Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Annual Report	Identification Information				
For	calendar plan year 2010 or fis		0	and ending	2/31/2	2010
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В -	This return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558	<u> </u>	extension	,	DFVC program
•	oneck box if filling under.	special extension (enter descripti	1	o oxionolon		
Do	urt II Danie Dien Infe	<u> </u>	,			
	Irt II Basic Plan Info Name of plan	rmation—enter all requested inform	nation		1h	Three-digit
	DENTON RESEARCH CENT	FR INC PENSION PLAN			10	nlan number
D10 10	22111011112027111011102111	21, 110.1 2110.011 2111				(PN) • 001
					1c	Effective date of plan
						01/01/2005
2a	Plan sponsor's name and ad DENTON RESEARCH CENT	dress (employer, if for single-employer	r plan)		2b	Employer Identification Number
DIVAL	DENTON RESEARCH CENT	LK, INC.			2c	(EIN) 16-1/20183 Plan sponsor's telephone number
	9TH AVENUE WEST					888-370-7111
BRAL	DENTON, FL 34209				2d	Business code (see instructions)
	<u></u>		. "0		O.L.	621111
CAR	Plan administrator's name ar DLYN B. MCELVEEN	nd address (if same as Plan sponsor, e 3924 9TH A	enter "Same VENUE WE	e") EST	30	Administrator's EIN 20-4063793
		BRADENTO	N, FL 3420	09	3c	Administrator's telephone number
						888-370-1111
		plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ı	iame, Ein, and the pian num	ber from the last return/report. Sponse	or s name		4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	3
		at the end of the plan year			5b	3
		with account balances as of the end of			36	
				` .	5c	
6a	Were all of the plan's assets	s during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No
b		the annual examination and report of				X Van D Na
		? (See instructions on waiver eligibility ither 6a or 6b, the plan cannot use F		,		Yes No
Pa	rt III Financial Inform		01111 3300-	or and must instead use Form 55	υ.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
a			7a	11238	7	147616
	Total plan liabilities		7b	(0	
С	Net plan assets (subtract line	e 7b from line 7a)		11238	7	147616
8	Income, Expenses, and Trar	<u> </u>		(a) Amount		(b) Total
а	Contributions received or rec			(w) - uniowite		(~) . 3-001
	(1) Employers		8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollove	rs)	8a(3)			
b	Other income (loss)		8b	35229	9	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			35229
d		ct rollovers and insurance premiums	0.4		0	
_		octivo distributions (soo instructions)			-	
		ective distributions (see instructions)			-	
t	· .	ders (salaries, fees, commissions)			-	
g	·	4 00 0f and 0a)				0
n :		d, 8e, 8f, and 8g)				35229
!	` , `	ine 8h from line 8c)				33223
J	mansiers to (from) the plan	(see instructions)	· 8j			

Form 5500-SF 2010	Page 2- ¹
-------------------	-----------------------------

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

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

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

art	V Compliance Questions									
0	During the plan year:		Yes	No		An	nount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	10b							
C	Was the plan covered by a fidelity bond?	10c	Χ					30000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h								
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. [Yes	X No		
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf :	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	''		Day _		10	.ai			
b	Enter the minimum required contribution for this plan year		[12b						
	Enter the amount contributed by the employer to the plan for this plan year		40-							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		[12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A		
art	VII Plan Terminations and Transfers of Assets									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?						Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to							
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)		13c(3)	PN(s)		
aut	ا ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.	rn/rep	ort, in	cluding	g, if appli					

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	CAROLYN MCELVEEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/14/2011	ALVIN MCELVEEN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

						File as	an attach	ment to Form	5500 or	5500-9	SF.					
For	caler	ndar p	lan year 2010	or fiscal plan y	ea	r beginning 0°	1/01/2010				and endi	ng 12/31	/201	0		
•	Roun	d off	amounts to n	nearest dollar.												
•	Cauti	ion: A	penalty of \$1	,000 will be ass	es	sed for late filing o	of this repo	ort unless reas	onable ca	ause is	establishe	ed.				
A I	Name NDEN	of pla	n RESEARCH C	CENTER, INC.	PE	NSION PLAN				В	Three-dig			>	001	
															L	
С	Plan s	ponso	r's name as s	hown on line 2	а о	f Form 5500 or 55	00-SF			D E	Employer I	dentificati	on N	lumber ((EIN)	
				CENTER, INC.						16-1	1720183				,	
Εī	уре с	of plan:	X Single	Multiple-A		Multiple-B	F	Prior year pl	an size:	X 100	or fewer	101-50	0	More	than 500	
Pá	art I	В	asic Inform	nation												
1			valuation date		Иο	nth <u>12</u> [Day <u>31</u>	Year_	2010			1				
2	Ass	ets:														
	а	Mark	et value									2a				147616
	b	Actua	arial value									2b				147616
3	Fun	ding t	arget/participa	ant count break	dov	wn			(1) N	Number	of particing	ants		(2)	Funding Targ	get
	а	For r	etired particip	ants and benef	icia	aries receiving pay	ment	3a				0		. ,		0
	b											1				3245
	С		active participa													
	_							3c(1)	-							0
		` '						2 (2)	_							144241
		` '										3				144241
	d	` '										4				147486
												7				147400
4	if th	•	•			omplete items (a) a	` ,			ш						
	а		0 0	0 0.		ed at-risk assumpt						4a				
	b					mptions, but disre e years and disre										
5	Effe	ective i	interest rate									5				6.01 %
6	Tar	get no	rmal cost									6				0
	To the laccorda	best of nance with ation, of	h applicable law ar	information supplied	ор (this schedule and accominion, each other assumence under the plan.										
	SIGN ERI													10/11/2	2011	
				Signa	tur	e of actuary								Date		
LOU	IS G.	PRAN	NGE											11-007	775	
PEN	CER	T, LTD).	Type or pr	int	name of actuary				_		Most re		enrollm	nent number	
				F	irn	n name				_	Т-	lenhone r			uding area co	ide)
	N. CA	ASS A	VENUE	·							10			. 5. (111011	g aroa oc	
0 WES	STMO	NT, IL	60559													
				Add	res	s of the firm				_						
If the	actu	arv ha	s not fully refle	ected any requi	ati	on or ruling promu	lgated und	der the statute	in comple	etina th	nis schedu	le, check	the h	ox and	see	П
	uction	•	any rone	any 10ga		or raming profite			55mpi	9 "		, 5.10010		37. and		Ш

Page	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances								
	,					_	(a) (Carryover balance		(b) F	Prefundi	ng balance		
7		-	•		icable adjustments (Item 13				7026			0		
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0	0				
9	Amount	remainii	ng (Item 7 minus i	tem 8)					7026	(
10	Interest	on item	9 using prior year	's actual re	eturn of <u>15.84</u> %				1113	0				
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Exce	ss contr	ributions (Item 38	from prior	year)							11657		
	b Intere	est on (a	a) using prior year	's effective	e rate of6.34 %							0		
					year to add to prefunding bala							11657		
	d Portion of (c) to be added to prefunding balance										0			
12 Reduction in balances due to elections or deemed elections											0			
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			0		
	Part III Funding percentages													
14	44 400.00													
15										15	100.08 %			
16	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	60.58 %			
17	If the cui	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%		
P	art IV	Con	tributions an	d liquid	ity shortfalls									
18	Contribu	itions ma	ade to the plan for	the plan y	year by employer(s) and emp	oloyees:								
/ N/	(a) Date		(b) Amount p		(c) Amount paid by	(a) [(MM-DD		(b) Amount pa	-	(0	-	nt paid by		
(IV	ו ז -טט-וווו	11)	employer	(5)	employees	(ואוואו)	-1111)	employer(5)	employees				
						Totals ▶	18(b)		0	18(c)	1	0		
40	D: .						` ,			10(0)				
19					structions for small plan with							0		
	-				nimum required contribution				19a			0		
					djusted to valuation date				19b					
					quired contribution for current y	ear adjusted	to valuation	n date	19c			0		
20		=	outions and liquidit	-								1 🔽		
		•	•		the prior year?							Yes No		
				-	stallments for the current yea		timely man	nner?			·····L	Yes No		
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap									
		(1) 15	st		Liquidity shortfall as of e	na or Quarte	er of this pla	an year 3rd			(4) 4th	1		
		(1) 13			(<i>L)</i> LIIU		(0)	J. G			\+/ +u	•		

Pa	rt V Assumptio	ns used to determine f	unding target and ta	rget n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %		3rd segment: 6.61 %		N/A, full yield cu	ırve used			
	b Applicable month	(enter code)				21b		4			
22	Weighted average ret	tirement age				22		65			
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	te				
Pa	rt VI Miscellane	ous items									
24	~	nade in the non-prescribed act	·		•		· · · —	es X No			
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment		es X No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment											
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior y		28	0						
29	' '	contributions allocated toward	' '	1 29 1							
30	Remaining amount of	funpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30		0			
Pa	rt VIII Minimum	required contribution	for current year								
31		djusted, if applicable (see insti	<u> </u>			31		0			
32	Amortization installme		,		Outstanding Bala	ince	Installmer	nt			
	a Net shortfall amorti	ization installment				0		0			
	b Waiver amortization	on installment				0		0			
33		approved for this plan year, en Day Year				33		0			
34	0 1	ment before reflecting carryove	1 0			34		0			
			Carryover balance		Prefunding balar	nce	Total balan	се			
35	Balances used to offs	set funding requirement		0		0		0			
36	6 Additional cash requirement (item 34 minus item 35)						36 0				
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)								0			
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38		0			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over it	em 37)	39		0			
40	Unpaid minimum regu	uired contribution for all years.		40							

Form	5500-SF	2010

HERE Signature of plan administrator

HERE Signature of employer/plan sponsor

SIGN

mile

D	2	
Page	4-	

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

W. Alvin McElveen

Pa	rt IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteris	stic Co	ndes ir	the instruct	ione:	
	1C If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic					
Pa	rt V Compliance Questions					
10	During the plan year:		Yes	No	Amo	unt
a				x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		-		
	on line 10a.)	10b		x		
C		10c	x			30,000
C	or dishonesty?	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant leave? //FTV	10g		x		
h		10h				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	Sche	dule S	BB (Form	F-	Yes No
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions				C	Yes X No
16	granting the waiver	h	CINCI	Day		<u> </u>
II	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	T		
b	Enter the minimum required contribution for this plan year	•	. ⊢	12b		
C	Enter the amount contributed by the employer to the plan for this plan year	•	· -	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			12d		
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?			. 🗆 Ye	es 🔲	No N/A
	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				🗆	Yes X No
·ou	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under				[Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) t	0			
	13c(1) Name of plan(s):		13	c(2) EIN(s)	-+	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	se is	estab	lished.		
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reper schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report,	ort, in	icludin	g, if applicat	ile, a Sche nowledge i	dule and
pelie	f, it is true, correct, and complete.	_	_			
SIC	GN Quelyn M Goor Oct 13,201 Carolyn McBl			na as nian a	dministrate	or

Date

Date

130cT1

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► File as an attachment to Fe	rm 5500 c	or 5500-SF.			· · · · · · · · · · · · · · · · · · ·
or calendar plan year 2010 or fiscal plan ye	ar beginning 01/01/2010		and ending	12	2/31/2010	
Round off amounts to nearest dollar.	essed for late filing of this report unless reas	onable ca	use is establisi	hed.		
<u> </u>	essed for late liling of this report unless reas	O I ROIC OU		Three-di	igit	
				plan number (PN) ▶ 001		
					\$6.00 E2.00	en ar indexes en en en en en
C Plan sponsor's name as shown on line 2a	of Form 5500 or 5500-F7		D	Employe	er Identificatio	n Number (EIN)
•			ļ	16-172		
BRADENTON RESEARCH CENTE	sk, inc.					
E Type of plan: X Single Mul	tiple-A Multiple-B F Prior ye	ar plan siz	e: X 100 or f	ewer	101-500	More than 500
Part I Basic Information	uple-A C Ividiapio o Imagenti I ividi y					
1 Enter the valuation date:	Month 12 Day 31	Year	2010			
1 Cite the valuation date.					\$3.661401	ga hakeis ess as dinemensiali
2 Assets:					20.000.000	
a Market value				[2a	147,616
1		<u>.</u>			2b	147,616
3 Funding target/participant count breakd			(1) Number	of particip	pants	(2) Funding Target
	claries receiving payment	3a		0		0
b For terminated vested participants		3b		1		3,245
C For active participants:	• • • • • • • • • • • • • • • • • • • •		de estas anticipadas	e kë kiris		
(1) Non-vested benefits		3c(1)	615096000			0
• •		3c(2)	152 53 cito agresi	a de la compania de La compania de la co		144,241
		3c(3)		3		144,241
		3d		4		147,486
4 If the plan is at-risk, check the box and			🔲	ı	2078	
a Funding target disregarding prescr	ibed at-risk assumptions				4a	<u> </u>
b Funding target reflecting at-risk as	sumptions, but disregarding transition rule f	or plans th	at have been		41 _h	
at-risk for fewer than five consecut	live years and disregarding loading factor				4b	6 01
5 Effective interest rate					5	6.01
6 Target normal cost					6	
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in accordance with applicable law and regulations. In my or combination, offer my best estimate of anticipated exper	n this schedule and accompanying schedules, statements and attact pion, each other assumption is reasonable (taking into account the lence under the plan.	nments, if any, is experience of the	complete and accura e plan and reasonable	te. Each presni expectations) a	bed assumption was and such other assur	applied in nptions, in
SIGN	2 410				10/11/20	11
HERE	om Horne				10/11/20 Date	**
Sig	gnature of actuary				11-007'	75
Louis G. Prange				Master	ecent enrollm	
Type o	or print name of actuary					
PENCERT, LTD.		<u>.</u>			789-070	ing area code)
735 N. Cass Avenue	Firm name		Tel	ephone m	umber (meidd	ing area code)
US Westmont	IL 60559					
Ac	ddress of the firm	ite in comm	leting this ech	edule che	eck the box a	nd see
If the actuary has not fully reflected any regu	liation or ruling promulgated under the statu	re in comb	neurly the sur	caulo, ork	you are you as	
instructions					Ç.	hadula SR (Earm 5500) 20

Part II Beginn	ing of year carryover ar	d prefunding balances						
Contractor Contractor			(a)	Carryover balance	(b) Pre	efunding	balance	_
7 Balance at be	ginning of prior vear after ap	plicable adjustments (item 13 from		·	, ,			
· ·			7,026				0	
		requirement (item 35 from prior yea		. 0				0
				7,026				0
		return of <u>15.84</u> %		1,113				0
	cess contributions to be add	• • • • • • • • • • • • • • • • • • • •			ula liberation	bakida e abester		100 10
•		or year)					11.	, 657
		ve rate of6.34_%						0
		plan year to add to prefunding balan					11.	657
		nding balance	2407 020 E 37 07 040 7.					 0
		deemed elections		8,139				
		9 + item 10 + item 11d - item 12).		0				
	ling percentages			· · · · · · · · · · · · · · · · · · ·				
	•					. 14	100.08	%
······································		tage					100.08	
		ses of determining whether carryove				` 		
-		· · · · · · · · · · · · · · · · · · ·				16	60.58	%
		n is less than 70 percent of the fund				. 17		 %
	ributions and liquidity s		aling target, enter c	Jack percentage 111				
	······································	plan year by employer(s) and empl	ovees:					
				(b) Amount paid by		(c) Amo	unt paid by	
						loyees		
•			<u>`</u>					
			· · ·					

	,							
Constitution of the Consti			Totals ► 18(b)		18	(c)		
19 Discounted e		instructions for small plan with a va		<u> </u>				
		minimum required contribution from			19a			0
					19b			0
b Contributions made to avoid restrictions adjusted to valuation date							0	
	stributions and liquidity short		a to resource dete					Control of the contro
•	· •				255,00	. 🔲 Yes	ΧNο	
a Did the plan have a "funding shortfall" for the prior year?					. Tyes			
c If 20a is "Yes," see instructions and complete the following table as applicable:						17 (23) 654 350 86	0.650 JAN	
U II ZUBIS	i es, see msuucuons and co	Liquidity shortfall as of e		nis plan vear	F-10.00			
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		
	(-)	(-)	1		<u>`</u>			
			1					

Part V Assumpt	ions used to determine fu	ınding target and target norr	nal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	3.92 %	6.40 %	6.61 %				
b Applicable month	(enter code)	· · · · · · · · · · · · · · · · · · ·		21b	4		
22 Weighted average		<u> </u>		22	65		
23 Mortality table(s)	(see instructions) X F	Prescribed combined	Prescribed separate	8	Substitute		
Part VI Miscella							
24 Has a change bee		d actuarial assumptions for the cu					
attachment							
		nt plan year? If "Yes," see instruc					
		ctive Participants? If "Yes," see in		d atta	chment Yes X No		
•	,	e funding rules, enter applicable o					
regarding attachn				27			
		m required contributions for					
		ior years		28	0		
29 Discounted emplo	oyer contributions allocated to	ward unpaid minimum required co					
				29	O.		
		d contributions (item 28 minus iter	n 29)	30	Ó		
21 TRATE TO THE CANADA FRANCIST AND A STATE OF THE STATE	m required contribution fo						
31 Target normal co	st, adjusted, if applicable (see	instructions)	,	31	0		
32 Amortization insta	allments:		Outstanding Balance		Installment		
a Net shortfall amor	rtization installment			0	0		
				0	0		
33 If a waiver has be	en approved for this plan yea	r, enter the date of the ruling lette	r granting the approval				
(Month	Day Yea	r) and the waived a	amount	33	0		
34 Total funding requ	uirement before reflecting can	ryover/prefunding balances					
(item 31 + item 32	2a + item 32b - item 33)	<u>,</u>	<u>,</u>	34	0		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used to	offset funding requirement		<u> </u>	,			
36 Additional cash re	equirement (item 34 minus ite	m 35)		36	0		
37 Contributions allo	cated toward minimum requir	ed contribution for current year a	djusted to valuation date				
(item 19c)				37	0		
		ent year (see instructions)		38			
39 Unpaid minimum	required contribution for curre	ent year (excess, if any, of item 30	6 over item 37)	39			
40 Unpaid minimum	required contribution for all ye	ears		40			

BRADTN09

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Bradenton Research Center, Inc. Pension Plan 16-1720183 / 001 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

Bradenton Research Center, Inc. Pension Plan 16-1720183 / 001

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

Employer: Bradenton Research Center, Inc.

Type of Entity - S-Corporation

EIN: 16-1720183 TIN: 20-4063842 Plan #: 001

Dates: Effective - 1/1/2005 Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 2005, 2006, 2007, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 18 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of plan year during which eligibility satisfied

Retirement: Normal - Anniversary date coincident with or next following attainment of age 65 and completion of 5 years of

participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - none

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Face Amount

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Bradenton Research Center, Inc. Pension Plan 16-1720183 / 001

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

Present Value of Accrued Benefit: Based on the greater of 417(e) or the Hypothetical Account Balance.

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 4.19%

Mortality Table - None

Post-Retirement - Interest - 4.19%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Bradenton Research Center, Inc. Pension Plan 16-1720183 / 001

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

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is 60% Life Annuity and 40% lump sum which is the Hypothetical

Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence

interest and mortality

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.92
Segment 2	6 - 20	6.40
Segment 3	> 20	6.61

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Interest Credit Rate - 4.19
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Average value of assets as permitted by IRC 430(g)(3)(B) adjusted for contributions under 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► File as ar	n attachment to	Form 5500	or 5500-SF.				
or calendar plan year 2010 or fiscal plan year	beginning C	01/01/2010		and ending	12/	31/2010		
Round off amounts to nearest dollar.					.4			
Caution: A penalty of \$1,000 will be assess	sed for late filing of this	s report unless re	asonable ca					—
Name of plan					hree-digit	er (PN)	001	
BRADENTON RESEARCH CENTER	, INC. PENSION	PLAN		P	ISH HUHID	ei (FIV)	001	91475KE
					·1	dontificatio	n Number (EINI)	282
Plan sponsor's name as shown on line 2a o	f Form 5500 or 5500-E	ΞZ					n Number (EIN)	
BRADENTON RESEARCH CENTER	t, INC.			1	.6-1720	183		
		George .		77 100 6		101-500	☐ More than 50	10
Type of plan: X Single Multip	ole-A Multiple-B	F Prior	year plan si	ze: X 100 or few	er 🗀	101-300	Wiole man oc	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
art I Basic Information	10	D 21	Vaar	2010				
1 Enter the valuation date:	Month 12	_ Day <u>31</u>	Year	2010		1899-1693-1893		anament
						0.000		
2 Assets:					2	а	147,	. 616
a Market value				· · · · · · · · · · · · · · · · · · ·		b	147	
		<u> </u>		(1) Number of			(2) Funding Targe	
Funding target/participant count breakdo			3a	(1) Number of	0	110	(2) I distance I do go	0
a For retired participants and beneficia			3b		1		3	,245
as 100 terminates to the participant		<i></i>	SD		_			2000
C For active participants:			3c(1)	5.52255590000			**************************************	C
(1) Non-vested benefits					ipojesijetije	86	144	.241
(2) Vested benefits			3c(2)	25, 63, 20 (Ph. 2)	3	0800		,241
(3) Total active			3c(3) 3d	-	4			,486
d Total			<u> </u>	<u> </u>	*	14.000.000		1.650.kg
4 If the plan is at-risk, check the box and c					4	а	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Funding target disregarding prescribb Funding target reflecting at-risk assu	ed at-risk assumptions	S			' ' ' 			
 Funding target reflecting at-risk assu at-risk for fewer than five consecutiv 	iniplions, but disregard	ing leading factor	, 101 piano (i		4	b		
						5	6.01	
5 Effective interest rate						6		(
6 Target normal cost			· · · · · ·	• • • • • • • •	• • • •	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in th	is schedule and accompanying sch	hedules, statements and at	tachments, if any, i	s complete and accurate. E	ach presribed	assumption was	applied in	
To the best of my knowledge, the information supplied in the accordance with applicable law and regulations. In my opior combination, offer my best estimate of anticipated experien	n, each other assumption is reason	nable (taking into account the	he experience of th	e plan and reasonable exp	ectations) and s	such other assum	npions, in	
SIGN	1 1.10	->						
HERE	1	n sal			1	.0/11/20	11	
Printed Color History	nature of actuary	and the				Date		
Louis G. Prange	,					11-0077	75	
	print name of actuary				Most rece	ent enrollme	ent number	
-,	p.((630)	789-0700		
PENCERT, LTD.	Firm name		· · · · · · · · · · · · · · · · · · ·	Telep			ing area code)	
				•				
735 N. Cass Avenue								
US Westmont I	L 60559							
hhΔ	ress of the firm		· · · · · ·					
the actuary has not fully reflected any regula	ation or ruling promula	ated under the sta	atute in com	oleting this sched	ule, check	the box ar	nd see	
the actuary has not fully reflected any regula	ation or ruling promulga	ated under the sta	atute in com	Jieding tins scried	u.o, or too	. 310 507 01		l

Part II Beginn	ning of year carryover as	nd prefunding balances						
Contract and the			(a)	Carryover balance	(b) Pref	unding	balance	_
7 Balance at be	ginning of prior year after ac	plicable adjustments (item 13 from t		•				
vear)	· · · · · · · · · · · · · · · · · · ·		7,026	5			0	
		requirement (item 35 from prior year		0				0
				7,026				0
		return of15.84%		1,113				0
	cess contributions to be ad-	• • • • • • • • • • • • • • • • • • • •			Old Colonia di	date sibusti):		7227
		or year)					11	,657
		ve rate of <u>6.34</u> %					•	<u>o</u>
		plan year to add to prefunding balan					11,	,657
		inding balance	2407000 23707000					<u> </u>
		deemed elections		8,139				_
		9 + item 10 + item 11d - item 12).		0				0
——————————————————————————————————————	ling percentages			•				
						14	100.08	%
······································		itage				15	100.08	%
		ses of determining whether carryove						
-						16	60.58	%
		an is less than 70 percent of the fund				17		 %
	tributions and liquidity s							
	**************************************	plan year by employer(s) and empl	oyees:					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	ount paid by	
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)		employees		
		analina jeografijenim od opin čenara djega i objekte	Totals ► 18(b)		18(0	;)		
19 Discounted e	mployer contributions see	instructions for small plan with a va	luation date after t	he beginning of the year				
a Contribution	ons allocated toward unpaid	minimum required contribution from	prior years		19a			0
					19b			0
		uired contribution for current year adjuste	d to valuation date		19c			0
20 Quarterly cor	tributions and liquidity short	fall(s):						
•	a Did the plan have a "funding shortfall" for the prior year?							
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								
	•	emplete the following table as applic			10.000			0 40 4 Mg
		Liquidity shortfall as of e		is plan year				
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		
				:				
			1					

Part V Assumpt	ions used to determine fu	ınding target and target norr	nal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	3.92 %	6.40 %	6.61 %				
b Applicable month	(enter code)	· · · · · · · · · · · · · · · · · · ·		21b	4		
22 Weighted average		<u> </u>		22	65		
23 Mortality table(s)	(see instructions) X F	Prescribed combined	Prescribed separate	8	Substitute		
Part VI Miscella							
24 Has a change bee		d actuarial assumptions for the cu					
attachment							
		nt plan year? If "Yes," see instruc					
		ctive Participants? If "Yes," see in		d atta	chment Yes X No		
•	,	e funding rules, enter applicable o					
regarding attachn				27			
		m required contributions for					
		ior years		28	0		
29 Discounted emplo	oyer contributions allocated to	ward unpaid minimum required co					
				29	O.		
		d contributions (item 28 minus iter	n 29)	30	Ó		
21 TRATE TO THE CANADA FRANCIST AND A STATE OF THE STATE	m required contribution fo						
31 Target normal co	st, adjusted, if applicable (see	instructions)	,	31	0		
32 Amortization insta	allments:		Outstanding Balance		Installment		
a Net shortfall amor	rtization installment			0	0		
				0	0		
33 If a waiver has be	en approved for this plan yea	r, enter the date of the ruling lette	r granting the approval				
(Month	Day Yea	r) and the waived a	amount	33	0		
34 Total funding requ	uirement before reflecting can	ryover/prefunding balances					
(item 31 + item 32	2a + item 32b - item 33)	<u>,</u>	<u>,</u>	34	0		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used to	offset funding requirement		<u> </u>	,			
36 Additional cash re	equirement (item 34 minus ite	m 35)		36	0		
37 Contributions allo	cated toward minimum requir	ed contribution for current year a	djusted to valuation date				
(item 19c)				37	0		
		ent year (see instructions)		38			
39 Unpaid minimum	required contribution for curre	ent year (excess, if any, of item 30	6 over item 37)	39			
40 Unpaid minimum	required contribution for all ye	ears		40			