#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

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

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 12/15/2009	9	and ending	12/14/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mg	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pá	art II Basic Plan Information—enter all requested informa	•			
	Name of plan	20011		1b	Three-digit
	NTIFIC CELL CO INC PENSION PLAN				plan number
				4 -	(PN)
				10	Effective date of plan 12/15/1969
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
SCIE	ENTIFIC CELL CO INC			0-	(EIN) 11-2034214
80 S	KYLINE DRIVE			2C	Plan sponsor's telephone number 516-939-0808
	NVIEW, NY 11803-0000			2d	Business code (see instructions)
					423990
	Plan administrator's name and address (if same as Plan sponsor, er ENTIFIC CELL CO INC 80 SKYLINE		<b>e</b> ")	3b	Administrator's EIN 11-2034214
00.1	PLAINVIEW,		-0000	3с	Administrator's telephone number
1	If the name and/or EIN of the plan sponsor has changed since the las	ot roturn/ro	part filed for this plan, enter the	46	516-939-0808
	name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	40	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	8
b	Total number of participants at the end of the plan year			5b	4
С	Total number of participants with account balances as of the end of complete this item)			5c	
6a					X Yes ☐ No
b			,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes 📙 No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
					#N = 1 434
7	Plan Assets and Liabilities		(a) Beginning of Year	5	(b) End of Year 1268677
a h	Total plan assets  Total plan liabilities	7a 7b	130733	0	1200077
C	Net plan assets (subtract line 7b from line 7a)	7c	156799	5	1268677
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) iotai
	(1) Employers	8a(1)	13000	0	
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	9578	9	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			225789
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51671	1	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	839	6	
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			525107
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-299318
	Transfers to (from) the plan (see instructions)				

Form 5500-SF 2009 Page <b>2-</b> 1	Page <b>2-</b> 1
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<b>D</b> 4 137	DI 01 ( 1 ()
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	4B						
art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X			2000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		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.)	10q		X			_
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g					
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					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					X Yes \( \begin{array}{c} \bigN	10
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X N	10
	(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 instru						
If	granting the waiverMor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear	
	Enter the minimum required contribution for this plan year			12b			_
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/	4
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X N	Ю
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b		under	the co		•	Yes X N	10 
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)						
1	l3c(1) Name of plan(s):		13	c(2) EI	N(s)	<b>13c(3)</b> PN(s	.)
				. ,	. ,		
		+					
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal						
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.						
SIG	Filed with authorized/valid electronic signature.  10/04/2011 PENSION FILER	RS					
UIU							

SIGI	iN.	Filed with authorized/valid electronic signature.	10/04/2011	PENSION FILERS
HEF	RE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIG	:N			
HERE		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

							File as a	an attach	nmen	t to Form	5500 or	5500	-SF.					
For	calend	dar p	lan year 200	09 or	fiscal plan y	ea	r beginning 12	2/15/2009	9				and endi	ng <mark>12</mark> /1	4/201	0		
			amounts to			es	sed for late filing o	of this rep	ort ur	nless reaso	onable ca	use i	s establishe	ed.				
A N	ame o	of pla	in ELL CO INC	PEN	NSION PLAN	1						В	Three-dig			<b>•</b>	001	
			or's name as		wn on line 2a	а о	f Form 5500 or 550	00-SF				D	Employer I	dentifica	tion N	lumber	(EIN)	
												11	-2034214					
Ет	pe of	plan:	: X Single		Multiple-A		Multiple-B		<b>F</b> Pr	rior year pla	an size: 🛚	100	or fewer	101-5	00	More	than 500	
Pa	rt I	В	asic Infor	rmat	tion													
1			valuation da	ate:	N	Лο	nth <u>12</u> [	Day <u>14</u>	1	_ Year <u>2</u>	2010							
2	Asse																	
	а	Mark	et value			••••												1138677
	b	Actu	arial value											2b				1138677
3	Fund	ding t	arget/partici	pant	count break	dov	wn		_		<b>(1)</b> N	umbe	er of particip	oants		(2)	Funding Tar	get
	а	For	retired partic	cipant	ts and benef	icia	aries receiving pay	ment		3a				0				0
	b	For t	terminated v	este	d participants	s				3b				0				0
	С	For a	active partic	ipant	s:				_									
		(1)	Non-vested	d ben	efits					3c(1)								0
		(2)	Vested ben	efits.						3c(2)								1226950
		(3)							-	3c(3)				6				1226950
	d	` '							-	3d				6				1226950
4							omplete items (a) a					П						
•												ш		4-				
				•	٠.		ed at-risk assumpt							4a				
							mptions, but disreger years and disreg							_				
5	Effec	ctive	interest rate											5				5.89 %
6	Targ	et no	rmal cost											6				0
T a ci	o the be	est of r nce wit tion, of	h applicable law	he info and re	rmation supplied	ор	this schedule and accom inion, each other assump ence under the plan.											
	ERE											_				09/30/2	2011	
					Signa	tur	e of actuary									Date		
W RI	CHAR	RD F	ORBES									_				11-047	790	
ASSC	CIAT	ΓED I	PENSION C	ONS		int	name of actuary							Most r		enrollm 30-343-	nent number -4233	
SUIT	E 800	)	SS STREET 973-9044		F	irn	n name						Te	elephone	numb	oer (inclu	uding area co	ode)
					Addı	es	s of the firm					_						
If the	actuo	ry ho	e not fully ro	flect	ad any rogul	ati.	on or ruling promu	lasted un	nder +	he statuto	in comple	ating t	this schodu	le chool	the h	ov and	200	
instru		•	is not fully le	, ii <del>c</del> C ((	cu any regul	all	on or running proffici	igateu uli	iu <del>c</del> i li	ne sialule	iii comple	ung	una auneuu	io, onecr	uie L	on and	30 <del>0</del>	Ш

Page <b>2-</b>	1	
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Pa	art II	Begin	ning of year	carryove	er and prefunding ba	alances						
	•			-			(a)	Carryover balance		<b>(b)</b> F	Prefundi	ng balance
7		_	•		cable adjustments (Item 13		•		0			0
8	Portion (	used to d	offset prior year's	funding red	quirement (Item 35 from pr	ior year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	turn of21.03_%				0			0
11					d to prefunding balance:							
	a Exce	ess contr	ibutions (Item 38	from prior	year)							19685
	<b>b</b> Inter	est on (a	a) using prior year	's effective	rate of6.57 %							0
	<b>C</b> Total	available	e at beginning of c	urrent plan	year to add to prefunding ba	lance						19685
	<b>d</b> Porti	on of (c)	to be added to p	refunding b	palance							19685
12					emed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – iter	n 12)			0			19685
P	art III	Fun	ding percenta	ages			•					
14	Funding		<u> </u>								14	91.10 %
15					je						15	102.98 %
16	Prior yea	ar's fund	ing percentage fo	r purposes	of determining whether ca	arryover/pref	unding bala	ances may be used			16	108.78 %
17			<u> </u>		s less than 70 percent of the						17	%
	art IV		tributions an		<u>.</u>		<u> </u>				L	
				•	ear by employer(s) and en	nplovees:						
	(a) Date		<b>(b)</b> Amount p		(c) Amount paid by	<del></del>	Date	(b) Amount pa	aid by	(0	Amou	nt paid by
(N	1M-DD-Y	(YY)	employer	(s)	employees	(MM-DI	D-YYYY)	employer(	s)		empl	oyees
80	3/01/2011			130000	0	)						
							1					
						Totals >	( )		130000	18(c)		0
19					tructions for small plan with			ſ				
	_				imum required contribution			İ	19a			0
	<b>b</b> Contri	ibutions	made to avoid res	strictions ad	djusted to valuation date				19b			0
	<b>C</b> Contri	butions a	allocated toward mi	inimum requ	uired contribution for current	year adjuste	d to valuatio	on date	19c			124846
20	Quarterl	y contrib	utions and liquidit	ty shortfalls	3:							
	<b>a</b> Did th	e plan h	ave a "funding sh	ortfall" for t	the prior year?							Yes X No
	<b>b</b> If 20a	is "Yes,	" were required q	uarterly ins	tallments for the current ye	ear made in a	a timely ma	nner?				Yes No
	<b>C</b> If 20a	is "Yes,	" see instructions	and compl	ete the following table as a	applicable:						
					Liquidity shortfall as of	end of Quart						
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
				1								

Pa	rt V Assumption	ns used to determine f	unding target and targ	et norn	nal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	irement age				22	65
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribe	ed - separate	Substitut	е
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	· ·				· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruct	ions rega	rding required attac	hment	Yes X No
		provide a Schedule of Active					
27	If the plan is eligible fo	or (and is using) alternative fur	nding rules, enter applicable co	ode and s	ee instructions	27	
_							
		ation of unpaid minimu	•			00	0
28		uired contribution for all prior y				28	
<u>29</u>	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)		30	0
Pa	rt VIII Minimum	required contribution f	for current year				
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31	0
	Amortization installme		,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	ization installment				35500	5759
	_	on installment				0	0
33	If a waiver has been a	approved for this plan year, en Day Year	ter the date of the ruling letter	granting t	he approval	33	0
34	Total funding requiren	ment before reflecting carryove	er/prefunding balances (item 3	1 + item 3	32a + item 32b -	34	5759
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offse	et funding requirement		0		0	0
36		rement (item 34 minus item 35	)			36	5759
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	usted to v	aluation date	37	124846
38	,	ess contributions for current ye				38	119087
39		uired contribution for current ye				39	0
40		uired contribution for all years		2701 110111	<u> </u>	40	

## Schedule SB, line 26 -Schedule of Active Participant Data Scientific Cell Co., Inc. Pension Plan

11-2034214/001

For the plan year 12/15/2009 through 12/14/2010

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34		1								
35 to 39					1					
40 to 44										
45 to 49										
50 to 54						1				
55 to 59								1		
60 to 64		1		1						
65 to 69										
70 & up										

# Schedule SB, line 32 - Schedule of Amortization Bases

### Scientific Cell Co., Inc. Pension Plan

#### 11-2034214 / 001

For the plan year 12/15/2009 through 12/14/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/14/2010	35,500	Shortfall	35,500	7	5,759
Totals:				\$35.500		\$5,759

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administr

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code)

OMB No. 1210-0110

2009

Pension Benefit Guaranty Corporation	'	Inspection			
For calendar plan year 2009 or fiscal plan ye	File as an attachment to ar beginning 12/15/2009		and ending	12/14	/2010
Round off amounts to nearest dollar.			<del></del>		
Caution: A penalty of \$1,000 will be asset	essed for late filing of this report unless re	asonable cau	se is established.		
A Name of plan			<b>B</b> Three	-digit	
SCIENTIFIC CELL CO INC	PENSION PLAN		plan r	number (I	PN) ▶ 001
Car			医去多属	7.44	
C Plan sponsor's name as shown on line 2a	of Form 5500 or 5500-EZ		<b>D</b> Emplo	yer Iden	tification Number (EIN)
SCIENTIFIC CELL CO INC			11-2	034214	•
	ltiple-A Multiple-B <b>F</b> Prio	<u>r year plan siz</u>	ze: X 100 or fewer	101	-500 More than 500
Part I Basic Information  1 Enter the valuation date:					
1 Enter the valuation date:	Month Day14	Year	2010		
2 Assets:					
a Market value					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
h A-4	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	2a	1,138,677
3 Funding target/participant count breakdo		• • • • • •	· · · · · · · · · · · · · · · · · · ·	<u>  2b  </u>	1,138,677
• . ariamig targorparticipant count breakdt	aries receiving payment	2-	(1) Number of partic	ipants	(2) Funding Target
b For terminated vested participants	anes receiving payment		0		0
C For active participants:	•••••••	. <u>3b</u>	0		0
(1) Non-vested benefits		20/4)		[]]	
(8) 14 ( ) 1	• • • • • • • • • • • • • • • • • • • •	. 3c(1)	East Bags		0
• •	• • • • • • • • • • • • • • • • • • • •	. 3c(2)		25	1,226,950
		. <u>3c(3)</u> . 3d	6		1,226,950
4 If the plan is at-risk, check the box and c	complete lines a and b	Ju	<u> </u>		1,226,950
a Funding target disregarding prescrib	ped at-risk assumptions		••□	4a	
<b>b</b> Funding target reflecting at-risk assu	umptions, but disregarding transition rule i	or plans that	have heen	70	
at-risk for fewer than five consecutiv	e years and disregarding loading factor		• • • • • • • • • • • • • • • • • • • •	4b	
				5	5.89
6 Target normal cost	• • • • • • • • • • • • • • • • • • • •	•••••		6	0
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in accordance with applicable law and regulations. In my op	this schedule and accompanying schedules, statements and a ion, each other assumption is reasonable (taking into account	attachments, if any, in	s complete and accurate. Each pr	esribed assur	nption was applied in
, y commune or anadopated expend	ence under the plan.	and expendince of the	e plan and reasonable expectation	ns) and such	other assumptions, in
HERE WRICHARD					
11.	Torre			09/30	/2011
W RICHARD FORBES	ature of actuary				Date
				11-	04790
	print name of actuary		Most re	ecent enr	ollment number
ASSOCIATED PENSION CONSUL				343-	
	Firm name		Telephone nu	ımber (in	cluding area code)
1000 FORTRESS STREET					
SUITE 800					
	A 95973-9044				
	ress of the firm				
the actuary has not fully reflected any regulating tructions	on or ruling promulgated under the statute	e in completin	g this schedule, check	the box	and see
- B					

Part II Begin	ning of year carryover and	prefunding balances										
				(a) Carryover balance (b) Prefunding balance								
7 Balance at be	Balance at beginning of prior year after applicable adjustments (item 13 from prior						- (=/: : : : : : : : : : : : : : : : : : :					
	year)											
	to offset prior year's funding red		0				-					
		0				$-\dot{\epsilon}$						
9 Amount remaining (item 7 minus item 8)       0         10 Interest on item 9 using prior year's actual return of       21.03 %							· · · · · · · · · · · · · · · · · · ·	<del></del> `				
	Prior year's excess contributions to be added to prefunding balance:											
		ear)	T 4.3									
<b>b</b> Interest or	(a) using prior year's effective	rate of6.57 %		# 5 # 1 6 # 5 3	19,68							
		n year to add to prefunding balan		4月11年11日月			1.0					
d Portion of	item (c) to be added to prefundi	ng balance	œ			19,685						
12 Reduction in	balances due to elections or de	emed elections	• • • • •	0			19,	. 685				
13 Balance at be	eginning of current year (item 9 -	+ item 10 + item 11d - item 12) .	····	0			10	`				
Part III Fun	ding percentages	Nomination (12):	• • • • • •				19,	683				
						44	91.10					
15 Adjusted fund	ling target attainment percentag	e	<del>- · · · · · · · · · · · · · · · · · · ·</del>	• • • • • • • • • • • • • • • • • • • •	· · · · ·	. 14		%				
16 Prior year's fu	Inding percentage for purposes	of determining whether carryover	/profunding balance		· · · · ·	15	102.98	%				
current year's	funding requirement	· · · · · · · · · · · · · · · · · · ·	rprefunding balanc	es may be used to reduce	9	16	100 70					
17 If the current	value of the assets of the plan is	less than 70 percent of the fund	ing torget enter au		• • • • •		108.78	%				
Part IV Con	tributions and liquidity sho	ortfalls	ing target, enter su	ch percentage	• • • •	. 17		%				
		n year by employer(s) and emplo										
(a) Date	(b) Amount paid by			I								
(MM-DD-YYYY)	employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)		(c) Amount paid by employees						
08/01/2011	130,000		(1111)	Ciripioyer(s)	employees							
00,00,000	130,000											
	***											
	医动物性神经 医皮肤 医二甲基		<b>-</b>									
		A 10	Totals ► 18(b)	130	,000 1	8(c)						
2 Contributio	no allegated toward was aid min	ructions for small plan with a valu	ation date after the	beginning of the year:	- <u>-</u>							
a Contributio	ris allocated toward unpaid min	imum required contribution from p			19a			0				
C Contribution	ns made to avoid restrictions ac	ijusted to valuation date			19b			0				
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 124,846  Quarterly contributions and liquidity shortfall(s):												
							100	j,				
a Did the pla	n have a "funding shortfall" for t	he prior year?	• • • • • • • •	• • • • • • • • • • • • •		∙ ∐Yes	X No					
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
c If 20a is "Yes," see instructions and complete the following table as applicable:												
	(4) 4-4	Liquidity shortfall as of en		s plan year								
	(1) 1st	(2) 2nd	(3) 3rd		(4)	(4) 4th						

Part V Assumptions	s used to determine f	unding target and target no	rmal cost					
21 Discount rate:			illiai cost					
a Segment rates:	1st segment	2nd segment	3rd segment					
	3.14 %	5.90 %	6.45 %		N/A, full yield curve used			
<b>b</b> Applicable month (ente	r code)			21b	0			
22 Weighted average retire	ement age			22	65			
23 Mortality table(s) (see ii	nstructions) X	Prescribed combined	Prescribed separate		Substitute			
Part VI Miscellaneo	us items							
24 Has a change been ma attachment	de in the non-prescribed	actuarial assumptions for the cu	rrent plan year? If "Yes," see	instru	ctions regarding required			
25 Has a method change to	peen made for the curren	t plan year? If "Yes," see instruct	ions regarding required attac	hmon	Yes X No			
26 Is the plan required to p	provide a Schedule of Act	ive Participants? If "Yes," see ins	structions regarding required	attach	t . Yes X No			
27 If the plan is eligible for	(and is using) alternative	funding rules, enter applicable of	ode and see instructions	allaci	ment X Yes No			
regarding attachment		• • • • • • • • • • • • • • • • • • • •		27				
Part VII Reconciliation	on of unpaid minimu	m required contributions fo	r prior years	121				
28 Unpaid minimum require	ed contribution for all price	or years	i prior years	28				
29 Discounted employer co	ontributions allocated tow	ard unpaid minimum required co	ntributions from prior years		0			
				29	•			
30 Remaining amount of un	npaid minimum required	contributions (item 28 minus item	(29)	30	0			
Part VIII Minimum red	uired contribution fo	or current year		100	U			
31 Target normal cost, adju	usted, if applicable (see in			31	0			
32 Amortization installment			Outstanding Balance					
a Net shortfall amortization	n installment				Installment			
bWaiver amortization installment					5,759			
		enter the date of the ruling letter	granting the contravel	, O	0			
	ay Year	) and the waived a	granting the approval	33				
34 Total funding requireme	nt before reflecting carry	over/prefunding balances	amount	33	0			
(item 31 + item 32a + ite	em 32b - item 33)	· · · · · · · · · · · · · · · · · · ·		34	E 750			
		Carryover balance	Prefunding Balance	34	5,759 Total balance			
35 Balances used to offset	funding requirement	0	1 Totaliang Balance	0				
36 Additional cosh requirement (it are 0.4 min it is 0.5)					0 			
37 Contributions allocated t	oward minimum required	contribution for current year adju	ested to voluntion data	36	5,759			
(item 19c)	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	isted to valuation date	37				
(item 19c)					124,846			
39 Unpaid minimum require	ed contribution for current	year (excess, if any, of item 36 c	over item 37)	38	119,087			
40 Unpaid minimum require	ed contribution for all vear	S		40				
				+0				

#### Form 5500-\$F

Department of the Treesury Internal Revenue Service

Department of Labor
Employee Benefits Security Administr

# Short Form Annual Return/Report of Small Employee Benefit Plan

SCC/HELLMA/t5U

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

	Pennion Banelli Comment Comment		ode (the code	•		Inspection			
	Part I Annual Report Identification Information	rdance wi	th the Instruct	ions to the Form 55	00-SF.				
	the calendar plan year 2009 or fiscal plan year beginning	10/1	F /0000						
			5/2009	and ending	1	2/14/2010			
	This return/report is for:	i		ot multlemployer)		Ono-participant plan			
6	This rotum/report is for:	final rotur	n/report						
	an amended return/report	short plar	ı year return/rop	ort (less than 12 mon	ths)				
С	Check box if filling under: 🗴 Form 5558	automatic	: extension			DFVC program			
	special extension (enter description	- 1)			1				
P	art II Basic Plan Information enter all requested info	rmation		<u>".</u>					
	Name of plan	mauon.	-111		1h	Three-digit			
	OCTOMOTORS OF THE MANAGEMENT OF THE				'~	plan number			
	SCIENTIFIC CELL CO INC PENSION PLAN				<u> </u>	(PN) ► 001			
					1¢	Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-employer plans	an)			2b Employer Identification Number				
	SCIENTIFIC CELL CO INC	,			(EIN) 11-2034214				
	90 SKYLINE ORIVE				2c	Plan sponsor's telephone number			
	A DETAILE OF A				<u>(516) 939-0808 </u>				
US	PLAINVIEW NY 11803-0000				20	Business code (see instructions) 423990			
3a	o name and addition to bidit ambigiditi. All	ter "Samo")			3b	Administrator's EIN			
	SAME								
					3c	Administrator's telephone number			
						- Administrator a telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last		-	dam and and be	46				
	name, EIN and the plan number from the last return/report. Sponsor's	Namo	irt med for this p	nan, onter the		4b ein			
<del></del>					4c PN				
5a b	The result of the period of the point year				_5a	. 8			
C	Total number of participants at the end of the plan year.  Total number of participants with account balances as of the end of the				_5b_	6			
_	complete this Item)	o pian year	(defined benefit	plans do not	5c				
6a	Were all of the plan's assets during the plan year invested in eligible as	ssets? (Sec	instructions.)			X Yes No			
Ь	Are you claiming a waiver of the annual examination and report of an in	ndenenden	t auglitiad public	accountant (IQPA)					
	unger 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.	)			· · · · XYes No			
	If you answered "No" to either 65 or 65, the plan cannot use Ferm	5500-SF p	nd must instea	id use Form 5500.					
7			_						
	Plan Assets and Liabilities		(a) Bo	ginning of Year		(b) End of Year			
a	Total plan assets	. 7a		1,567,995		1,268,677			
ь	Total plan llabilities	, <u>7</u> b		0		0			
Ċ	Not plan accets (subtract line 7b from line 7a)	. 7c		1,567,995		1,269,677			
8	Income, Expenses, and Transfers for this Plan Year		16	) Amount		(b) Total			
а	Contributions received or receivable from:			·	1	\(\frac{1}{2}\)			
	(1) Employers	85(1)		130,000	_				
	(2) Participants	. <u>8a(2)</u>		<u>.</u>	_	and the second of the second of the second			
L.	(3) Others (including rollovers)	85(3)			_				
b	Other Income (loss)	8b		95,789	l				
q	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				225,789			
u	Banofits paid (Including direct rollovers and Insurance premiums to provide benefits)								
e		<u>8d</u>		516,711					
f	Certain deemed and/or corrective distributions (see instructions)	80			_				
g	Administrative service providers (seteries, fees, commissions)  Other expenses	8f		8,396	-				
_		8g			-				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				525,107			
!	Net incomo (loss) (aubtract line 8h from line 8c)	. <u>8</u> i				(299,318)			
j	Transfers to (from) the plan (see instructions)	81							

	F	orm 5500-8F 2009		Page <b>2-</b>		_				
Pa	rt IV	Plan Characteristics								
	If the p	lan provides pension benefite, enter the applicable pension feat A 3D 1G	ure codes from the Lis	st of Plan Characteris	tić Co	odos ir	n the Ir	nstructions:		
ь	If the p	lan provides welfare bonefits, ontor the applicable welfare featul B	re codes from the List	of Plan Characteristi	c Coo	los in	the in:	structions:		
Pa	πV	Compliance Questions								
10		ng the plan year;				Yos	No	1	Amount	_
		there a fallure to transmit to the plan any participant contribution	within the time nerio	d described in			<u> </u>		r iiri walis	٠,
b	29 C Were	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar i there any nonexempt transactions with any party-in-interest? (I	y Correction Program Do not include transac	tions reported	10a		x	!		
	QR III	le 10a.)			10b		╇	+		
•	_	the plan covered by a fidelity bond?			10c	Х	<u> </u>			200,000
C		ne plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		x			·
E	inaur	any fees or commissions paid to any brokers, agents, or other pance services or other organization that provides some or all of actions.)	ersons by an insurant the benefits under the	co carrior, plan? (See	10o		×			
f		he plan failed to provide any benefit when due under the plan?					х			
					10f		-			
9		to plan have any participant loans? (if "Yos." enter amount as of			10g		<u> </u>		A DESCRIPTION OF THE PROPERTY	
	2520	is an individual account plan, was there a blackout period? (Se .101-3.)			10h			in the control of the		an a
	exce	was answered "Yes," check the box if you either provided the r ations to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	101			5535 316723 		(m) - month of the many of th
		Pension Funding Compliance								
11 —	ls thi: 5500	a defined benefit plan subject to minimum funding requirement		uctions and complete					, 🗷 Yes	_ No
12	Is this	a defined contribution plan subject to the minimum funding req	uirements of section -	112 of the Code or so	ction	302 o	f ERIS	6A? .	. Yes	X No
	(If "Y	os," complete 12a or 12b, 12c, 12d, and 12e bolow, as applicabl	lo.)							
	grant	aivor of the minimum funding standard for a prior year is being a ing the walver		Mont	, and h	ontor	the do	ate of the le	tter ruling Year	
Ь		the minimum required contribution for this plan year				Г	12b		<del></del>	
c		the amount contributed by the employer to the plan for this plan					12c	1		
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the	rosult (enter a minus	sign to the left of a	• •	.  -	12d		<del></del>	
е	-	a minimum funding amount reported on line 12d be met by the			•	٠ ـ		Yes	No	□N/A
	t VII	Plan Terminations and Transfers of Assets	innering deadmile t	<u></u>	-	<u> </u>	• •	L105	L.,,1,40	
				<del>- ·</del>						
154	ff "Ya	resolution to terminate the plan been adopted during the plan y s," enter the amount of any plan assets that revorted to the emp						<del></del>	. 🗀 105	X No
_		·					13a			
c	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
	which	assets or liabilities were transforred. (See instructions.)				_				
	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) Pr			PN(s)	
Caut	ion: A p	onalty for the late or incomplete filing of this return/report v	vill be assesed unio	ss reasonable caus	so is o	establ	lishod	·	·	
SB or	School	os of perjury and other penalties sot forth in the instructions, I do to MB completed and signed by an enrolled actuary, as well as a, correct—and confiplete	eclare that I have exa the electronic version	mined this return/report, of this return/report,	ort, In and t	cludin o the l	g, if ap bost of	pplicable, a f my knowle	Schedule dgo and	
, ,	77		10/1.1.	- C	-	<del></del>	-		7/1	
SIG		The state of the s	<u> 19/4/11                                </u>	EUGEN		_Z	IE.	15 PM	<i>UN</i>	
HE	$\neg r$	Mature of play administrator	Date	Enter name of Indiv		signir	1 <u>9,</u> 26 p	otan adminis	irator ,	
SIG	[ _	cylus fame	10/4/11	EVGENE		17	<u>⟨/E</u>	<u> </u>	עאַע_	
HE	RE   Sig	rfature of employer/plan aponsor	Date /	Enter name of indiv	/idual	<u>cign</u> ir	ıg as e	mployer or	plan spons	oг