Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
POLLOCK RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
POLLOCK INVESTMENTS INC.

1 POLLOCK PLACE
GRAND PRAIRIE, TX 75050-7939

2b Employer Identification Number (EIN)
75-1015406

2c Sponsor's telephone number
972-337-3833

2d Business code (see instructions)
424100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/05/2011	RICHARD POLLOCK
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
POLLOCK INVESTMENTS INC.

1 POLLOCK PLACE
GRAND PRAIRIE, TX 75050-7939

3b Administrator's EIN
75-1015406

3c Administrator's telephone number
972-337-3833

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	510
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	201
b	Retired or separated participants receiving benefits	**6b**	97
c	Other retired or separated participants entitled to future benefits	**6c**	172
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	28
f	Total. Add lines **6d** and **6e**	**6f**	498
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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 reasonable cause is established.

A Name of plan
POLLOCK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
POLLOCK INVESTMENTS INC.

D Employer Identification Number (EIN)
75-1015406

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		5784228
b	Actuarial value	**2b**		5999224
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	112	3019263
b	For terminated vested participants	**3b**	180	2002727
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		3192377
	(3) Total active	**3c(3)**	218	3192377
d	Total	**3d**	510	8214367
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.59 %
6	Target normal cost	**6**		75000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/19/2011
Date

COLIN B. CASSIDY, A.S.A., E.A.
Type or print name of actuary

11-05294
Most recent enrollment number

DIVERSIFIED
Firm name

508-903-6011
Telephone number (including area code)

24 PRIME PARK WAY, SUITE 400
NATICK, MA 01760-1528
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5442	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	5442	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 23.80 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.10 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	73.03 %
15	Adjusted funding target attainment percentage	15	73.03 %
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	78.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2010	63852				
07/15/2010	63852				
10/15/2010	63852				
01/14/2011	63852				
09/15/2011	140280				
			Totals ► 18(b)	395688	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	370714

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
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**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		75000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1886568	295714
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		370714

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	370714
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	370714
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
POLLOCK RETIREMENT PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
POLLOCK INVESTMENTS INC.	75-1015406

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	35432	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES INC.

1000 HARBOR BLVD
8TH FLOOR
WEEHAWKEN, NJ 07087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	22872	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES INC.	16	22872
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIVERSIFIED INVESTMENT ADVISORS 13-3689044	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLLOCK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
POLLOCK INVESTMENTS INC.

D Employer Identification Number (EIN)
75-1015406

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED COLLECTIVE TRUST FUNDS

b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3689044-001	C	6304538

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLLOCK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLLOCK INVESTMENTS INC.

D Employer Identification Number (EIN)
75-1015406

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	159584	204132
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5631201	6304538
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5790785	6508670
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5790785	6508670

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	395688	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		395688
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		850464
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1246152
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	453106	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		453106
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	27575	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	47586	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75161
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		528267
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		717885
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LANE GORMAN TRUBITT, PLLC (2) EIN: 75-1044330

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
POLLOCK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POLLOCK INVESTMENTS INC.

D Employer Identification Number (EIN)
75-1015406

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

POLLOCK RETIREMENT PLAN

FINANCIAL STATEMENTS
AND REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 AND 2009

POLLOCK RETIREMENT PLAN

CONTENTS

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Lane Gorman Trubitt, PLLC
Accountants & Advisors

Report of Independent Certified Public Accountants

Plan Administrator and Participants
Pollock Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of the Pollock Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by Section 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the cash, investments, investment transactions and related income which were certified by State Street Bank (the "Trustee"), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 2, the Plan's policy is to prepare its financial statements on a modified cash basis of accounting, which differs from accounting principles generally accepted in the United States of America. Accordingly, the accompanying financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

LANE GORMAN TRUBITT, PLLC

Dallas, Texas
September 20, 2011

Pollock Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
December 31,

	2010	2009
ASSETS		
Investments, at fair value:		
Common collective trusts		
Bond funds	$ 2,836,891	$ 2,426,543
Equity funds	3,146,075	2,907,475
Real estate fund	321,572	297,183
Total investments	6,304,538	5,631,201
Contributions receivable	204,132	159,584
TOTAL ASSETS	6,508,670	5,790,785
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,508,670	$ 5,790,785

The accompanying notes are an integral part of these financial statements.

Pollock Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)
Years Ended December 31,

	2010	2009
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 850,464	$ 1,114,259
Employer contribution	395,688	272,633
Total additions	1,246,152	1,386,892
DEDUCTIONS		
Payments to beneficiaries and participants	453,106	378,617
Administrative expenses	75,161	72,785
Total deductions	528,267	451,402
Net increase	717,885	935,490
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	5,790,785	4,855,295
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	$ 6,508,670	$ 5,790,785

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following brief description of the Pollock Retirement Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was formed January 1, 1972 to provide retirement and incidental benefits to covered employees of Pollock Investments, Inc. (the "Company"). The Plan is a defined benefit plan that covered all employees of the Company whose benefits were not subject to collective bargaining. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees participated in the Plan upon attaining the age of 21 years and completion of six months of eligible service. Participants were fully vested with respect to their contributions and became fully vested in the Company's contributions after five years of vesting service. No new employees could enter the Plan after July 31, 2005.

Expenses incurred in the administration of the Plan are paid by both the Company and the Plan.

Normal Retirement Benefit

The normal retirement age is 65 years. Normal retirement benefits are payable monthly for life and commence at normal retirement date, subject to formulas and limitations set forth in the Plan. Benefits were frozen effective July 31, 2005. No compensation earned after July 31, 2005 shall be considered in the determination of benefits.

Minimum Benefit

In no event will a participant receive less as a monthly pension than the amount which can be provided by his contributions to the plan, with interest credited at the rate of 4% per annum through 1975, 5% per annum from 1975 through 1987 and 120% of the applicable Federal mid-term rate to date of termination and at Pension Benefit Guaranty Corporation ("PBGC") rates from date of termination to the participant's normal retirement date.

Early Retirement Benefit

A participant may elect early retirement after attainment of the age of 55 years and ten years of vesting service. Early retirement benefits are payable for life and are deferred to the normal retirement date at which time they are reduced by the ratio of accrued benefit service to anticipated benefit service. At the participant's request, a reduced benefit may be paid beginning upon actual retirement. The reduction is 1/15 for each of the first five years and 1/30 for each of the next five years that the starting date of the benefit precedes normal retirement date.

Late Retirement Benefit

The benefit is computed as for normal retirement, considering benefit service and compensation to actual retirement date, with a minimum of the actuarial equivalent of the benefit payable at normal retirement.

Disability Benefit

Participants with ten or more years of vesting service are eligible for disability benefits after termination for reason of disability. Benefits are payable for life commencing at normal retirement date if the participant is continuously disabled until that time. The benefit is the normal retirement benefit, considering compensation to the date of disablement and benefit service to the normal retirement date. Benefit service is given for the period of disability. Effective July 31, 2005, any benefit accruals under the disability provisions of the Plan were eliminated.

1. DESCRIPTION OF THE PLAN (Continued)

Deferred Vested Benefit

A participant who terminates for reasons other than death or retirement with five or more years of eligible service is eligible for a benefit, deferred to normal retirement date, determined as for early retirement. At the participant's request, a benefit reduced in the same manner as for early retirement may be paid after age 55, but prior to normal retirement date.

In-Service Death Benefit

The surviving spouse of an active employee who had completed five years of vesting service on the date of death shall be eligible for an in-service benefit provided the employee had been married to the surviving spouse for at least 12 months immediately preceding the employee's death. The monthly annuity shall be determined as though the employee had terminated employment on the date of his death and elected to receive the qualified 50% survivor pension with payments commencing at the earliest date permissible and with his death occurring the day after commencement.

Death Benefit After Retirement But Before Commencement of Payments

If a participant dies after early retirement but prior to commencement of payments, then, provided the participant was continuously married for at least one year immediately preceding his death, his surviving spouse will receive a pension for life. The benefit is 50% of the pension the employee would have received had he taken early retirement on the date of his death with the 50% joint and survivor option.

Death Benefit After Normal Retirement, Disability Retirement or After Commencement of Early Retirement

Unless an employee with spousal consent makes an election to the contrary prior to his date of death, the death benefit will be paid as under the qualified joint and survivor option. In the event that an employee rejected the qualified joint and survivor option or if he was not married on his date of death, no death benefit shall be paid to or for him unless he elected an optional form of payment.

Death Benefit After Deferred Vested Retirement Before Commencement of Payments

If an employee terminates with a deferred vested benefit and subsequently dies prior to commencement of benefits, the surviving spouse of such employee shall be eligible to receive a monthly annuity determined as though the employee had survived to the earliest date his pension could commence and elected to receive the qualified joint and survivor option, with his death occurring on the day after commencement.

Return of Contributions with Interest

If a participant terminates before being eligible for a pension, a benefit is payable equal to the Contribution Accumulation. This amount is the participant's contributions to the Plan, plus interest credited at the rate of 4% per annum through 1975, 5% per annum from 1975 through 1987 and 120% of the Federal mid-term rate to date of refund.

If, upon payment of all benefits to a participant and his beneficiary, the total of the benefits paid is less than the Contribution Accumulation, then the excess is paid to the beneficiary or the estate.

If a participant terminates while eligible for a Deferred Vested pension, he may receive his Contribution Accumulation, and any subsequent benefit will be reduced.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies consistently used in the preparation of the Plan's financial statements.

Method of Accounting

The financial statements are prepared under the modified cash basis of accounting. Accordingly, income and the related assets, except for employer contributions, are recognized when received rather than when earned and expenses, including benefit payments, are recognized when paid rather than when the obligation is incurred.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end.

Purchase and sales of securities are recorded on the trade date. Gains or losses on sales of securities are based upon the average cost of securities. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Long Bond Fund ("LBF") is a common collective trust fund with underlying investments in bond funds and is valued at fair value and then adjusted by the issuer to contract value. The investment objective of the LBF is to maximize total return through investment in a diversified portfolio of long duration fixed income securities. Fair value of the LBF is determined by the last available bid price on the bonds held as determined by an independent pricing service. Individual participant accounts invested in the LBF are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the LBF but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. The LBF earns interest income which is automatically reinvested in additional units. Fees are charged by the LBF based on 0.45% of daily net assets and this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the LBF are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

The Real Estate Fund ("REF") is a collective trust fund with underlying investments in real estate investment trusts and is valued at fair value and then adjusted by the issuer to contract value. The investment objective of the REF is to maximize total return through investment in public real estate securities with a combination of above average income and long term growth of capital. Investment in the REF involves certain unique risks as valuations are dependent upon management skills, are not diversified and are subject to heavy cash flow dependency, default by borrowers and self liquidation. The REF is also subject to interest rate risks.

Fair value of the REF is determined by the value of the individual investments as follows:

- Equity securities are valued at the official closing price or the last sales price on the exchange on which they are primarily traded or the last quoted bid price for securities in which there were no sales during the day.
- Securities listed on the NASDAQ National Market and NASDAQ Small Cap Market for which reliable market quotations are available are valued at the official closing price, or if there is no official closing price on that day, at the last sales price.
- Investments in open-end investment companies are valued at such investment company's current day closing net asset value per share and may be redeemed daily. When valuations are not readily available, securities will be valued at their fair market value as determined by the advisor.

Individual participant accounts invested in the REF are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the REF but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. Fees are charged by the REF based on 0.75% (for unbundled units) to 1.35% (for bundled units) of daily net assets and this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the REF are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

All other collective funds held (the "funds") are common collective trust fund with underlying investments in equity securities and are valued at fair value. The investment objective of the funds is shown by the individual fund names and the funds are designed to maximize total return through investment in a diversified portfolio of equity securities. Fair value of the funds are determined by the valuations of the investments in equity securities which are valued at the official closing price or the last sales price on the exchange on which they are primarily traded or the last quoted bid price for securities in which there were no sales during the day. Individual participant accounts invested in the funds are maintained on a unit value basis. Participants do not have beneficial ownership in specific underlying securities or other assets in the funds but have an interest therein represented by units valued daily. Participants may withdraw from the fund at the stated unit value at the close of business on any business day. Issuances and redemptions of units are made on such days based upon the net asset value per unit. The funds earn dividend and interest income which is automatically reinvested in additional units. Fees are charged by the funds are based on a range of 0.30% to 0.90% of daily net assets and this fee is accounted for within the net asset value. Generally, contributions to and withdrawal payments from the funds are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

All investment funds are included in the statements of net assets available for benefits at fair value, which is considered to materially approximate contract value.

Net Appreciation/Depreciation in Fair Value of Investments

Net appreciation /depreciation in fair value of investments includes realized and unrealized investment gains and losses.

Brokerage fees, if any, are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Administration

Under the terms of the trust agreements between the Trustee and the Company, the Trustee manages a trust fund on behalf of the Plan. Accordingly, the Trustee has been granted certain discretionary authority concerning investment and management powers.

Use of Estimates

In preparing financial statements under the basis of accounting used by the plan, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. FUNDING POLICY

As of January 1, 1992, employees are not required nor permitted to make contributions under this Plan. There were no employees' accumulated contributions at January 1, 2010 and 2009. Contributions to the Plan are made by the Company to the Trustee in amounts, as determined by consulting actuaries using the entry age actuarial cost method, sufficient to pay all benefits under the Plan. The Company made contributions of $395,688 and $272,633 for the years ended December 31, 2010 and 2009, respectively, which was in compliance with the minimum funding requirements of ERISA.

4. PLAN TERMINATION

The Plan was amended and restated effective January 1, 1992. Benefits under the Plan as it existed prior to its amendment and restatement were frozen as of December 31, 1991. As a result of the July 31, 2005 amendment, no further credit for service years is available to Participants after July 31, 2005. Benefits under the amended and restated Plan are now funded solely through Company contributions as determined from time to time by the Company, based on actuarial advice. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. PLAN TERMINATION (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009, that monthly ceiling, which is adjusted periodically, was $4,500 . That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For young annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits after payment of administration, termination, and liquidation expenses in the order indicated:

a) Benefits attributable to employee contributions.

b) Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or those employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan, subject to certain limitations.

c) Other vested benefits insured by the PBGC up to the applicable limitations.

d) All other vested benefits (that is, vested benefits not insured by the PBGC).

e) All nonvested benefits.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

5. INCOME TAX STATUS

The Company has received a favorable determination letter from the United States Internal Revenue Service ("IRS") dated December 7, 1993 stating that the Plan is qualified under the provision of Section 401(a) of the United States Internal Revenue Code and therefore is exempt from taxation. The Plan has been amended subsequent to receiving this determination letter however the Plan Committee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America("GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

6. ACTUARIAL ASSUMPTIONS AND CALCULATIONS

The significant actuarial assumptions used in the valuations of the Plan as of and for the years ended December 31, 2010 and 2009 are as follows:

- Life expectancy of active participants and nondisabled pensioners - life expectancy of active participants: applicable mortality table as set forth in Revenue Ruling 2001-62 and 1983 Group Annuity Mortality Table for 2010 and 2009, respectively;

- Disabled pensioners - 1965 Disabled Railway Employees Select Mortality Table (after July 31, 2005 this is no longer applicable);

6. ACTUARIAL ASSUMPTIONS AND CALCULATIONS (Continued)

- Retirement - Age 65, or present age if greater.

	At January 1, 2010	At January 1, 2009
Investment return (per annum, compounded annually)	8.00%	8.00%
Discount rate	5.50%	6.00%

Employee turnover and disability assumptions (at graduated rates) and an earnings progression assumption are also used for the valuation.

The actuarial present values of accumulated plan benefits at January 1, are as follows:

	2010	2009
Vested benefits:		
Active participants	$ 2,624,045	$ 2,616,822
Participants with deferred benefits	1,654,827	1,436,379
Participants receiving benefits	2,732,342	2,808,877
	7,011,214	6,862,078
Nonvested benefits	-	10,488
Total actuarial present value of accumulated plan benefits	$ 7,011,214	$ 6,872,566
Actuarial present value of accumulated plan benefits at beginning of year	$ 6,872,566	$ 6,811,095
Increases		
Increase for interest due to decrease in discount period	534,952	529,882
Change in actuarial assumptions (change in mortality tables)	13,937	13,000
Decreases		
Benefits accrued and actuarial experience	(31,624)	(98,920)
Benefits paid	(378,617)	(382,491)
Actuarial present value of accumulated plan benefits at end of year	$ 7,011,214	$ 6,872,566

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. INVESTMENTS

Individual investments in common collective trusts that are 5% or more of the fair value of net assets available for plan benefits are as follows as of December 31,:

	2010	2009
High Quality Bond Fund	$ 468,707	$ 368,533
High Yield Bond Fund	629,138	585,800
Core Bond Fund	690,239	614,087
Long Bond Fund	1,048,807	858,123
International Equity Fund	635,742	571,478
Value and Income Fund	884,778	807,507
Equity Growth Fund	875,576	831,871
Real Estate Fund	-	297,183

7. INVESTMENTS (Continued)

During the years ended December 31, the Plan's investments appreciated in value as follows:

	2010	2009
Equity funds	$ 513,953	$ 625,933
Bond funds	255,054	394,895
Real estate fund	81,457	93,431
	$ 850,464	$ 1,114,259

8. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ended December 31,:

	2010	2009
Investments at fair value:		
Bond funds	$ 2,836,891	$ 2,426,543
Equity funds	3,146,075	2,907,475
Real estate fund	321,572	297,183
Total investments	$ 6,304,538	$ 5,631,201
Investment income:		
Net appreciation in fair value of investments	$ 850,464	$ 1,114,259

The Plan's independent accountants did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

9. FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) ASC 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the input to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of the observable inputs and minimize the use of unobservable inputs.

9. FAIR VALUE OF INVESTMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2010 and 2009.

Common collective trusts: Valued at the net asset value of the shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31,:

	Level 1	Level 2	Level 3	Total
2010:				
COMMON/COLLECTIVE TRUSTS				
Bond funds				
High quality bond fund	$ -	$ 468,707	$ -	$ 468,707
High yield bond fund	-	629,138	-	629,138
Core bond fund	-	690,239	-	690,239
Long bond fund	-	1,048,807	-	1,048,807
Equity funds				
Small cap funds	-	375,379	-	375,379
Mid cap funds	-	374,600	-	374,600
International stocks	-	635,742	-	635,742
Large cap funds	-	1,760,354	-	1,760,354
Real estate funds	-	321,572	-	321,572
	$ -	$ 6,304,538	$ -	$ 6,304,538
2009:				
COMMON/COLLECTIVE TRUSTS				
Bond funds				
High quality bond fund	$ -	$ 368,533	$ -	$ 368,533
High yield bond fund	-	585,800	-	585,800
Core bond fund	-	614,087	-	614,087
Long bond fund	-	858,123	-	858,123
Equity funds				
Small cap funds	-	345,308	-	345,308
Mid cap funds	-	351,311	-	351,311
International stocks	-	571,478	-	571,478
Large cap funds	-	1,639,378	-	1,639,378
Real estate funds	-	297,183	-	297,183
	$ -	$ 5,631,201	$ -	$ 5,631,201

10. REPORTABLE TRANSACTIONS

There were no investments purchased and sold in the year, no leases in default or classified as uncollectable or non-exempt transactions during the year ended December 31, 2010 that require disclosure under DOL's Rules and Regulations.

11. RISK AND UNCERTAINTIES

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Further, due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. NEW ACCOUNTING PRONOUNCEMENTS

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements ("ASU 2010-06"). ASU 2010-06 amended Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures ("ASC 820"), to clarify certain existing fair value disclosures and to require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of this new guidance has not and will not have a significant impact on the Plan's net assets available for benefits or its changes in net assets available for benefits, as changes are related to the fair value measurement disclosures.

13. SUBSEQUENT EVENTS

The Pension Committee has evaluated subsequent events through on September 20, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Pollock Retirement Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-1015406
Plan Number: 001
December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		COMMON AND COLLECTIVE TRUSTS:		
		BOND FUNDS:		
*	Diversified Investment Advisors	High Quality Bond Fund	$ 466,131	$ 468,707
*	Diversified Investment Advisors	High Yield Bond Fund	542,777	629,138
*	Diversified Investment Advisors	Core Bond Fund	639,437	690,239
*	Diversified Investment Advisors	Long Bond Fund	948,112	1,048,807
			2,596,457	2,836,891
		EQUITY FUNDS:		
*	Diversified Investment Advisors	Small Cap Growth Fund	149,677	188,067
*	Diversified Investment Advisors	Mid Cap Value Fund	155,435	188,516
*	Diversified Investment Advisors	Small Cap Value Fund	152,145	187,312
*	Diversified Investment Advisors	Mid Cap Growth Fund	143,948	186,084
*	Diversified Investment Advisors	International Equity Fund	553,023	635,742
*	Diversified Investment Advisors	Large Cap Value Fund	771,892	884,778
*	Diversified Investment Advisors	Large Cap Growth Fund	750,771	875,576
			2,676,891	3,146,075
		REAL ESTATE FUND:		
*	Diversified Investment Advisors	Real Estate Fund	251,257	321,572
		Total common and collective trusts	5,524,605	6,304,538
		TOTAL INVESTMENTS	$ 5,524,605	$ 6,304,538

* Indicates a party-in-interest as defined by ERISA

This supplemental schedule lists assets held for investment purposes as of December 31, 2010, as required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure.

Pollock Retirement Plan
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Line 4j
EIN: 75-1015406
Plan Number: 001
December 31, 2010

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
INDIVIDUAL TRANSACTIONS						
None						
SERIES OF TRANSACTIONS						
Diversified Investment Advisors	High Quality Bond Fund	624,659	-	-	624,659	-
Diversified Investment Advisors	High Quality Bond Fund	-	535,210	527,062	535,210	8,148

Column (e) and (f) were not listed on this schedule as there were no lease rental or expenses incurred with these transactions.

This supplemental schedule lists individual and series of transactions in excess of 5% of the fair market value of Plan assets available for benefits at the beginning of the year as required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure.

Attachment to 2010 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

	..... Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	2	0	0	0	0	0	0	0	0	2
30 – 34	0	10	3	1	0	0	0	0	0	0	14
35 – 39	2	11	11	4	0	0	0	0	0	0	28
40 – 44	3	12	12	5	2	0	0	0	0	0	34
45 – 49	2	8	14	10	6	2	0	0	0	0	42
50 – 54	0	14	12	5	4	6	1	1	0	0	43
55 – 59	0	7	6	2	4	1	1	0	0	0	21
60 – 64	0	6	5	3	3	3	1	0	0	0	21
65 – 69	0	2	2	1	3	2	0	0	0	0	10
70 & Up	0	0	2	0	0	0	0	1	0	0	3
Totals	7	72	67	31	22	14	3	2	0	0	218

Attachment to 2010 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2010 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

C ACTUARIAL ASSUMPTIONS

Target Liability Interest Rates	Segment rates based on January rates. Previously, full yield curve based on October rates of preceding plan year (varied from 5.45% to 8.89%).
Expected Investment Return/ FAS35 Interest Rate	8.00%.
Pre- and Post-Retirement Mortality	Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 updated for 2010 (previously, the 2009 static mortality table).
Salary Increases	Not applicable.
Withdrawal Rates	Based upon the following probabilities of withdrawal shown at sample ages:

Age	Rate
20	16.61%
25	12.84%
30	10.02%
35	7.63%
40	5.63%
45	3.93%
50	2.48%
55	0.00%

Retirement Age	All participants are assumed to retire at normal retirement age.
Marital Assumption	It has been assumed that 100% of all active participants are married. Husbands are assumed to be three years older than wives.
Plan Expenses	For 2010, $75,000 included in the Target Normal Cost to cover expected expenses (previously, $50,000).
Funding Relief	Elected for 2010 Plan Year in accordance with the Pension Relief Act of 2010. The increase in the shortfall amortization shall be amortized over 15 years, rather than 7 years.

ATTACHMENT TO THE 2010 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Pollock Investments Inc.

Plan Name: Pollock Retirement Plan

Plan Year: January 1, 2010 to December 31, 2010
EIN: 75-1015406 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page 14 of the attached auditor's report of the Plan for the plan year ending December 31, 2010 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 15 of the attached auditor's report of the Plan for the plan year ending December 31, 2010 provides the schedule of reportable transactions.

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
POLLOCK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
POLLOCK INVESTMENTS INC.

D Employer Identification Number (EIN)
75-1015406

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	2a		5784228
b	Actuarial value	2b		5999224
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	112	3019263
b	For terminated vested participants	3b	180	2002727
c	For active participants:			
(1)	Non-vested benefits	3c(1)		0
(2)	Vested benefits	3c(2)		3192377
(3)	Total active	3c(3)	218	3192377
d	Total	3d	510	8214367
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.59 %
6	Target normal cost	6		75000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Colin B. Cassidy

Signature of actuary

09/19/2011
Date

COLIN B. CASSIDY, A.S.A., E.A.
Type or print name of actuary

11-05294
Most recent enrollment number

DIVERSIFIED
Firm name

508-903-6011
Telephone number (including area code)

24 PRIME PARK WAY, SUITE 400 NATICK MA 01760-1528
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5442	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	5442	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 23.80 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.10 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	73.03 %
15	Adjusted funding target attainment percentage	15	73.03 %
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	78.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/16/2010	63852				
07/15/2010	63852				
10/15/2010	63852				
01/14/2011	63852				
09/15/2011	140280				
			Totals ► 18(b)	395688	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	370714
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		[X] Yes [ ] No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		[ ] 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.60 %	6.65 %	6.76 %	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		75000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1886568	295714
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		370714

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	370714
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	370714
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Attachment to 2010 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

Effective Date	January 1, 1972 and most recently amended effective December 31, 2009.
Eligibility	January 1st or July 1st coinciding with or following attainment of age 21 and 6 months of eligibility service. No new participants will enter the plan after July 31, 2005.
Eligibility Service	A year of Eligibility Service is credited for each computation period with at least one hour of service. The initial computation period is the 12-month period beginning with date of hire. Thereafter, the computation period is the Plan Year.
Benefit Service	Benefit Service is calculated using elapsed time. All years of benefit service are taken into account while an eligible employee except service prior to January 1, 1972. No Benefit Service will be earned after July 31, 2005.
Vesting Service	Vesting Service is calculated using elapsed time.
Base Compensation	The monthly compensation payable to an employee is based on total W-2 pay, excluding bonus payments. No compensation earned after July 31, 2005 shall be considered in the determination of benefits.
Average Base Compensation	The highest average Base Compensation of any (5) five consecutive plan years preceding termination.
Normal Retirement Benefit	Eligible at age 65 or 5 years of Benefit Service, if later. The Normal Retirement Benefit is a monthly benefit payable in the normal form equal to the greater of: • 0.5% of average monthly compensation multiplied by benefit service; • monthly accrued benefit as of December 31, 1991 plus 0.5% of average monthly compensation multiplied by benefit service earned after January 1, 1992; • monthly accrued benefit as of December 31, 1988 plus 0.5% of average monthly compensation multiplied by benefit service earned after January 1, 1989; or

Normal Retirement Benefit *(con't)*	• monthly amount provided by employee contribution balance converted to a life annuity.
Deferred Retirement Benefit	The greater of (i) the actuarial equivalent of the normal retirement benefit, or (ii) the monthly benefit based on the normal retirement benefit formula using benefit service and compensation through late retirement date.
Early Retirement Benefit	Eligible at age 55 with 10 years of Vesting Service. The Early Retirement Benefit is the accrued Normal Retirement Benefit reduced 1/180th for each of the first 60 months and 1/360th for each additional month that commencement precedes age 65.
Disability Benefit	Effective July 31, 2005, any benefit accruals under the disability provisions of the plan were eliminated.
Form of Benefit	The normal form of payment is a life only benefit for single employees and a 50% Joint & Survivor benefit for married employees.
Pre-retirement Death Benefit	The surviving spouse becomes eligible upon the death of an employee or former employee who completed 5 or more years of Vesting Service. The surviving spouse will receive the benefit that would have been paid if the employee or former employee had retired on the day prior to his death and had elected a 50% Joint & Survivor option.
Employee Contributions	None. The entire cost of the plan is paid by the employer.

ATTACHMENT TO THE 2010 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Pollock Investments Inc.

Plan Name: Pollock Retirement Plan

Plan Year: January 1, 2010 to December 31, 2010
EIN: 75-1015406 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page 14 of the attached auditor's report of the Plan for the plan year ending December 31, 2010 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
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Attachment to 2010 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

Amortization Schedule

Year	Type	Present Value	Years Left		Payment
2008	Shortfall	$ 724,865	5	$	158,297
2009	Shortfall	249,867	6		47,110
2010	Shortfall	911,836	15[#]		90,307
Total		$ 1,886,568		$	295,714

[#] *Elected Funding Relief for 2010.*

Attachment to 2010 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

Date	*Actual Contribution*	*Discounted Contribution*	*Discounted Contribution with Late Interest*	*Effective Rate*	*Late Interest Discount Rate*	*Plan Year*
April 16, 2010	$ 63,852	$ 62,690	$ 62,683	6.59%	11.59%	1/ 1/ 2010 – 12/ 31/ 2010
July 15, 2010	$ 63,852	$ 61,712	$ 61,712	6.59%	N/ A	1/ 1/ 2010 – 12/ 31/ 2010
October 15, 2010	$ 63,852	$ 60,727	$ 60,727	6.59%	N/ A	1/ 1/ 2010 – 12/ 31/ 2010
January 14, 2011	$ 63,852	$ 59,768	$ 59,768	6.59%	N/ A	1/ 1/ 2010 – 12/ 31/ 2010
September 15, 2011	$ 140,280	$ 125,824	$ 125,824	6.59%	N/ A	1/ 1/ 2010 – 12/ 31/ 2010
Total	$ 395,688	$ 370,721	$ 370,714			

Attachment to 2010 Form 5500 Schedule SB,
Line 25 – Change in Funding Method

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

The Target Liability Interest Rates were changed to use segment rates based on a January lookback month. Previously, the full yield curve using the prior November as the applicable month (October curve) were reflected in 2009.

Attachment to 2010 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Pollock Retirement Plan
Plan Sponsor: Pollock Investments, Inc.

E.I.N.: 75-1015406 Plan No.: 001
Plan Year: January 1, 2010 to December 31, 2010

For 2010, $75,000 included in the Target Normal Cost to cover expected expenses (previously, $50,000).