							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				363834					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	Iding direct rollovers and insurance premiums								
e	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	1406	)6							
g	g Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1						
i	Net income (loss) (subtract line 8h from line 8c)				362428					
j	Transfers to (from) the plan (see instructions)	8j								

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

Par	t IV	Plan Characteristics	
0	If the		ontor the engliciphic neuroism feature and a feature the list of f

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C

**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	During the plan year:		Yes	No	An	nount			
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		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		<u> </u>			
С	Was the plan covered by a fidelity bond?	10c	х			500000			
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		х					
e	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		x					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h							
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							
Part	VI Pension Funding Compliance				A				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	3 (Form	Yes 🗍 No			
12									
	(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 instruct granting the waiver	ctions, th	and e	nter th Day	e date of the lo	etter ruling ar			
lf <u>r</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<b>r</b>	-					
b	Enter the minimum required contribution for this plan year		L	12b	]				
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No 🗌 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?				Γ	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b									
C	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.)								
1	3c(1) Name of plan(s):		130	; <b>(2)</b> El	N(s)	13c(3) PN(s)			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	seis	establ	ished.				
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	irn/rep	ort, in	cluding	g, 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					Mark Gregorio
HERE	Signature of plan administrator	Date	23	21/	Enter name of individual signing as plan administrator
SIGN	<b>v</b>	•	'	.,	
HERE	Signature of employer/plan sponsor	Date			Enter name of individual signing as employer or plan sponsor

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# SCHEDULE SB - PART V EIN: 11-2995885/Plan Number: 002 Plan Provisions

Plan Effective Date	January 1, 2009
Plan Year	From January 1, 2010 to December 31,2010
Accrued Benefit	Hypothetical Account Balance
Compensation	W-2 Compensation for the plan year
Eligibility	All employees shall enter on the 1st of the month following completion of: 1 year of Service
Normal Retirement Age	The first of the month following attainment of age 62 with 5 years of participation
Normal Retirement Benefit	Based on their group classification, participants receive cash balance contributions as follows:
	Owners: \$100,000 per year Others: 1.5% of determination period compensation
Normal Form of Benefit	A Benefit is payable for the life of the participant
Death Benefit	Hypothetical Account Balance
Top-Heavy Minimum	Top heavy minimum benefits are provided under another plan of the employer
Vesting	Years of Credited Service are those after the effective date with greater than 1000 hours worked. The vesting schedule is as follows:

Credited Yea			Vested Percent	
1		-		0
2				0
3				100

11

### Transel Elevator, Inc. Cash Balance Pension Plan

### EIN: 11-2995885, Plan No. 002

#### Schedule SB, Line 22 - Weighted Retirement Age

All participants assumed to retire at Normal Retirement Age of earlier of age 62 with 5 Years of Participation

Normal Retirement Age	Number of Participants	Weights			
62,0000	24	1,488			
62.0833	13	807			
63.5833	2	127			
64.5833	1	65			
65.6667	1	66			
67.4167	1.	67			
68.6667	1	69			
Total	43	2,689			
Average	= 2689/43 = 63				