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

| For | art I Annual Report Identification Information | | | | |
|---|--|---|---|-----------------------|---|
| | calendar plan year 2010 or fiscal plan year beginning 01/01/2 | 010 | and ending | 2/31/2 | 2010 |
| Α . | This return/report is for: | multiple-e | mployer 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: | 片 ' | extension | , | DFVC program |
| | special extension (enter descrip | Ш | Oxionolon | | |
| De | | , | | | |
| | art II Basic Plan Information—enter all requested information | mation | | 1h | Three-digit |
| | ARSICO CUSTOM TRIM 401(K) PLAN | | | 10 | nlan number |
| DEIM | | | | | (PN) • 001 |
| | | | | 1c | Effective date of plan |
| | | | | | 01/01/2007 |
| | Plan sponsor's name and address (employer, if for single-employ D.C.T., INC. | er plan) | | 2b | Employer Identification Number (EIN) 65-0817145 |
| | ARSICO CUSTOM TRIM | | | 2c | Plan sponsor's telephone number |
| 2102 | CORPORATE DRIVE | | | | 561-369-8236 |
| БОТ | NTON BEACH, FL 33426 | | | 2d | Business code (see instructions) 812990 |
| 32 | Dian administrator's name and address (if some as Dian apparen | antor "Come | ."\ | 2h | Administrator's EIN |
| D.J.E | | PORATE DR | IÍVE | 30 | 65-0817145 |
| | BOYNTON | I BEACH, FL | 33426 | 3с | Administrator's telephone number |
| | | | | | 561-369-8236 |
| | f the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spon | | port filed for this plan, enter the | 4b | EIN |
| , | name, Env, and the plan namber non-the last return report. Open | oor o name | | 4c | PN |
| 5a Total number of participants at the beginning of the plan year | | | 5a | 16 | |
| b | Total number of participants at the end of the plan year | | | 5b | 15 |
| С | Total number of participants with account balances as of the end | of the plan y | ear (defined benefit plans do not | | 45 |
| | complete this item) | | | 5c | 15 |
| | Were all of the plan's assets during the plan year invested in elig | ible assets? | (See instructions) | | |
| b | | • | , | | Yes No |
| | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104-462 (See instructions on waiver eligibility | , of an indeper | ident qualified public accountant (IQ | PA) | |
| | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot use | of an indeper y and conditi | ident qualified public accountant (IQ ons.) | PA) | |
| Pa | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | of an indeper y and conditi | ident qualified public accountant (IQ ons.) | PA) | |
| Pa | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot use | of an indeper y and conditi | ident qualified public accountant (IQ ons.) | PA) | |
| Pa 7 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information | of an indeper y and conditi Form 5500- | dent qualified public accountant (IQ ons.)SF and must instead use Form 55 | PA) 00. | ∑ Yes No |
| 7 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either 6a or 6b, the plan cannot use urt III Financial Information Plan Assets and Liabilities | of an indeper y and conditi Form 5500- | dent qualified public accountant (IQ ons.)SF and must instead use Form 55 (a) Beginning of Year | PA) 00. | (b) End of Year |
| 7 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets | of an indeper y and conditi Form 5500- 7a 7b | dent qualified public accountant (IQ ons.)SF and must instead use Form 55 (a) Beginning of Year | 00. | (b) End of Year |
| 7 a b | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit figure answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities | of an indeper y and conditi Form 5500- 7a 7b | dent qualified public accountant (IQ ons.) | 00. | (b) End of Year 170446 |
| 7 a b c | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit fyou answered "No" to either 6a or 6b, the plan cannot use or fill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) | of an indeper y and conditi Form 5500- | dent qualified public accountant (IQ ons.)SF and must instead use Form 55 (a) Beginning of Year 15636 | PA) 00. | (b) End of Year 170446 0 170446 |
| 7 a b c | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit if you answered "No" to either 6a or 6b, the plan cannot use int III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) | 7a 7b 7c 8a(1) | (a) Beginning of Year 15636 (a) Amount | PA) 00. | (b) End of Year 170446 0 170446 |
| 7 a b c | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit if you answered "No" to either 6a or 6b, the plan cannot use int III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants | 7a nindeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) | (a) Beginning of Year 156366 (a) Amount | PA) 00. | (b) End of Year 170446 0 170446 |
| 7 a b c 8 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use Int III Financial Information Plan Assets and Liabilities Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8a(3) | (a) Beginning of Year 156366 (a) Amount | PA) 00. 66 7 00. | (b) End of Year 170446 0 170446 |
| 7 a b c 8 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit fyou answered "No" to either 6a or 6b, the plan cannot use of the financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers) | 7a 7b 7c 8a(1) 8a(3) 8b | (a) Beginning of Year 156366 (a) Amount | PA) 00. 66 7 00. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibilitif you answered "No" to either 6a or 6b, the plan cannot use or III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 7a 7b 7c 8a(1) 8a(3) 8b | (a) Beginning of Year 156366 (a) Amount | PA) 00. 66 7 00. | (b) End of Year 170446 0 170446 |
| 7 a b c 8 a | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit fyou answered "No" to either 6a or 6b, the plan cannot use of the financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers) | 7a 7b 7c 8a(1) 8a(2) 8b 8c | (a) Beginning of Year 156366 (a) Amount | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a b c | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8c 8c 8d | (a) Beginning of Year (a) Amount (a) Amount (b) (a) Amount | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a b c | under 29 CFR 2520.104-46? (See instructions on waiver eligibilitif you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan cannot use of the plan assets and Liabilities. Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e | (a) Beginning of Year (a) Amount (a) Amount (b) (a) Amount | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a b c d | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use Int III Financial Information Plan Assets and Liabilities Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f | (a) Beginning of Year 156366 (a) Amount (a) Amount 19065 | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a b c d | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit fyou answered "No" to either 6a or 6b, the plan cannot use of the financial Information Plan Assets and Liabilities Total plan assets | 7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e 8f 8g | (a) Beginning of Year 156366 (a) Amount (a) Amount 19065 | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |
| 7 a b c 8 a b c d | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit fyou answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities | 7a nindeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8c 8d 8e 8f 8g 8h | (a) Beginning of Year 156366 (a) Amount (a) Amount 19065 | PA) 000. | (b) End of Year 170446 0 170446 (b) Total |

| Form 5500-SF 2010 | Page 2- |
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|--------|----------|------|--------|------------|
| Part I | V | Dian | ('hara | cteristics |
| ганы | v | гіан | Guara | CIGHALICS |

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

| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | acteris | tic Co | des in | the instru | ctions | - | | |
|--------------|--|---------|----------|----------------|-------------|--------|--------|-----------------|--|
| art | V Compliance Questions | | | | | | | | |
| 0 | During the plan year: | | Yes | No | | Am | ount | | |
| 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 | IOa X | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | X | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | 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 | | | | | 469 | |
| 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.) | 10g | X | | | | | 3306 | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 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 | | | | | | | |
| art | | | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)) | | | | | | Yes | ☐ No | |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes | X No | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver | nth | | | | | | | |
| | rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Г | 40h | | | | | |
| | Enter the minimum required contribution for this plan year. | | | 12b 12c | | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | | 120 | | | | | |
| | negative amount) | | | 12d | Yes | | No [| N/A | |
| | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | 168 | | NO | IN/A | |
| art | | | | | | | | ▼ | |
| 3a | Has a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | I | | Yes | [×] No | |
| - | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | | |
| D | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 twhich assets or liabilities were transferred. (See instructions.) | he pla | n(s) to |) | | | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | c(2) El | N(s) | | 13c(3) | PN(s) | |
| | | | | | | | | | |
| | | | | | | | | | |
| aut | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal | ole car | ıse is | establ | ished. | | | | |
| Jnde SB o | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete. | urn/rep | oort, ir | ncludin | g, if appli | , | | | |
| SIGI | Filed with authorized/valid electronic signature. 10/17/2011 DARRYL DEMA | RSICC |) | | | | | | |
| ات.ن | | | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 10/17/2011 | DARRYL DEMARSICO |
|------|---|------------|--|
| 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 |

Schedule H/I, Line 4a Schedule of Late Participant Contributions

Name of Plan: DeMarsico Custom Trim 401(k) Plan

► Form 5330 has been filed

Employer Identification No.: ► 65-0817145

Plan year (beginning/ending): ▶ 01/01/2010-12/31/2010 Plan number: ▶

| | | (c) Correction outside VFCP | (d) Correction using | Pending Correction in VFCP | |
|------------------------|--------------------------------------|--------------------------------|----------------------|----------------------------|---------------------|
| (a) Late Contributions | (b) Late Contributions not Corrected | VFCP | VFCP | VFCP | (f) Total Corrected |
| 12916 | | 12916 | | 0 | 12916 |
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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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| ۲ | ension Benefit Guaranty Corporation | • | dance witl | h the instructions to the Form 5500 |)-SF. | | |
|--------|--|---------------------------------------|--------------|--|-------|-------------------|----------------------|
| | | entification Information | | | | | |
| For | calendar plan year 2010 or fisca | _ | 01/01/ | 2010 and ending | | 12/31/201 |) |
| Α | This return/report is for: | single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan |
| В | This return/report is for: | first return/report | final retur | n/report | | _ | |
| | | an amended return/report | short plan | year return/report (less than 12 mor | nths) | | |
| С | Check box if filing under: | Form 5558 | automatic | extension | | DFVC progra | am |
| | | special extension (enter descriptio | n) | | | _ | |
| P | rt II Basic Plan Inform | nation—enter all requested informa | - | | | | |
| | Name of plan | Tation chief all requested informs | ation | | 1b | Three-digit | |
| | DEMARSICO CUSTOM TR | RIM 401(K) PLAN | | | | plan number | |
| | | - , | | | | (PN) • | 001 |
| | | | | | 1c | Effective date of | |
| | | | | | | 01/01/200 | |
| 2a | Plan sponsor's name and addre D.J.D.C.T., INC. | ess (employer, if for single-employer | plan) | | 2b | | fication Number |
| | DEMARSICO CUSTOM TE | RIM | | | 20 | (EIN) 65-081 | telephone number |
| | 2102 CORPORATE DRIV | /E | | | 20 | 561-369-8 | |
| | | 22406 | | | 2d | | (see instructions) |
| | BOYNTON BEACH | FL 33426 | | | | 812990 | |
| 3a | Plan administrator's name and a D.J.D.C.T., INC. | address (if same as Plan sponsor, ei | nter "Same | e") | 3b | Administrator's | |
| | · | | | - | 30 | 65-081714 | |
| | 2102 CORPORATE DRIV BOYNTON BEACH | /E FL 33426 | | | 30 | 561-369-8 | telephone number 236 |
| 4 | | n sponsor has changed since the las | st return/re | port filed for this plan, enter the | 4b | EIN | |
| | name, EIN, and the plan number | r from the last return/report. Sponso | r's name | | | | |
| _ | | | | | 4c | PN | |
| 5a | Total number of participants at | the beginning of the plan year | | | 5a | | 16 |
| b | Total number of participants at | the end of the plan year | | | 5b | | 15 |
| С | | th account balances as of the end of | | ` . | E. | | 15 |
| ٥- | , | | | | 5c | | |
| | • | | | (See instructions.) | | | X Yes No |
| D | | | | ndent qualified public accountant (IQF ions.) | | | X Yes No |
| | • | | | SF and must instead use Form 550 | | | |
| Pa | rt III Financial Informa | ntion | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year |
| а | Total plan assets | | . 7a | 15636 | 6 | | 170446 |
| b | Total plan liabilities | | . 7b | | 0 | | (|
| С | | b from line 7a) | 7c | 156360 | 6 | | 170446 |
| 8 | Income, Expenses, and Transfe | ers for this Plan Year | | (a) Amount | | (b) · | Total |
| а | Contributions received or received | | | ., | | (/ | |
| | (1) Employers | | 8a(1) | 598 | 8 | | |
| | (2) Participants | | 8a(2) | 210 | 7 | | |
| | (3) Others (including rollovers) | | 8a(3) | (| 0 | | |
| b | Other income (loss) | | 8b | 1906: | 2 | | |
| C | Total income (add lines 8a(1), 8 | 3a(2), 8a(3), and 8b) | 8c | | | | 21767 |
| d | Benefits paid (including direct reto provide benefits) | ollovers and insurance premiums | 8d | 6163 | 2 | | |
| е | • | ve distributions (see instructions) | 8e | | 0 | | |
| f | | s (salaries, fees, commissions) | | 152 | 5 | | |
| g | | | 8g | | | | |
| 9 h | · | Be, 8f, and 8g) | | | | | 7687 |
| : | | 8h from line 8c) | | | | | 14080 |
| i | ` , ` | e instructions) | | | 0 | | 1000 |
| J | | · | 8i | 1 | J | | |

| Form | 550 | O.SE | 201 | |
|------|-----|------|-----|--|
| | | | | |

SIGN

Signature of employer/plan sponsor

| And the last | - | |
|--------------|----|--|
| Pane | 2- | |
| 1344 | - | |

| | | Page 2- | | | | | | |
|------------|-------|--|--------|-------------|---------|-----------|------------|--------------|
| Pa | rt I | | | | _ | | | |
| 9a | 11 | he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara $1 \pm 2 \pm $ | acteri | stic Co | des i | the inst | ructions | |
| b | | he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | | | | | | |
| | | Characteristic applicable welfare feature codes from the List of Plan Characteristics | cteris | tic Coo | tes in | the mstr | uctions | |
| Par | t V | Compliance Questions | | | | | | |
| 10 | | uring the plan year: | | Yes | No | T - | Amour | |
| a | V | as there a failure to transmit to the plan any participant contributions within the time period described in | | X | 1.40 | | Amour | |
| b | . V | 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported | 10a | ^ | | | | 1291 |
| | 0 | line 10a.) | 10ь | | X | | | |
| C | ٧ | as the plan covered by a fidelity bond? | 10c | | Х | | | |
| d | D | d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty? | 10d | | X | | | |
| е | in | ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.) | 10e | х | | | | 469 |
| f | 11 | s the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | |
| g | D | d the plan have any participant loans? (If "Yes." enter amount as of year end.) | 100 | x | | | | 3306 |
| h | If | his is an individual account plan, was there a blackout period? (See instructions and 39 CEP | iog | | v | | | 3,500 |
| ï | 11 | 10h was answered "Yes," check the box if you either provided the required gates as any of the | 10h | - | Х | | | |
| | 0.7 | ceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | |
| Part 11 | | Pension Funding Compliance | | | | | | |
| | 55 | this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and comp 00)) | dete ! | chedu | ile St | Form | Пу | es 🗆 No |
| 12 | 15 | this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of | or cor | tion 2 | 07 -4 | EDIEAD | T V | - |
| | (11) | "Yes." complete 12a or 12b. 12c. 12d, and 12e below, as applicable.) | | | | | - | [5] |
| a | II a | waiver of the minimum funding standard for a prior year is being amortized in this plan year, say instruct | ions. | and er | iter th | e date o | the letter | tulina |
| | 3. | onting the waiver Month completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | 1 | | Day | | Year_ | |
| Ь | Er | ter the minimum required contribution for this plan year | | Γ. | | | | |
| c | En | ter the amount contributed by the employer to the plan for this plan year | + | | 12b | | | |
| d | St | oract the amount in line 12c from the amount in line 12h. Enter the result (enter a minute size to the lab of | F 16 | | 12c | | | |
| | ()42 | gauve amount) | | . [.] | 12d | | | |
| e | W | the minimum funding amount reported on line 12d be met by the funding deadline? | | | eri I | Yes | No | N/A |
| art | | Plan Terminations and Transfers of Assets | | | | | | |
| 3a | Ha | s a resolution to terminate the plan been adopted during the plan year or any prior year? | | | 44 | | Ye | s X No |
| h | 10/4 | es." enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | |
| u | of | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un he PBGC? | ider t | ie con | troi | | Пν | s X No |
| С | If c | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.) | plan | s) to | | | Ye | a X No |
| 1 | |) Name of ptan(s). | - | 120/ | 9) EU | Max | | 73 F1411 1 |
| | | | | 1301 | 2) Ell | A(>) | 130(| 3) PN(s) |
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| | | | | | | | | |
| auti | on: | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | | - | | | | |
| 14-477-5-1 | Des | lattles of periory and other penather set forth in the least section of | | | | | uhla a Ca | han differen |
| elief. | it is | edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re- true, correct, and complete | port. | and to | the b | est of my | knowledg | e and |
| | | 10/10/11 SANDRA CARMO | AME | Do | 1/2// | 1 1 | PAGE | /10 |
| IERE | | Signature of plan administrator Date Enter name of indi | | DAME DEMANS | | | | |
| | | 1 total ratio of fide | ividua | signir | ig as | plan ada | | |

10/16/11 Date

Enter name of individual signing as employer or plan sponsor