## Form 5500-SF

Department of the Treasury

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).

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number PPWS RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 13-3941192 PROFESSIONAL PAINTING & WALLCOVERING SUPPLY (FIN) 2c Plan sponsor's telephone number 19 NORTH MAIN STREET PEARL RIVER, NY 10965 2d Business code (see instructions) **3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN PROFESSIONAL PAINTING & WALLCOVERING SUPPLY 19 NORTH MAIN STREET 13-3941192 PEARL RIVER, NY 10965 3c Administrator's telephone number 845-735-1010 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 3 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 174093 135674 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 135674 174093 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 5047 (1) Employers ..... 8a(1) 16796 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 16576 Other income (loss)..... 8b 38419 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 38419 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... 0

	Diam Obanas (anis tisa		
Fo	orm 5500-SF 2010	Page <b>2-</b>	

- 4 11 /		$\sim$			
Part IV	DIAN	Chara	^+	^rı	cticc
-alliv	- FIAII	Callal a	Lai	C 1	51 IL.2

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

b	If the plan provides welfare benefits, enter the applicable welfare feature	re codes from the l	ist of Plan Charact	eristi	Coo	des in t	he instru	ctions		
art	art V Compliance Questions									
0					Yes	No		Amo	ount	
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			0a		X				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			0b		X				
С	C Was the plan covered by a fidelity bond?		1	0с		X				
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?			0d		X				
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	e benefits under the	e plan? (See	0e	X					795
f	${f f}$ Has the plan failed to provide any benefit when due under the plan?			Of		X				
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		0g		X				
h	h If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		9 CFR	0h						
i	i If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3			Oi.						
art	rt VI Pension Funding Compliance			<u> </u>						
11									Yes	No
2									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 am granting the waiver.	.) mortized in this plar	n year, see instructionMonth	ons, a	and e	enter th	e date of	the le		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-		Г	401				
b	<b>b</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 y				.	12c				
	d Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	······			-	12d	7 7/	П.	п. Г	1 21/2
	e Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	Г	No	N/A
art	rt VII Plan Terminations and Transfers of Assets								1	<u> </u>
3a	a Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r				Yes	<sup>×</sup> No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a				
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?								Yes	X No
С	C If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	plan	(s) to					
1	13c(1) Name of plan(s):				13	c(2) Ell	N(s)		13c(3)	PN(s)
Caut	nution: A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonable	caus	e is	establ	ished.	ı		
Jnde SB o	nder penalties of perjury and other penalties set forth in the instructions, I do B or Schedule MB completed and signed by an enrolled actuary, as well as lief, it is true, correct, and complete.	eclare that I have e	examined this return	n/repo	ort, in	cluding	g, if applic	,		
SIG	Filed with authorized/valid electronic signature.	0/14/2011	DAVID GOLDBERG	3						
٥.٠		<del></del>								

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	DAVID GOLDBERG
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

Department of the Treesury Emergal Revenue Service

Department of Labor Employee Benedits Society Administration Persion Benefit Gueranty 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 Refixement 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.

2010

CAVB Nos. 1210-0110 1210-0069

This Form is Open to Public inspection

140	art 3 Annual Report calendar plan year 2010 or	fiscal n'en vear herdenien	01/01/25	10	north and Finan		*******	A *18-84
		X single-employer plan	- 17-7-7		and ending		32/31/201	7 ES 077 ES
	This return/report is for		=		ot multiemployer)		one-participar	ਖ਼ plan
B	This rotum/report is for	first return/report	finai return/					
200		an amended return/report	short plan y	rası retum/rep	ort (less than 12 me	ចារ៉ោន)		
C	Check box if filling under:	X Form 5558	j automatic e	extension			DFVC program	Tr.
		special extension (enter desc	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000				
نب		ormation—enter all requested in	formation	On the Control	2.2400	05 - 50 -		
1;	Name of plan PPNS RETIREMENT 1	DIRM		0.0106.)		115	Three-digit	
	CONSTRUCTION CMAN	FLAM				ì	plan number	82000
						140	(PN)	001
3				**		10	Effective data of 01/01/2001	pkar.
28	Plan sponsor's name and a	ddress (employer, if for single-empl	oyer plan)	1.	7.78	2b	Employer identific	cation Number
	WALLCOVERING SUP						<u>(€!N)</u> 13~3941	.198
	15 33					2c	Plan sponsor's te	lephone number
	19 NORTH MAIN STE	REET				24	(945)733-1	
	PEARL RIVER			NY 1	0965	20	Business code (s 424990	ee instructions)
38	Plan administrator's name a SAME	and address (if same as Plan spons	ox, enter "Same")			3b	Administrator's El	IN
	Onlib							
00	ASS METER - 100 84 83					3C	Administrators te	sedmun enorigel
4	If the name and/or EIN of the	plan sponsor has changed since the	e last return/repo	nt filed for this	plan, enter the	4h	EIN	
	name, EIN, and the plan our	iber from the lest return/report. Spi	onsor's name			1	Liiv	
50	Total number of controls out					4c	PN	<u> </u>
h	Total number of participants	s at the beginning of the plan year				5a		
b	Total number of perticipants	s at the end of the plan year				5a 5b		2488 - 8880
b	Total number of perticipants  Total number of participants	s at the end of the plan year	of the plan yea	r (defined hen	lefit olane do por	5b		248 435
c	Total number of participants  Total number of participants  complete this item)	s at the end of the plan year	nd of the plan yea	г (фейлед Бел	efit plans de not	5b 5c		
6a	Total number of participants Total number of participants complete this item)	s at the end of the plan year	id of the plan yea	r (defined ben ee instructions	efit plans de not	5b 5c		
6a	Total number of participants Total number of participants complete this item)	s at the end of the plan year	id of the plan yea ligible assets? (S t of an independa ty and condition	r (defined ben ee instructions ent qualified pr	iefit plans de not	5b 5c PA		
6a b	Total number of participants Total number of participants complete this item)	s at the end of the plan year	id of the plan yea ligible assets? (S t of an independa ty and condition	r (defined ben ee instructions ent qualified pr	iefit plans de not	5b 5c PA		X Yes No
6a b	Total number of perticipants Total number of participants complete this item)  Were all of the plan's asset Are you claiming a waiver o under 29 CFR 2520.104.46 If you answered "No" to e art III. Financial Infor	s at the end of the plan year	nd of the plan year ligible assets? (S t of an independa ty and condition a Form 5500-SF	r (defined ben ee instructions ent qualified pr	iefit plans de not	5b 5c PA		X Yes No
6a b	Total number of perticipants Total number of participants complete this item)	s at the end of the plan year	id of the plan year ligible assets? (S t of an independa ty and condition to Form 5500-SF	or (defined ben ee instructions ent qualified pr s.). and must ins	iefit plans de not	5b 5c PA		X Yes ∏ No X Yes ∏ No
6a b	Total number of perticipants Total number of participants complete this item)	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a sift the annual examination and report? (See instructions on waiver eligible ether 5a or 5b, the plan cannot us mation	id of the plan year ligible assets? (S if of an independa ty and condition to Form 5500-SF	or (defined ben ee instructions ent qualified pr s.). and must ins	efft plans de not s.). ubřic accountant (10 stead use Form 65	5b 5c PA)		X Yes ∏ No X Yes ∏ No
6a b	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520, 104-48 If you answered "No" to e at III Financial Infor Plan Assets and Liabilities Total plan assets Total plan liabilities	s at the end of the plan year.  s with account balances as of the end of the end of the plan year invested in a set of the plan year invested in a set of the annual exemination and report? (See instructions on waiver eligible itter 5a or 5b, the plan cannot us mation)	ind of the plan year ligible assets? (Sint of an independation the Form 5500-SF	or (defined ben ee instructions ent qualified pr s.). and must ins	efft plans do not  s.)  subject accountant (10  stead use Form 65  inning of Year	5b 5c PA)		X Yes ☐ No Yes ☐ No
6a b	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver o under 29 CFR 2520,104-46 If you answered "No" to e If III Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets (subtract lin	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end fifthe annual examination and report? (See instructions on waiver eligible ither 5a or 5b, the plan cannot us mation	ind of the plan year ligible assets? (Sint of an independation the Form 5500-SF	or (defined ben ee instructions ent qualified pr s.). and must ins	efft plans do not  s.)  subject accountant (10  stead use Form 65  inning of Year	5b 5c PA) 60,		X Yes No X Yes No FYear
6a b 7 a b c 8	Total number of perticipants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520, 104-46 If you answered "No" to e If III Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets (subtract lin income, Expenses, and Trail	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end fifthe annual examination and report? (See instructions on waiver eligible ither 5a or 5b, the plan cannot us mation.)	ind of the plan year ligible assets? (Sint of an independation the Form 5500-SF	e instructions ent qualified pr s.) and must ins (a) Begi	iefit plans do not s.) stead use Form 65 inning of Year 135, 67	5b 5c PA) 60,	(b) End a	X Yes No X Yes No FYear 174,03:
6a b 7 a b c 8	Total number of participants Total number of participants complete this item)	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end of the annual examination and report? (See instructions on waiver eligible ither 6a or 6b, the plan cannot us mation  e 7b from line 7a)  nesers for this Plan Year ceivable from:	igible assets? (S t of an independa ty and condition to Form 5500-SF 7a 7b 7c	e instructions ent qualified pr s.) and must ins (a) Begi	iefit plans do not  s.)  subfic accountant (30  stead use Form 65  inning of Year  135, 67  Amount	5b 5c PA) 6b 4		X Yes No X Yes No FYear 174,03
6a b 7 a b c 8	Total number of perticipants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520, 104-46 If you answered "No" to e If III Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets (subtract lin income, Expenses, and Trac Contributions received or re- (1) Employers	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end fifthe annual examination and report? (See instructions on waiver eligible ither 5a or \$b, the plan cannot us mation  e 7b from line 7a).  nesers for this Plan Year ceivable from:	igible assets? (S t of an independa by and condition o Form 5500-SF 7a 7b 7c	e instructions ent qualified pr s.) and must ins (a) Begi	iefit plans do not s.) s.) uthic accountant (IC stead use Form 65 inning of Year 135, 67 335, 67 Amount	5b 5c 8PA) 60, 4	(b) End a	X Yes No X Yes No FYear 174,03
6a b 7 a b c 8	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520,104-46 If you answered "No" to e If all! Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets (subtract lin income, Expenses, and Trail Contributions received or re (1) Employers (2) Participants	s at the end of the plan year.  s with account balances as of the end is during the plan year invested in a of the annual examination and report (See instructions on waiver eligible ither 5a or \$b, the plan cannot us mation  e 7b from line 7a)  nsfers for this Plan Year ceivable from:	igible assets? (Sint of an independing of the plan independent of the plan ind	e instructions ent qualified pr s.) and must ins (a) Begi	iefit plans do not  s.)  subfic accountant (30  stead use Form 65  inning of Year  135, 67  Amount	5b 5c 8PA) 60, 4	(b) End a	X Yes No X Yes No FYear 174,03
6a b 7 a b c 8 a	Total number of participants Total number of participants complete this item)	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a stiff the annual examination and report? (See instructions on waiver eligible either 5a or 5b, the plan cannot us mation  e 7b from line 7a)	igible assets? (Sint of an independent of the plan year of condition or Form 5500-SF	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	X Yes No X Yes No FYear 174,03
6ab 7 abc 8 a	Total number of perticipants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520, 104-46 If you answered "No" to e It III Financial Infor- Plan Assets and Liabilities Total plan assets.  Total plan assets (subtract lin- income, Expenses, and Tra- Contributions received or re- (1) Employers (2) Others (including sollove Other income (loss).	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a string the plan year invested in a string the annual examination and report (See instructions on waiver eligible) attention the plan cannot us mation  e 7b from line 7a)	igible assets? (Sint of an independing the port of an independent of an ind	e instructions ent qualified pr s.) and must ins (a) Begi	iefit plans do not s.) s.) uthic accountant (IC stead use Form 65 inning of Year 135, 67 335, 67 Amount	5b 5c 60.	(b) End a	X Yes No X Yes No FYear 174,03:
6a b 7 a b c 8 a	Total number of perticipants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520, 104-46 If you answered "No" to e It III Financial Infor Plan Assets and Liabilities Total plan assets.  Total plan assets (subtract lin income, Expenses, and Trail Contributions received or re (1) Employers (2) Others (including sollove Other income (add lines 8a(1)	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a strength of the annual examination and report? (See instructions on waiver eligible littler 5a or 6b, the plan cannot us mation)  e 7b from line 7a)  nsters for this Plan Year ceivable from:	ind of the plan year ligible assets? (S t of an independe thy and condition to Form 5500-SF  7a  7b  7c  8a(1)  8a(2)  3a(3)  8b	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093
6abb Pabc 8abbc	Total number of perticipants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520.104-46 If you answered "No" to e It III Financial Infor- Plan Assets and Liabilities Total plan assets.  Total plan assets (subtract lin- income, Expenses, and Tra- Contributions received or re- (1) Employers (2) Others (including sollove Other income (add lines 8a(1) Benefits paid (including direct	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a string the plan year invested in a string the plan year invested in a string the plan year report of the plan cannot us mation  e 7b from line 7a)  nsters for this Plan Year ceivable from:  (1) 8s(2), 8s(3), and 8b)  crollowers and insurance pramiums	ind of the plan year ligible assets? (S t of an independe thy and condition to Form 5500-SF  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	X Yes No X Yes No FYear 174,03
6a b Pa a b c d	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520, 104-46 If you answered "No" to e It III Financial Infor Plan Assets and Liabilities Total plan assets.  Total plan assets (subtract lin income. Expenses, and Trail Contributions received or re (1) Employers (2) Participants (3) Others (including sollove Other income (add lines 8a(1) Benefits paid (including direct to provide benefits).  Certain deemed and/or corre	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a softhe annual examination and report? (See instructions on waiver eligible littler 5a or 5b, the plan cannot us mation)  e 7b from line 7a)  he 7b from line 7a)  ceivable from:  (s)  (a)  (b)  (c)  (	igible assets? (Sint of an independent of the plan year of the plan year of the plan year of the plan	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093
6a b Pa a b c d	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 GFR 2520, 104-46 If you answered "No" to e It III Financial Infor Plan Assets and Liabilities Total plan assets.  Total plan assets (subtract lin income. Expenses, and Trail Contributions received or re (1) Employers (2) Participants (3) Others (including sollove Other income (add lines 8a(1) Benefits paid (including direct to provide benefits).  Certain deemed and/or corre	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a softhe annual examination and report? (See instructions on waiver eligible littler 5a or 5b, the plan cannot us mation)  e 7b from line 7a)  he 7b from line 7a)  ceivable from:  (s)  (a)  (b)  (c)  (	igible assets? (Sint of an independent of the plan year of the plan year of the plan year of the plan	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093
6a b Pa a b c d	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520, 104-46 If you answered "No" to e of till Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets (subtract lin income. Expenses, and Tra. Contributions received or re (1) Employers (2) Participants (3) Others (including sollove Other income (dod lines 8a(1) Benefits paid (including direct to provide benefits) Certain deemed and/or corre Administrative service provide	s at the end of the plan year.  s with account balances as of the end of the plan year invested in a string the plan year invested in a string the plan year invested in a string the plan plan cannot us mation  e 7b from line 7a)  nsters for this Plan Year ceivable from:  (1), 8s(2), 8s(3), and 8b)  I rollovers and insurance pramiums	igible assets? (Sint of an independing of the plan year of an independing of the plan independent of t	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093
6abb 7abc 8abcd ef	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520, 104-46 If you answered "No" to e ptill Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets (subtract lin income. Expenses, and Trail Contributions received or re- (1) Employers (2) Participants (3) Others (including sollove Other income (add lines 8a(T Benefits paid (including direct to provide benefits) Certain deemed and/or corre Administrative service provid Other expenses.  Total expenses (add fines 8d Total expenses (add fines 8d	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end of the plan year invested in end of the annual examination and report? (See instructions on waiver eligible ither 5a or 5b, the plan cannot us mation  e 7b from line 7a).  e 7b from line 7a).  hasfers for this Plan Year ceivable from:  (see instructions)  crowder of this Plan Year ceivable from:  (see instructions)  crowder of this Plan Year ceivable from:  (see instructions)  crowder of this Plan Year ceivable from:	igible assets? (Sint of an independing of the plan year of the plan year of the plan independing of the plan of th	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093
6ab 7 abc 8 a bcd efg.	Total number of participants Total number of participants complete this item).  Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520, 104-46 If you answered "No" to e If all! Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets (subtract lin income. Expenses, and Trac Contributions received or re (1) Employers (2) Participants (3) Others (including sollove Other income (add lines 8a(1) Benefits paid (including direct to provide benefits). Certain deemed and/or corre Administrative service provid Other expenses (add lines 8c) Net income (loss) (subtract lin to provide benefits).  Total expenses (add lines 8c) Net income (loss) (subtract line)	s at the end of the plan year.  s with account balances as of the end of the plan year invested in end of the annual examination and report? (See instructions on waiver eligible ither 6a or 6b, the plan cannot us mation  e 7b from line 7a)  nesers for this Plan Year ceivable from:  step (3), 8a(3), and 8b)  crollovers and insurance pramiums or clive distributions (see instructions)	igible assets? (Sint of an independing of the plan year of an independing of the plan independent of t	e instructions ent qualified pr s.) and must ins (a) Begi	initions do not solution of the second secon	5b 5c 60.	(b) End a	Yes No Yes No 174,093

	. :	_	 _
Page	2_		E
1070	~		

Enter name of individual signing as employer or plan sponsor

Form	5500-SF	2010
------	---------	------

Signature of employer/plan aponsor

					-	102			····
	Plan Characteristics				~: <u>~~~~</u>	- 6.5		2000 2000	
9a	If the plan provides pension benefits, enter the applicable pansion fea 2E 2G 2J 2K 3D	ature codes from th	e List of Plan Chara	icteris	tic Co	des in	the Instri	octions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	e List of Plan Charac	cterist	ic Cod	fes in 1	he instru	ctions:	
Part	V Compliance Questions				0610-1	B 10	- 10		
10	During the plan year:	9.0	16	7	Yes	No	200000000	Amoun	t
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? { on fine 10a.)	Control of the contro	the second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section section is a second section of the second section secti	tob		х		****	
C	Was the plan covered by a fidelity bond?			10c		Х			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d	87	Х			
ė	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tipstructions.)	he benefits under t	ne plan? (See	10e	X				795
f	Has the plan falled to provide any benefit when due under the plan?			101		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10a		Х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h					- 12
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 GFR 2520.161-3	required notice or o	ne of the	101					espes
Part	VI Pension Funding Compliance			20					
11	Is this a defined benefit plan subject to minimum funding requirement 5500)).	ts? (If "Yes," see in	structions and com	plete S	Sched	use SB	(Form	. П ує	s N No
12	is this a defined contribution plan subject to the minimum funding re-								=-
	(If "Yes." complete 12s or 12b, 12c, \$2d, and 12e below, as applicablif a walver of the minimum funding standard for a prior year is being granting the walver.	amortized in this pt	Mont	tions,	and e	nter th Day	e date of	the letter Year	ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	Benediction of the State of the Control of the State of t			r	404	-		
	Enter the minimum required contribution for this plan year.				-	12b	1167		
q	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (erder a mi	nus sign to the left o	of a		12c			WALES
e	Will the minimum funding amount reported on line 12d be met by the						Yes	∏ No	T N/A
Part	[발생동자] [발생동] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] - [19] -	Total ig dedoning.	20				1 100	1 140	34157
	Has a resolution to terminate the plan been adopted during the plan :	NO SE OF BRIV DRIVE NO	·	-	-8		- 4	П.	s X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a	855	11.16	S 1/4 140
b	Were all the plan assets distributed to participants or beneficiaries. It	ansierred to anothe	et plan, or brought u	pder i	the co				200
	of the PBGC?							Ye	s ⊠ №
1	which assets or liabilities were transferred. (See instructions.)  3c(1) Name of plan(s):	78			194	(2) ER	Mie)	120	4) Dh(/-)
	4.00	107.00		310		( <u>=</u> ) Ci	·(a)	1300	3) PN(s)
				07				<u> </u>	
Cauti	on: A penalty for the late or incomplete filing of this return/report	t will be assessed	uniess researchie		on in a	notobii	nhad	<u>i.</u> .	-
Under SB or	penalties of perjury and other penalties set forth in the inatructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	examined this rebu	rn/ren	art in	clusion	if applie	pable, a So y knowledg	hedule je and
SIGN	Sara ? South	10-3-201	DAVID GOLDS	EAG	- 100				
HER	The state of the s	Date	Enter name of inc	-		ning as	plen add	ninistrator	
SIGN	)×	310					A STATE STATE		7725
HERE		Date	Enter name of inv	thirt :	al sim-	ion ac	nemalas	c a a ala.	

Date