### 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

Р	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	art I Annual R	eport Id	entification Information				•			
For	calendar plan year 20	010 or fisca	l plan year beginning 01/01/201	0	and ending	12/31/2	2010			
Α.	This return/report is for	or:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for		first return/report	final retur	rn/report					
_	This return/report is it	л. Г	·		•	nthe)				
_					ort plan year return/report (less than 12 months)					
C	C Check box if filing under:				extension		DFVC program			
			special extension (enter description	on)						
Pa	art II Basic Pla	an Inform	nation—enter all requested inform	ation						
	Name of plan					1b	Three-digit			
STAF	RR, INC. 401(K) PRO	FIT SHARI	NG PLAN				plan number 001			
						10	(PN) •			
						10	Effective date of plan 01/01/2009			
2a	Plan enoneor's name	and addre	ss (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	RR, INC.	and addic	33 (criployer, il for single employer	piarij			(EIN) 41-2109625			
						2c	Plan sponsor's telephone number			
	EAST TREMONT A\ NX, NY 10465	/ENUE					347-645-3407			
Ditto	100					2d	Business code (see instructions) 624100			
32	Dlan administrator's	nomo ond i	address (if some as Blan spensor, a	ntor "Com	2"\	3h	Administrator's EIN			
STAF	RR, INC.	name and a	address (if same as Plan sponsor, e 3626 EAST	TREMONT	AVENUE	30	41-2109625			
			BRONX, NY	10465		3c	Administrator's telephone number			
							347-645-3407			
			n sponsor has changed since the la		eport filed for this plan, enter the	4b EIN				
I	name, EIN, and the p	lan number	from the last return/report. Sponso	or's name		10	PN			
52	Total number of part	ticinante at	the heginning of the plan year				5			
<b>5a</b> Total number of participants at the beginning of the plan year						5a	5			
	<b>b</b> Total number of participants at the end of the plan year					5b	5			
С		•	h account balances as of the end o		/ear (defined benefit plans do not	5c	0			
62							X Yes □ No			
b					(See instructions.)ndent qualified public accountant (IQ					
~					ions.)		Yes No			
				orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III   Financial	Informa	tion							
7	Plan Assets and Lia	bilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets			. 7a						
b				. 7b						
С	Net plan assets (sub	tract line 7	b from line 7a)	. 7c		0	0			
8	Income, Expenses,	and Transfe	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions receiv	ed or receiv	able from:				• •			
	(1) Employers			. 8a(1)		_				
	(2) Participants			. 8a(2)						
	(3) Others (including	g rollovers)		. 8a(3)						
b	Other income (loss)			. 8b						
С	Total income (add lin	nes 8a(1), 8	8a(2), 8a(3), and 8b)	. 8c			0			
d		J	ollovers and insurance premiums							
	•			. 8d		_				
е	Certain deemed and	l/or correcti	ve distributions (see instructions)	. <u>8e</u>						
f	Administrative service	ce providers	s (salaries, fees, commissions)	. 8f						
g	Other expenses			. 8g						
h	Total expenses (add	l lines 8d, 8	e, 8f, and 8g)	. 8h			0			
i	Net income (loss) (s	ubtract line	8h from line 8c)	. 8i			0			
j	Transfers to (from) t	he plan (se	e instructions)	. 8j						

Form 5500-SF 2010	Page <b>2-</b>

		•	
Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เธาเอเเษอ

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:

art	V Compliance Questions								
0	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		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					
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					
е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х					
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					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No								
	(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 instruct granting the waiver.  Montifou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year		Г	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 o negative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	
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 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder 	the co	ntrol 			Yes	X No	
С	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.)	e plar	n(s) to						
1	13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.				
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.		,				,		
	Filed with outhorized (valid electronic cignoture								

SIGN	Filed with authorized/valid electronic signature.	10/05/2011	DAVID SCHON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/05/2011	DAVID SCHON				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with 1	he instructions to the Form	5500-SF.	IIISP	ection
D,	Annual Report	Identification Information					
**********	the calendar plan year 2010 o		01/01/	2010 and ending	12	/31/2010	
	This return/report is for:	x single-employer plan	multiple-em	oloyer plan (not multiemployer)	Γ	one-participant	plan
	•		final return/r			<b>_</b>	•
<b>D</b>	This return/report is for:	first return/report		•	antha)		
		an amended return/report	1	ear return/report (less than 12 n	ionins)	J 55 %	
C	Check box if filing under:	<b>x</b> Form 5558	] automatic e	xtension	L	DFVC program	
		special extension (enter description	n)				
Pa	rt II Basic Plan Info	rmation enter all requested info	rmation.				
1a	Name of plan					Three-digit	
	STARR, Inc. 401(K) P	Profit Sharing Plan			I	plan number (PN) ▶	001
		_			1c	Effective date of p	lan
						01/01/2009	
2a	Plan sponsor's name and add	lress (employer, if for single-employer	plan)	•		Employer Identification (EIN) 41-2109	
	STARR, Inc.				- I	Plan sponsor's tel	
	3626 East Tremont Av	renue				(347) 645-34	•
						Business code (s	ee instructions)
	Bronx	NY 10465	41010			624100 Administrator's El	N
за	Plan administrator's name and Same	d address (If same as plan employer, o	enter "Same")		36	Administrator s El	14
	Cano				20	6 4	lashasa mumban
					36	Administrator's te	iepnone number
4	If the name and/or EIN of the	plan sponsor has changed since the la	ast return/repo	rt filed for this plan, enter the	4b	EIN	
	name, EIN and the plan numb	per from the last return/report. Sponso	r's Name		4c	PN	
5a	Total number of participants a	at the beginning of the plan year			. 5a		5
b	Total number of participants a	at the end of the plan year			. <u>5b</u>		5
C		with account balances as of the end of			5c		0
<u></u>		during the plan year invested in eligible			00		X Yes No
		the annual examination and report of a			PA)	• • • •	
b	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	nd conditions	)			X Yes No
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use Fo	rm 5500-SF a	nd must instead use Form 55	00.		
Pa	art III Financial Infor	mation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End (	of Year
а	Total plan assets		. 7a				
b	Total plan liabilities		. 7b				
С	Net plan assets (subtract line	7b from line 7a)	. 7c		0		0
8	Income, Expenses, and Trans			(a) Amount		(b) T	otal
a	Contributions received or rec						
	(1) Employers		. 8a(1)				
	(2) Participants		. 8a(2)				
							The Property of the San Property and Commence of the San Property of the San
þ	(3) Others (including rollover	rs)	. 8a(3)				
	Other income (loss)	·	. 8a(3) . 8b		100		
Ç	Other income (loss)	, 8a(2), 8a(3), and 8b)	. 8a(3)				
c d	Other income (loss)  Total income(add lines 8a(1), Benefits paid (including direct	·	. 8a(3) . 8b . 8c				
d	Other income (loss) Total income(add lines 8a(1), Benefits paid (including directo provide benefits)	, 8a(2), 8a(3), and 8b) trollovers and insurance premiums	. 8a(3) . 8b . 8c				0
d e	Other income (loss)  Total income(add lines 8a(1), Benefits paid (including directo provide benefits)  Certain deemed and/or corre	, 8a(2), 8a(3), and 8b) trollovers and insurance premiums	. 8a(3) . 8b . 8c . 8d . 8e				
d e f	Other income (loss)  Total income(add lines 8a(1), Benefits paid (including directo provide benefits)  Certain deemed and/or correaddministrative service provide	, 8a(2), 8a(3), and 8b) trollovers and insurance premiums	. 8a(3) . 8b . 8c . 8d . 8e . 8f				
d e f g	Other income (loss)  Total income(add lines 8a(1), Benefits paid (including directo provide benefits)  Certain deemed and/or corre Administrative service provid Other expenses	, 8a(2), 8a(3), and 8b)	. 8a(3) . 8b . 8c . 8d . 8e . 8f				
d e f	Other income (loss)	, 8a(2), 8a(3), and 8b)	. 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g				
d e f g	Other income (loss)  Total income(add lines 8a(1), Benefits paid (including directo provide benefits)  Certain deemed and/or corre Administrative service provid Other expenses  Total expenses (add lines 8d Net income (loss) (subtract lines.	, 8a(2), 8a(3), and 8b)	. 8a(3) . 8b . 8c . 8d . 8e . 8f				

Par	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:  2E 2A 3D									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:			Yes	No	Am	ount			
а	Was there a failure to transmit to the plan any participant contribution		described in		$ \mathbf{x} $					
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (December 2015)		$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\vdash$	0a						
b	on line 10a.)			0ъ	x					
_	•		1	0с	x		****			
c d	Was the plan covered by a fidelity bond?		· · · · · - <u>-</u>							
u	or dishonesty?	0d	х							
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of the instructions.)	ersons by an insurance the benefits under the	plan? (See	0e	x					
f	Has the plan failed to provide any benefit when due under the plan?			Of	х					
_					x					
g h	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See	-	-	0g	+					
	2520.101-3.)			0h	x					
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			0i						
Par	VI Pension Funding Compliance						W			
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see instru	octions and complete	Schedu	le SB (F		Yes 🗓			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
a If	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Month	and en	ter the Day	date of the lett	er ruling ear	_		
b	Enter the minimum required contribution for this plan year			[	12b					
c	Enter the amount contributed by the employer to the plan for this plan			- 1	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			, . [	12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .				Yes [	_NoI	N/A		
Par	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior year?			<u></u>		Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year		• • •	13a					
b	of the PBGC?				itrol		Yes X	]No		
	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the pla	an(s) to			T			
	13c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN	(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed unle	ess reasonable cau	se is es	tablish	ed.	I			
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completer and signed by an enrolled actuary, as well as it is true, correct, and complete	eclare that I have exa	mined this return/re	port, incl	uding, it	applicable, a	Schedule edge and			
SIC	N //0//	10/5/11	David Schon							
F100000000000	RE Signature of plan administrator	Date	Enter name of indiv	/idual sig	ning as	plan administ	rator			
SIC		10/5/11	David Schon							
Sections	RE Signature of employer/plan sponsor	Date	Enter name of indiv	vidual sic	ning as	employer or t	olan sponsor			
	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									

Page **2-**[

Form 5500-SF 2010

EBSA PO Box 7043 Lawrence, KS 66044-7043

## STARR, INC. 401(K) PROFIT SHARING PLAN (the "Plan")

Dear Sir or Madam:

The Sponsor for the above referenced Plan is not available today to execute the Form 5500-SF.

We are, therefore, providing you with a 2010 Form 5500-SF which has been signed by a registered preparer or author from Sentinel Benefits Group, LLC.

Sentinel Benefits Group, LLC is a Third Party Administrator and we are working to keep the Plan in compliance.

Please contact us should have any questions.

Sincerely,

David Schon, QPA, QKA

Director