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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Bene	efit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mspection
Pa	art I	Annual Repor	t lde	entification Information				
For	calendar	plan year 2010 or	fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α -	This retu	rn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		rn/report is for:		first return/report	final retur			
_	i i i i i i i i i i i i i i i i i i i	in/report is ior.		an amended return/report	1	n year return/report (less than 12 mo	nthe\	
•			X	·	<u>,</u>		111113)	
C	Check bo	ox if filing under:		Form 5558	1	extension		DFVC program
				special extension (enter description	on)			
Pa	rt II	Basic Plan Inf	orm	ation—enter all requested inform	nation			
1a	Name of	f plan					1b	Three-digit
DAVI	D K LIEE	B PC DEFINED BE	NEFI	T PLAN				plan number 001
							4 -	(PN) •
							10	Effective date of plan 01/01/2004
20	Diamag		.1.1				26	
	D K LIEE		aares	ss (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 11-2960539
D/ (V)	D IX EILE	3.0					2c	Plan sponsor's telephone number
	MAIN S		4 000	0				631-878-4455
CEN	IER MOI	RICHES, NY 11934	4-000	0			2d	Business code (see instructions)
								541110
3a	Plan adr	ministrator's name	and a	ddress (if same as Plan sponsor, e 376A MAIN	enter "Same	e")	3b	Administrator's EIN 11-2960539
DAVI	D IX LILL	310				NY 11934-0000	20	
							30	Administrator's telephone number 631-878-4455
4 1	f the nam	ne and/or EIN of the	e plar	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
				from the last return/report. Sponso				
							4c	PN
5a	Total nu	umber of participant	ts at t	he beginning of the plan year			5a	6
b	Total nu	umber of participant	ts at t	he end of the plan year			5b	3
С	Total nu	umber of participant	ts witl	account balances as of the end o	f the plan y	ear (defined benefit plans do not		
	complet	te this item)					5c	
6a	Were a	all of the plan's asse	ets du	ring the plan year invested in eligit	ole assets?	(See instructions.)		Yes No
b						ndent qualified public accountant (IQ		X Yes ☐ No
						ions.)SF and must instead use Form 55		I res I no
Pa		Financial Info		, !	01111 5500-	SF and must instead use Form 55	00.	
			ııııa			(a) Baninging at Yang		(h) Ford of Volum
7		sets and Liabilities			_	(a) Beginning of Year	5	(b) End of Year 67009
		an assets			. 7a	330 1	_	862
b	•					6684	=	66147
<u>c</u>				from line 7a)	. 7с	0004.	,	
8				rs for this Plan Year		(a) Amount		(b) Total
а		utions received or r		able from: 	. 8a(1)	4997	7	
							\dashv	
	` '	•					_	
	. ,	,	,			6902	_	
b		` ,				0902	_	44000
C				a(2), 8a(3), and 8b)	8c			11899
d				llovers and insurance premiums	8d	12597	7	
е		ŕ		re distributions (see instructions)				
f				(salaries, fees, commissions)				
g		·					\dashv	
9 h		•		e, 8f, and 8g)				12597
;				=-				-698
;		` , `		8h from line 8c)				
J	rransie	is to (iroin) the plai	ı (see	e instructions)	· 8j			

Form 5500-SF 2010	Page 2-
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		•	
Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เษาเอเเษอ

SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare featu			otorio		200 111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	A	Mount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				10000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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	vear end.)		10g		X			
•		is is an individual account plan, was there a blackout period? (See			iug					
		0.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							X Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rulin /ear	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	` "	•			401			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				_	12d		1	
		the minimum funding amount reported on line 12d be met by the fu	unding 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 ye	ear or any prior yea	r?				•	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tranne PBGC?							Yes	X No
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1:	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13c(3) F	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicat		
SIGN	ı	iled with authorized/valid electronic signature.	0/04/2011	PENSION FILER	S					
HERI	E	Signature of plan administrator	Enter name of in	me of individual signing as plan administrator						

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

								File as a	an attac	hme	nt to Form	5500 or	5500-	·SF.						
For	caler	ndar p	lan y	ear 2010	or fis	scal plan ye	ear	r beginning 0°	1/01/201	0				and er	nding	12/31/2	2010			
▶ F	Rour	nd off	amo	unts to i	neare	st dollar.														
->0	Cauti	ion: A	pen	alty of \$1	1,000	will be ass	es	sed for late filing o	of this rep	port u	ınless reaso	onable ca	use is	s establis	hed.					
A N DAV	ame ID K	of pla	n PC [DEFINED) BEN	IEFIT PLAI	N						В	Three-c	•	r (PN))		00	01
				ame as s	shown	on line 2a	0	f Form 5500 or 55	00-SF				D	Employe	r Ide	ntification	n Nur	mber (l	EIN)	
DAV	ID K	LIEB	PC										11-	-2960539)					
ET	уре с	of plan	X	Single	□ N	1ultiple-A		Multiple-B		F	rior year pla	an size: 🛚	100	or fewer		101-500		More tl	nan 500	
Pa	rt I	R	aeir	Inforn	matic	nn .						_								
1				ation date			101	nth <u>01</u> [Day0	1	Year 2	2010								
2	Ass	ets:																		
	а	Mark	et va	alue												2a				6684
	b	Actu	arial	value												2b				6684
3	Fun	ding t	arge	t/participa	ant co	unt breakd	dov	wn				(1) N	umbe	er of parti	cipar	nts		(2) F	unding	Target
	а	For	retire	d particip	pants	and benefi	cia	aries receiving pay	ment		3a					0				
	b	For	termi	nated ve	sted p	articipants	S				3b					0				
	С	For	activ	e particip	ants:															
		(1)	Non	-vested b	benefi	ts					3c(1)									179
		(2)	Ves	ted bene	fits						3c(2)									10059
		(3)	Tota	al active.							3c(3)					6				10077
	d	Tota	l								3d					6				10077
4	If th	e plar	ı is a	t-risk, che	eck th	e box and	CC	mplete items (a) a	and (b)				. 🗆			_				
	а	Fund	lina t	arget dis	regard	dina presci	rib	ed at-risk assumpt	tions							4a				
	b	Fund	ling t	arget refl	lecting	g at-risk as	su	mptions, but disre e years and disreg	garding	trans	ition rule fo	r plans th	at ha	ve been		4b				
5	Fffc							e years and disreg								5				6.05 %
6	_															6				(
				lled Actu																
T a	o the l	best of i	ny kno h appl	wledge, the	e informa and regu	ılations. İn my	opi	this schedule and accominion, each other assumpence under the plan.												
	IGN ERI																09	9/19/20	011	
						Signat	ur	e of actuary									[Date		
WRI	CHA	RD F	ORBI	ES									_				1	11-047	90	
ASSO	OCIA	TED	PENS	SION CO			nt	name of actuary								Most rece		nrollme 0-343-		per
						F	irm	n name					_		Tele	phone nu	mbei	r (inclu	ding are	a code)
SUIT	E 80			TREET 044																
						Addr	es	s of the firm					-							
If the	actu	arv ha	s no	t fully rofl	lected	any regul	atio	on or ruling promu	lnated ::	nder	the statute	in comple	etina t	his sche	בווור	check th	e ho	y and s	SEE	П
instru		-	5 110	cruny ron	Joica	any regul	<i>.</i> (on or raining profitio	.ga.ca u	.1401	o statute	compie	,ıy ı	301160	auic,	JI IOOK III	5 50/	. unu c	,,,,	

	_		1
age	2-	1	

Pa	rt II	Begin	ning of year	carryove	er and prefunding ba	alances							
				-				(a) C	arryover balance		(b)	Prefundi	ng balance
7		_			cable adjustments (Item 13					0			0
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from pr	or 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	eturn of -33.93 %					0			0
11	Prior yea	ar's exce	ess contributions to	o be added	d to prefunding balance:								
	a Exce	ess contr	ibutions (Item 38	from prior	year)								0
	b Inter	est on (a	a) using prior year	's effective	e rate of6.44 %								0
	C Total	l availabl	e at beginning of co	urrent plan	year to add to prefunding ba	lance							0
	d Porti	ion of (c)	to be added to pr	efunding b	palance								0
12	Reduction	on in bal	ances due to elec	tions or de	emed elections					0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d – iter	n 12)				0			0
P	art III	Fun	ding percenta	iges									
14	Funding	target a	ttainment percent	age								14	66.33 %
	5 Adjusted funding target attainment percentage								15	66.33 %			
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	112.88 %			
17			<u> </u>		is less than 70 percent of the							17	66.33 %
Pa	art IV	Con	tributions and	d liquidi	ty shortfalls						L	<u></u>	
18	Contribu			•	rear by employer(s) and em	nployees:							
(M	(a) Date M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYY	Y)	(b) Amount p employer		(•	nt paid by byees
09	/15/2011			4997	0								
						Totals I	1	8(b)		4997	18(c)		
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	n a valuation	date a	fter th	e beginning of the	e year:			
	a Contributions allocated toward unpaid minimum required contribution from prior years												
	b Contributions made to avoid restrictions adjusted to valuation date												
	C Contri	ibutions a	allocated toward mi	nimum req	uired contribution for current	year adjuste	ed to val	uation	date	19c			4521
20	Quarterl	y contrib	utions and liquidit	y shortfalls	3:								
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?								Yes X No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current ye	ar made in	a timely	/ manr	ner?				Yes No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as a	pplicable:						_	
					Liquidity shortfall as of	end of Quar	ter of th		•				
		(1) 1s	st		(2) 2nd			(3)	3rd		(4) 4th		

Pa	rt V Assumptio	ns used to determine	funding target and targ	jet no	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	irement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Presc	ribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items					
24	•		tuarial assumptions for the curi		•		· ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruct	ions re	garding required attac	hment	Yes 🖺 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	structio	ons regarding required	attachment	Yes X No
27	, ,	`	nding rules, enter applicable co			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	um required contribution	ons f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '		d unpaid minimum required cor		' '	29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		•	ructions)			31	0
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	ization installment				33930	2053
	b Waiver amortization	on installment				0	0
33			nter the date of the ruling letter			33	0
34			er/prefunding balances (item 3			34	2053
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offs	et funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	5)			36	2053
37		•	ontribution for current year adju			37	4521
38	Interest-adjusted exce	ess contributions for current years	ear (see instructions)			38	2468
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 36 of	over it	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	

Schedule SB, line 32 - Schedule of Amortization Bases

David K. Lieb, P.C. Defined Benefit Plan

11-2960539 / 001

For the plan year 1/1/2010 through 12/31/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2010	33,930	Shortfall	33,930	9	2,053
Totals:				\$33,930		\$2,053

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

2010

This Form is Open to Public Inspection

File as an attachment to	Form 5500	or 5500-SF.		mopositori
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and ending	12/31	/2010
► Round off amounts to nearest dollar.		· · · · · · · · · · · · · · · · · · ·		
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless real	sonable cau	se is established.		
A Name of plan		B Thre	e-digit	
DAVID K LIEB PC DEFINED BENEFIT PLAN		plan	number (i	PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ		D Emp	loyer Iden	tification Number (EIN)
DAVID K LIEB PC		11-	2960539	
E Type of plan: X Single Multiple-A Multiple-B F Prior	vear plan si	ze: X 100 or fewer	101	-500 More than 500
Part I Basic Information	your plan 312	ze. Las 100 of lewer	<u> </u>	-500
1 Enter the valuation date: Month 01 Day 01	Year	2010		
2 Assets:				
a Market value				
b Actuarial value	• • • • • •	• • • • • • • • • •	2a	66,845
3 Funding target/participant count breakdown	• • • • • •	T	2b	66,845
a For retired participants and beneficiaries receiving payment	20	(1) Number of parti	cipants	(2) Funding Target
	3a	0		0
The state of the s	3b	0		0
C For active participants: (1) Non-vested benefits	0 (4)		-	
	3c(1)		-	179
(2) Vested benefits	3c(2)			100,596
	3c(3)	6		100,775
4 If the plan is at-risk, check the box and complete lines a and b	<u> 3d</u>	<u> 6</u>		100,775
a Funding target disregarding prescribed at-risk assumptions	• • • • • •	• • □	4-	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for	r plane that	hava baan	4a	
at-risk for fewer than five consecutive years and disregarding loading factor	n pians that	nave been	4b	
5 Effective interest rate	••••	• • • • • • • • •		6.05
6 Target normal cost	• • • • • •	• • • • • • • • • •	5	
Statement by Enrolled Actuary	• • • • •	• • • • • • • • • • • • • • • • • • • •		0
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and at accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticinated expressings under the plan.	tachments, if any, i	is complete and accurate. Each	oresribed assur	mption was applied in
, and a state of a management of product the plant.	ie experience of th	e plan and reasonable expectat	ons) and such	other assumptions, in
SIGN (1) PON OY D				
HERE W. Michard torles			09/19	9/2011
Signature of actuary				Date
W RICHARD FORBES			11-	04790
Type or print name of actuary		Most	recent enr	ollment number
ASSOCIATED PENSION CONSULTANTS		(530) 343-	4233
Firm name		Telephone r	umber (in	cluding area code)
1000 FORTRESS STREET				
SUITE 800				
US CHICO CA 95973-9044				
Address of the firm				
f the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completin	g this schedule, chec	k the box	and see
nstructions				

	art II Begin	ining of year carryover	and prefunding balances						
					(a) Carryover balance	(b) Dro	fundin	n halanaa	
7	Balance at be	eginning of prior year after a	applicable adjustments (item 13 from	prior	(a) carryover balance	(0) F16	iununi	g balance	
	year)	••••••	• • • • • • • • • • • • • • • • • • • •	piloi	,				_
8	Portion used	to offset prior year's funding	g requirement (item 35 from prior yea	,r)			·		0
9	Amount rema	ining (item 7 minus item 8)	· · · · · · · · · · · · · · · · · · ·	"	(0
10	Interest on ite	m 9 using prior year's actu	al return of <u>-33.93</u> %	• • • • • •					0
11	Prior vear's e	xcess contributions to be a	dded to prefunding balance:						0
	a Excess co	ntributions (item 38 from pr	ior year)						
	b Interest or	(a) using prior year's effec	tive rate of6.44_%	• • • • •					0
			t plan year to add to prefunding balar						0
	d Portion of	item (c) to be added to pref	funding balance	ice · · · ·					0
12	Reduction in I	palances due to elections o	r deemed elections	••••	0				0
13	Balance at be	ginning of current year (iter	m 9 + item 10 + item 11d - item 12)		0				0
Pa	rt III Fund	ding percentages							0
14	14 Funding target attainment percentage								
15	15 Adjusted funding target attainment percentage								
16	Prior year's fu	nding percentage for purpo	ses of determining whether carryove	r/prefunding ba	lances may be used to reduce	<u></u>	15	66.33	<u>%</u>
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								
<u>17</u>	If the current v	alue of the assets of the pl	an is less than 70 percent of the fund	ling target ente	er such percentage	• • • • • •	17	112.88 66.33	<u>%</u>
Pa	rt IV Cont	ributions and liquidity	shortfalls	ang tangot, onto	s don percentage	<u> </u>		00.33	<u>%</u>
<u>18</u>	Contributions	made to the plan for the the	e plan year by employer(s) and emplo	ovees:					
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(a) A		
(M	M-DD-YYYY)	employer(s)	employees	(MM-DD-YYY	Y) employer(s)			ount paid by loyees	
09/	15/2011	4,9	997						
								· · · · · · · · · · · · · · · · · · ·	
40	D:			Totals ► 18	3(b) 4	,997 18(c)		
19	Discounted em	ployer contributions see	instructions for small plan with a valu	ation date after	the beginning of the year:				
i	a Contribution	ns allocated toward unpaid	minimum required contribution from p	orior years .	• • • • • • • • • • • • • [19a			0
	b Contributions made to avoid restrictions adjusted to valuation date								
20	Contributions	allocated toward minimum red	quired contribution for current year adjuste	ed to valuation da	ate	19c		4,	521
		ibutions and liquidity shortf							
	a Did the plan	have a "funding shortfall"	for the prior year?	• • • • • • •			□Yes	X No	
	D If 20ais "Ye	es," were required quarterly	installments for the current year mad	de in a timely m	anner?	· · · <u>· · · </u>	Yes	□No	
	c if 20a is "Ye	es," see instructions and co	mplete the following table as applicat						
		(1) 1st	Liquidity shortfall as of en						
	· · · · · · · · · · · · · · · · · · ·	(1) 150	(2) 2nd	(3)	3rd	(4) 4	lth		
		————I							

Part V Assump	tions used to determine	funding target and target no	mal cost		
21 Discount rate:			mai cost		
a Segment rates:	1st segment	2nd segment	3rd segment		ГП
	4.60 %	6.65 %	6.76 %		N/A, full yield curve used
b Applicable month	(enter code)			21b	0
22 Weighted average	retirement age			22	
23 Mortality table(s) (see instructions)	Prescribed combined	Prescribed separate		L65 Substitute
Part VI Miscella	neous items		grand ooparato		Jubalitute
24 Has a change bee attachment	n made in the non-prescribed	actuarial assumptions for the curr	rent plan year? If "Yes," see	instru	ctions regarding required
25 Has a method cha	inge been made for the currer	nt plan year? If "Yes." see instruction	ons regarding required attac	hmen	Voc El No
26 is the plan require	d to provide a Schedule of Ac	tive Participants? If "Yes." see ins	tructions regarding required	attach	t . Yes X No
If the plan is eligib	le for (and is using) alternative	e funding rules, enter applicable co	ode and see instructions		inonc res X NO
regarding attachm	ent		• • • • • • • • • • • • •	27	
Part VII Reconci	liation of unpaid minimu	m required contributions for	prior years		
28 Unpaid minimum r	equired contribution for all pri	or years		28	0
29 Discounted employ	yer contributions allocated tov	vard unpaid minimum required cor	tributions from prior years		
(item 19a) .	· · · · · · · · · · · · · · · · · · ·			29	0
30 Remaining amoun	t of unpaid minimum required	contributions (item 28 minus item	29)	30	
Part VIII Minimun	n required contribution f	or current year			
31 Target normal cost	t, adjusted, if applicable (see i	instructions)		31	0
32 Amortization instal	lments:		Outstanding Balance		Installment
a Net shortfall amorti	ization installment	• • • • • • • • • • • • • • • • • • • •	33,	930	2,053
b Waiver amortizatio	n installment			0	0
33 If a waiver has bee	n approved for this plan year,	enter the date of the ruling letter	granting the approval		
(Month	Yea		mount	33	0
34 Total funding requi	rement before reflecting carry	over/prefunding balances			
(item 31 + item 32a	a + item 32b - item 33)			34	2,053
		Carryover balance	Prefunding Balance		Total balance
	ffset funding requirement	0		0	0
36 Additional cash req	uirement (item 34 minus item	35)		36	2,053
3/ Contributions alloca	ated toward minimum required	d contribution for current year adju	sted to valuation date		
(item 19c)	• • • • • • • • • • • • • • • • • • • •			37	4,521
30 Unneid minimum	cess contributions for curren	t year (see instructions)		38	2,468
40 Uppoid minimum re	equirea contribution for curren	t year (excess, if any, of item 36 o	ver item 37)	39	
To onpaid minimum re	equired contribution for all yea	rs		40	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Sencitis Security Administration

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).

OMB Nos. 1210-0119 1210-0089

2010

This Form is Open to Public Inspection

B This return/report is for: an amended return/report short plan year return/report (less than 12 months)	Darticipant plan Digit									
A This return/report is for:	Darticipant plan Digit									
B This return/report is for: an amended return/report short plan year return/report (less than 12 months)	ligit mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 es code (see instructions)									
an amended return/report short plan year return/report (less than 12 months) DFVC Part II Basic Plan Information short plan per section short plan year return/report (less than 12 months) Part II Basic Plan Information short plan information short plan year (elined benefit plan num pavID K LIEB PC DEFINED BENEFIT PLAN 1c Effective o1/01/01/22 Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer (EIN) 1c Effective o1/01/01/24 DAVID K LIEB PC 2c Plan sponsor's name and address (employer, if for single-employer plan) 2d Business (EIN) 2d Business	ligit mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 ss code (see instructions)									
C Check box if filing under:	ligit mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 ss code (see instructions)									
Special extension (enter description) Part IF Basic Plan Information — enter all requested information. 1b Three-dig plan number of plan DAVID K LIEB PC DEFINED BENEFIT PLAN (PN) > 1c Effective out/01/01/ 22 Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer (EIN) 1 376a MaIN STREET 2C Plan sponsor's name and address (employer, if for single-employer plan) 2d Business 541110 376a MaIN STREET 2c Plan sponsor (Sais) 376a MaIN STREET 376a Ma	ligit mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 ss code (see instructions)									
Part II Basic Plan Information — enter all requested information. 1b Three-dig plan number of plan DAVID K LIEB PC DEFINED BENEFIT PLAN (FN) \(\) 1c Effective \(\text{ol} \text{Ol} \text{Ol} \text{VID} \) K LIEB PC DEFINED BENEFIT PLAN (FN) \(\) 1c Effective \(\text{ol} \text{Ol} \text{Ol} \text{Ol} \text{VID} \) K LIEB PC 2b Employer, if for single-employer plan 2c Plan sponsor's name and address (employer, if for single-employer plan) 2c Plan sponsor has TREET 2c Plan sponsor has TREET 2c Plan sponsor has the plan administrator's name and address (if same as plan employer, enter "Same") 2d Business 541110 3a Plan administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's name and address (if same as plan employer, enter "Same") 3c Administrator's name and/or ElN of the plan sponsor has changed since the tast return/report filed for this plan, enter the name, ElN and the plan number from the last return/report. Sponsor's Name 4b ElN 4c PN 5a Total number of participants at the beginning of the plan year 5b 5c 5c 5c 5c 5c 5c 5c	mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 es code (see instructions)									
18 Three-diple DAVID K LIEB PC DEFINED BENEFIT PLAN	mber 001 e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 es code (see instructions)									
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1c Effective 01/01/2 2b Employer 2d 2d Employer 2d Employer 2d Employer 2d Employer 2d Employer 2d Employer 2d 2d Employer 2d 2d Employer 2d	e date of plan /2004 er identification Number 11-2960539 onsor's telephone number 878-4455 ss code (see instructions)									
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Total number of participants at the beginning of the plan year										
Total number of participants at the end of the plan year										
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Fartill Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (a) Assets and Liabilities C Net plan assets (subtract line 7b from line 7a) 7c 66,845	6									
complete this item)	3									
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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets	X Yes ☐ No									
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Fart III Financial Information	ETV Chi.									
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year ((a) Total plan assets (a) Total plan liabilities (a) Total plan liabilities (b) Total plan liabilities (c) Net plan assets (subtract line 7b from line 7a) (c) Amount (a) Amount (a) Amount (b) Amount (b) Total plan Information (c) Total plan Information (c) Amount (c)	,									
7 Plan Assets and Liabilities (a) Beginning of Year (c) a Total plan assets										
a Total plan assets	(b) End of Year									
b Total plan liabilities	67,009									
8 Income Evpenses and Transfers for this Plan Year (a) Amount	862									
8 Income Evpenses and Transfers for this Plan Year (a) Amount	66,147									
	(b) Total									
Contributions received or receivable from:	(-/ . Ott)									
(1) Employers										
(2) Participants										
(3) Others (including rollovers)										
	44 000									
to provide benefits)	11,899									
Certain deemed and/or corrective distributions (see instructions) 8e										
f Administrative service providers (salaries, fees, commissions) 8f										
THE ANALYSIS OF THE STATE OF TH										
g Other expenses										
h Total expenses (add lines 8d, 8c, 8f, and 8g) + 8h										
Para Carteria and	12,597 (698)									
C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance promiums to provide benefits)	(I) FORM									

	Form 5500-SF 2010	Page	∍ 2 -						
Part	M Plan Characteristics						11111		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
b i	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	Compliance Questions				, ,				
10	During the plan year.		_	Yes	No.	Ame	ount		
a	Was there a failure to transmit to the plan any participant contribution was CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	Correction Program)	🗠	10a	_ x				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	NOT INCLUDE TRANSACTION	· · · · · P	юь	×				
c	Was the plan covered by a fidelity bond?		· · · · · · <u>· · · · · · · · · · · · · </u>	10c X			10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	y bond, that was cause	ed by fraud	10d	x		1-01		
ę	Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the	e benefits under the pk	any (See	10e	x				
	instructions.)				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 y	rear end.)		10g					
h	If this is an individual account plan, was there a hlarkout period? (See 2520.101-3.)			10h					
1	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	drived nonce of one or		101					
Par	Pension Funding Compliance			Cabadul	e SB (En				
11 —	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule \$8 (Form X Yes No 5500))								
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section 412	2 of the Code or se	ction 302	2 of ERIS	A?	LIES ELIV		
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
		(1 Orm 5500); c.i.a Sii.			12b				
Ľ					12c				
c	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
					. 	Yes	_No _N⁄A_		
Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Yes X No									
13a	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year			. 13a				
ł	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								
ď	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to								
_	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):				13c(2) E	EIN(s)	13c(3) PN(s)		
_				Ì			1		
			<u> </u>	 -			 		
				ļ <u>.</u>		·			
Cat	tion: A penalty for the late or incomplete filing of this return/report	will be assessed unle	ss reasonable cau	ise is es	tablishe	d			
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									
beli	of, it is true, conject, and complete.	11:10/11							
	on K- K- K-gell -	10/4/1/				1 1 2 2 2	·		
1	RE Signature of plan administrator	Signature of plan administrator Date Enter name of individual signing as plan administrator							
	an Worth full	10/4///							
2000/02/20	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						