|    | Form 5500-SF  |  |   | Report of Small Employ                            | yee        | OMB Nos. 1210-0110<br>1210-0089                    |  |  |  |
|----|---|--|---|---|------------|--|--|--|--|
|    | Department of the Treasury<br>Internal Revenue Service  |  | Benefit<br>d under se   | <b>Plan</b><br>ctions 104 and 4065 of the Employe | e          | 2010   |  |  |  |
| Er | Department of Labor<br>nployee Benefits Security Administration   | Retirement Income Security A                                 | Act of 1974 (ERISA), and section 6058(a) of the<br>Revenue Code (the Code). |   |            | This Form is Open to Public                        |  |  |  |
| Р  | ension Benefit Guaranty Corporation   | Complete all entries in accord                               | dance with  | the instructions to the Form 550                  | 0-SF.      | Inspection   |  |  |  |
|    |   |  |   |   | 0/04/      | 2010   |  |  |  |
| _  |   |  |   | g   | 2/31/2     |  |  |  |  |
|    | · · ·   |  |   | mployer plan (not multiemployer)                  |            | one-participant plan                               |  |  |  |
| В  | This return/report is for:  |  | final return  | ·   | - (1 )     |  |  |  |  |
| ~  |   |  |   | year return/report (less than 12 mor              | ntns)      |  |  |  |  |
| C  | Check box if filing under:  |  |   | extension   |            | DFVC program                                       |  |  |  |
| Dr | rt II Basic Plan Inform   |  | ,   |   |            |  |  |  |  |
|    |   | <b>Hation</b> —enter all requested informa                   | allon   |   | 1b         | Three-digit  |  |  |  |
|    | Department of the Treasury<br>Internal Revenue Service       This form is required to b<br>Retirement Income Sect.<br>In         Pension Benefit Guaranty Corporation       • Complete all entries in a         Part 1       Annual Report Identification Information<br>For calendar plan year 2010 or fiscal plan year beginning       01/01         A       This return/report is for:       in single-employer plan         B       This return/report is for:       iftrist return/report         G       Check box if filing under:       Form 5558         gepcial extension (enter desc         Part II       Basic Plan Information—enter all requested in         1a       Name of plan         WIN FORKS HEMATOLOGY ONCOLOGY PC 401(K) PROFIT S /         22a       Plan sponsor's name and address (employer, if for single-emp<br>WIN FORKS HEMATOLOGY ONCOLOGY PC         2267 EAST MAIN STREET STE A<br>IVVERHEAD, NY 11901         33a       Plan administrator's name and address (if same as Plan spons<br>WIN FORKS HEMATOLOGY ONCOLOGY PC         1267 E/<br>RIVERH         4       If the name and/or EIN of the plan sponsor has changed since t<br>name, EIN, and the plan number from the last return/report. Sp         5a       Total number of participants at the end of the plan year         b       Total number of participants with account balances as of the e<br>complete this item).         6a       Were all of the plan's assets during the plan vear miv |  | G PLAN  |   |            | plan number 001                                    |  |  |  |
|    |   |  |   |   | 4 -        | (PN) ►   |  |  |  |
|    |   |  |   |   | 10         | Effective date of plan<br>01/01/2003               |  |  |  |
|    |   |  | plan)   |   | 2b         | Employer Identification Number<br>(EIN) 11-3601334 |  |  |  |
|    |   |  |   |   | 2c         | Plan sponsor's telephone number<br>631-727-7100    |  |  |  |
|    |   |  |   |   | 2d         | Business code (see instructions)<br>621111         |  |  |  |
| 3a | Plan administrator's name and   | address (if same as Plan sponsor, er<br>OLOGY PC 1267 EAST M | nter "Same  | ;")<br>EET STE A                                  | 3b         | Administrator's EIN<br>11-3601334                  |  |  |  |
|    |   |  | 3c  | Administrator's telephone number                  |            |  |  |  |  |
| 4  | f the name and/or EIN of the pla  | an sponsor has changed since the las                         | st return/re  | port filed for this plan, enter the               | 4b         | 631-727-7100<br>EIN                                |  |  |  |
|    |   |  |   |   |            |  |  |  |  |
| 52 | Total number of participants at   | the beginning of the plan year                               |   |   |            | PN11   |  |  |  |
|    |   | 0 0 1 1  |   |   | 5a<br>5b   | (  |  |  |  |
|    |   |  |   |   | 30         |  |  |  |  |
|    |   |  |   |   | 5c         | 0  |  |  |  |
|    |   |  |   |   |            | Yes No   |  |  |  |
| D  | , ,   |  |   |   |            | Yes No   |  |  |  |
|    |   |  | orm 5500-   | SF and must instead use Form 55                   | 00.        |  |  |  |  |
|    |   | ation  |   |   |            |  |  |  |  |
| _  |   |  | _   | (a) Beginning of Year<br>271999                   | 1          | (b) End of Year                                    |  |  |  |
|    | •   |  | 7a<br>7b  | 271000  |            |  |  |  |  |
|    | •   |  | 70<br>70  | 271999  | )          | 0  |  |  |  |
| 8  |   |  |   | (a) Amount  | $\uparrow$ | (b) Total  |  |  |  |
| _  |   |  |   |   |            | ( <i>i</i> )                                       |  |  |  |
|    |   |  | 8a(1)   |   | _          |  |  |  |  |
|    | ()  |  | 8a(2)   |   | -          |  |  |  |  |
| h  |   |  | 8a(3)<br>8b   |   | -          |  |  |  |  |
| _  |   |  | 80<br>80  |   |            | 0  |  |  |  |
|    |   |  |   | 074000  |            |  |  |  |  |
|    | , ,   |  | 8d  | 271999  | 4          |  |  |  |  |
|    |   | · · · · · · · · · · · · · · · · · · ·                        | 8e  |   | -          |  |  |  |  |
|    | •   | (  |   |   | -          |  |  |  |  |
|    |   |  | 8g<br>8h  |   |            | 271999   |  |  |  |
| i  |   | e 8h from line 8c)   |   |   |            | -271999  |  |  |  |
| j  | ( )(  | ee instructions)   |   |   |            |  |  |  |  |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part                     | V Compliance Questions   |       |                                     |              |       |       |       |         |
|--------------------------|--|-------|-------------------------------------|--------------|-------|-------|-------|---------|
| 10                       | During the plan year:  |       | Yes                                 | No           |       | Amo   | unt   |         |
| а                        | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   | 10a   |                                     | X            |       |       |       |         |
| b                        | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10b   |                                     | x            |       |       |       |         |
| С                        | Was the plan covered by a fidelity bond?   | 10c   | Х                                   |              |       |       |       | 35000   |
| 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   |                                     | Х            |       |       |       |         |
| g                        | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g   |                                     | Х            |       |       |       |         |
| h                        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h   |                                     | X            |       |       |       |         |
| 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   |                                     |              |       |       |       |         |
| Part                     | VI Pension Funding Compliance  |       |                                     |              |       |       |       |         |
| 11                       | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp<br>5500))   |       |                                     |              |       |       | Yes   | X No    |
| lf y<br>b<br>c<br>d<br>e | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code<br>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)<br>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct<br>granting the waiver | and e | nter th<br>Day<br>12b<br>12c<br>12d | e date of tl |       |       | -     |         |
| Part                     | VII Plan Terminations and Transfers of Assets  |       |                                     |              |       |       |       |         |
| 13a                      | Has a resolution to terminate the plan been adopted during the plan year or any prior year?<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year   |       |                                     | <br>13a      |       | X     | Yes   | No<br>0 |
| b                        | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?  | Inder | the co                              | ntrol        |       | X     | Yes   | No      |
| C                        | 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.)   |       |                                     |              |       |       |       |         |
| 1                        | 3c(1) Name of plan(s):   | 130   | :(2) Ell                            | N(s)         | 1     | 3c(3) | PN(s) |         |
| Cont                     | on: A panalty for the late or incomplete filing of this return/report will be assessed unless reasonable   |       |                                     |              | inhad |       |       |         |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 10/14/2011 | SUSAN EMANUELE   |
|------|---|------------|--|
| HERE | 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 |

| Form 5500-SF   | Short Form Annual Re   | turn/Re                                   | port of Small Employ                 | ee                    | 0                                   | MB Nos. 1210-0110<br>1210-0089 |  |  |  |  |  |
|--|--|---|--------------------------------------|-----------------------|-------------------------------------|--------------------------------|--|--|--|--|--|
| Department of the Treasury   | B  | an 104 and 4065 of the Employee           |                                      | 2010                  |                                     |                                |  |  |  |  |  |
| Internal Revonue Service   |  | This Form is Open to Public<br>Inspection |                                      |                       |                                     |                                |  |  |  |  |  |
| Employee Benefit: Security Administration<br>Pension Benefit Guaranty Corporation  | -SF,   | 113                                       |                                      |                       |                                     |                                |  |  |  |  |  |
|  | Complete all entries in accord   | diree with                                |                                      |                       |                                     | A                              |  |  |  |  |  |
| Part   Annual Report  <br>For calendar plan year 2010 or fis   | cal plan year beginning 0  | 1/01/20:                                  | 0 and ending                         |                       | ].2/31/201                          |                                |  |  |  |  |  |
| A This return/report is for:   | X single-employer plan   |   | ployer plan (not multiemployer)      |                       | one-participa                       | nt plan                        |  |  |  |  |  |
| B This return/report is for:   | first return/report  | final return/i                            | eport                                | •4 <b>\</b>           |                                     |                                |  |  |  |  |  |
|  | an amended return/report short plan year return/report (less than 12 montris)      |   |                                      |                       |                                     |                                |  |  |  |  |  |
| C Check box If filing under:   |  |   |                                      |                       |                                     |                                |  |  |  |  |  |
|  | special extension (enter descriptio  | in)                                       |                                      |                       |                                     |                                |  |  |  |  |  |
| Part II Basic Plan Info  | rmation-enter all requested Information  | ation                                     |                                      |                       |                                     |                                |  |  |  |  |  |
|  |  |   |                                      |                       | Three-digit<br>plan number          |                                |  |  |  |  |  |
| Twin Forks Hemato  | logy Oncology PC 401(k)  | Profit                                    | S                                    |                       | (PN)                                | 001                            |  |  |  |  |  |
| aring Plan   |  |   |                                      | 1c                    | Effective date on 01/01/200         | f plan<br>3                    |  |  |  |  |  |
| On Dien apagnetic name and ad  | idress (employer, if for single-employer   | plan)                                     |                                      | 2b                    | Employer identi                     | fication Number                |  |  |  |  |  |
| 2a Pian sponsor's name and ad<br>Twin Forks Hemato   | dress (employer, if for single-employer<br>Logy OnCology PC                        |   |                                      | 2c                    | (EIN) 11-360<br>Plan sponsor's      | leiephone number               |  |  |  |  |  |
| 1267 East Main St  | reet Ste A   |   |                                      | 2d                    | (631)727-<br>Business code          | (see Instructions)             |  |  |  |  |  |
| Riverhead  |  |   | NY 11901                             | L                     | 621111<br>Administrator's EIN       |                                |  |  |  |  |  |
| 3a Plan administrator's name a<br>Same   | nd address (if same as Plan sponsor, e   | enter "Same"                              | )                                    |                       | 3c Administrator's telephone number |                                |  |  |  |  |  |
|  |  |   |                                      |                       |                                     |                                |  |  |  |  |  |
| 4 If the name and/or EIN of the  | plan sponsor has changed since the la  | ast return/rep                            | oort filed for this plan, enter the  | 4b                    | EIN                                 |                                |  |  |  |  |  |
| name, EIN, and the plan num  | nber from the last return/report. Spons  | or's name                                 |                                      | 4c                    | PN                                  |                                |  |  |  |  |  |
|  | s at the beginning of the plan year  |   |                                      | 5a                    |                                     | 11                             |  |  |  |  |  |
| 5a Total number of participant   | s at the end of the plan year  |   |                                      | 5b                    |                                     |                                |  |  |  |  |  |
| b Total number of participant  | s with account balances as of the end of   | of the nian w                             | ear (defined benefit plans do not    |                       |                                     |                                |  |  |  |  |  |
| C Total number of participant complete this item).   | s with account balances as of the end t  |   |                                      | <u>5</u> c            |                                     |                                |  |  |  |  |  |
| 62 Mare all of the plan's asse   | ts during the plan year invested in eligi  | ble assets?                               | (See instructions.)                  | • • • • • • • • • • • |                                     | X Yes No                       |  |  |  |  |  |
| <ol> <li>Number of the second sec</li></ol> | of the endual exemination and fenori f   | if an Indepel                             | Ident qualitied public accountain (r | QPA)                  |                                     | X Yes No                       |  |  |  |  |  |
|  | 6? (See instructions on walver eligibility<br>either 6a or 6b, the plan cannot use | / and conulu                              | QN8. J                               |                       |                                     |                                |  |  |  |  |  |
|  | either 6a or 6b, the plan cannot use   |   |                                      |                       |                                     |                                |  |  |  |  |  |
|  |  |   | (a) Beginning of Year                |                       | (b) Er                              | d of Year                      |  |  |  |  |  |
|  |  |   | 271,9                                | 99                    |                                     |                                |  |  |  |  |  |
|  |  |   |                                      |                       |                                     |                                |  |  |  |  |  |
| -  | ine 7b from line 7a)   |   | 271,9                                | 99                    |                                     |                                |  |  |  |  |  |
|  |  |   | (a) Amount                           |                       | (b                                  | Total                          |  |  |  |  |  |
| <ul> <li>8 Income, Expanses, and Tr</li> <li>a Contributions received or I</li> </ul>  |  |   |                                      |                       |                                     |                                |  |  |  |  |  |
|  |  | <u>8a(1)</u>                              |                                      |                       |                                     |                                |  |  |  |  |  |
| (2) Participants   |  | <u>8a(2)</u>                              |                                      |                       |                                     |                                |  |  |  |  |  |
| (3) Others (including rollo  | vers)  | 8a(3)                                     |                                      |                       |                                     |                                |  |  |  |  |  |
| b Other Income (loss)  |  | , 8b                                      |                                      |                       |                                     |                                |  |  |  |  |  |
| •  | a(1), 8a(2), 8a(3), and 8b)  |   |                                      | _                     |                                     |                                |  |  |  |  |  |
| d Benefits paid (including di  | rect rollovers and insurance premiums  |   | 271,9                                | 999                   |                                     |                                |  |  |  |  |  |
|  | prective distributions (see instructions).   |   |                                      |                       |                                     |                                |  |  |  |  |  |
|  | viders (salarles, fees, commissions)   |   |                                      |                       |                                     |                                |  |  |  |  |  |
|  | ······································   |   |                                      | 1                     |                                     |                                |  |  |  |  |  |
| <b>U</b>   | 6d, 6e, 8f, and 8g)  |   |                                      |                       |                                     | 271,99                         |  |  |  |  |  |
|  | ct line 8h from line 8c)   |   |                                      |                       |                                     | (271,999                       |  |  |  |  |  |
|  | an (see instructions)  |   |                                      |                       |                                     | ····                           |  |  |  |  |  |
| a contract of the state of the        |  | <u></u>                                   |                                      |                       |                                     | Form 5500-SE (201)             |  |  |  |  |  |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 6500-SF.

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| 10/04/          | /2011                   | 15 <b>:</b> 42                                 | 6313696421   |  | EAST END                                 | PLASTIC S        | SUR        |  |               | PA                | GE 03/04                |  |
|-----------------|-------------------------|--|--|--|--|------------------|------------|--|---------------|-------------------|-------------------------|--|
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
|                 | Form 5500               | -SF 2010                                       |  |  | Page :                                   | 2                |            |  |               | <u> </u>          |                         |  |
|                 |                         |  | intian   |  |  |                  |            |  |               | - to - to collops | C 1                     |  |
| Part IV         | Plan C                  | Inaracter                                      | benefits, enter the ap   | plicable pension feature   | codes from the List                      | of Plan Chara    | cterisi    | tic Coo                                    | des in the    | 5 NRUNCHON        | a.                      |  |
| 9a If the       | 2E                      | 2.G  | 2J 2K 3D   | olicable welfare feature   | codes from the List                      | of Plan Charac   | cteristi   | ic Cod                                     | ies in the    | Instructions      | 51                      |  |
| <b>b</b> If the | plan provi              | dos welfare l                                  | penefits, enter the app  | NCADIC MEITAIC ISATOLE   | doce non and                             |                  |            |  |               |                   |                         |  |
|                 |                         | ance Que                                       | etions   | ······································                                 |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  | _                |            | Yes  | No            | An                | nount                   |  |
|                 |                         |  | mit to the plan any pa   | rticipant contributions v  | within the time period                   | described in     | 10a        |  | x             |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
| b Wer           | re there an             | y nonexemp                                     | t transactions with any  | y party-in-Interest? (Do   |  |                  | 10b        |  | X             |                   |                         |  |
|                 | nne 108.)               | eeverad by                                     | fidelity bond?   |  |  |                  | 10c        | X  |               |                   | <u> </u>                |  |
|                 |                         |  | and the second sec | read by the plan's fidelit   | y bond, that was cau                     | ISEO DY ITAUU    |            |  | x             |                   |                         |  |
|                 |                         |  |  |  |  |                  | 10d        |  | $+ \hat{-} +$ |                   |                         |  |
|                 |                         |  |  | ers, agents, or other pe<br>vides some or all of the                   | rsons by an moyian                       |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  | <u>10e</u> |  | X             |                   |                         |  |
| f Ha            | e the nist '            | failed to prov                                 | ide any benefit when   | due under the plan?  |  |                  | 101        |  | X             |                   |                         |  |
| - Dia           |                         |  | Neinant loans? (If "Ye   | s," enter amount as of y   | vear end.)                               |                  | 10g        |  | X             |                   |                         |  |
|                 |                         |  | unt stan, was there a  | blackout period? (See  | Instructions and AP                      | GEIN             | 10h        |  | x             |                   |                         |  |
|                 |                         |  |  |  |  |                  | 100        | '┼━─                                       |               |                   |                         |  |
| i If 1          | 10h was an              | swered "Yes                                    | ," check the box if you  | u either provided the re<br>r 29 CFR 2520.101-3                        | quired notice of one                     | <u> </u>         | 101        |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
| Part VI         |                         |  | ig Compliance  | n funding requirements   | ? (If "Yes," see Instri                  | uctions and co   | mpløte     | e Sche                                     | edule SB      | (Form             | Yes X NO                |  |
| 11 is t         | (1115 a 091111<br>(111) | ea peneir hi                                   | an subject to minime   | n funding requiraments   |  |                  | <u>,</u>   |  |               |                   | Yes X NO                |  |
| 12 ls           | this a defi             | ned contribut                                  | ion plan subject to the  | e minimum funding requ   | uirements of section                     | 412 of the Coo   | de or a    | section                                    | n 302 of      | ERISA?            |                         |  |
| (If             | "Yes." con              | n <b>plete 12a o</b> l                         | 12b, 12c, 12d, and 1   | 2e below, as applicable  | £.)                                      |                  | uction     | a and                                      | t enter th    | e date of th      | e letter ruling         |  |
| a ifa           | a walver of             | the minimur                                    | n funding standard for   | a prior year is being a  | mortized in and plan                     | year, 200 mon    | onth       |  | Day           |                   | Year                    |  |
|                 |                         | d line 12a i                                   | complete lines 3. 9. i   | NO 10 OL SCUARNIÈ NU   | <b>b</b> (1 <b>b</b> 111 <b>b b</b> //// |                  |            |  |               | 1                 |                         |  |
| b c.            | ntor the mi             | simum reduli                                   | red contribution for thi   | a plan year  |  |                  |            |  | 12b           |                   |                         |  |
|                 |                         | aunt namth                                     | uted by the employet   | to the olan for this plan  | year                                     |                  |            |  | 140           |                   |                         |  |
|                 |                         |  |  | nt in line 12h Enter the   | Fesul (enter a more                      | 10 Oldin 10 1114 |            |  | 12d           |                   |                         |  |
|                 | addition and            | audi)  |  | line 12d be met by the   |  |                  |            |  |               | Yes               | NO N/A                  |  |
|                 |                         | mum funding                                    | amount reported on   | ine 120 be mer by me   | tonding door                             |                  |            |  |               |                   |                         |  |
| Part VI         | II Plan                 | Termina  | tions and Trans  | ers of Assets  |  | 2                |            |  |               | •                 | X Yes No                |  |
| <b>13a</b> H    | las a resolu            | ution to termi                                 | nate the plan been ac  | lopted during the plan y   | lever this year                          |                  |            |  | 138           |                   |                         |  |
|                 |                         |  | distributed to particip  | hat rev <u>erted to the emp</u><br>ants or benefici <b>aries</b> , tri | ansterred to anouter                     | DIGH, OF DEDAR   |            |  |               |                   |                         |  |
| _               |                         | <b>~</b> ?                                     |  |  |  |                  |            |  |               |                   |                         |  |
| c if            | f during this           | s plan vear, a                                 | anv assets or liabilitie:  | s were transferred from  | this plan to another                     | plan(s), identif | y the      | pian(s                                     | ) το          |                   |                         |  |
|                 |                         |  | s were transferred. (S   | ee mstructions.)   |  |                  |            |  | 13c(2) E      | EIN(\$)           | 13c(3) PN(s)            |  |
| 130             | c(1) Name               | of plan(s):                                    |  |  |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
|                 |                         |  |  |  |  |                  |            | 0  |               | hilehod           |                         |  |
| Cautio          | on: A pena              | ity for the la                                 | te or incomplete fill  | ng of this return/repor  | t will be assessed                       | unless reason    |            |  | nt includ     | ing, if applic    | able. a Schedule        |  |
| SB or S         | Schedule N              | of perjury and<br>AB complete<br>orrect, and C | d and signed by an er  | orth in the instructions,<br>irolled actuary, as well                  | as the electronic ver                    | sion of this ret | um/rê      | port, a                                    | ind to the    | e best of my      | knowledge and           |  |
| peller, l       |                         |  | 0  |  | Intistii                                 | Susan Em         | ייימפ      | - I @                                      |               |                   | ww.                     |  |
| SIGN            |                         | <u> </u>                                       | <u> </u>   |  | 10/13/11                                 |                  |            | f individual signing as plan administrator |               |                   |                         |  |
| HERE            | - Signat                | ure of plan i                                  | administrator  |  | Date '                                   | Enter name       | or indi    | NIGUAI                                     | signing       | as yian adn       | 111150 2101             |  |
| SIGN            |                         |  |  |  |  |                  |            |  |               |                   |                         |  |
| AERE            | Signat                  | ure of emple                                   | oyer/plan aponsor  |  | Date                                     | Enter name       | ofindi     | vidual                                     | signing       | as employei       | <b>or plan spon</b> sor |  |