### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I   Annual Report	Identification Information								
For	calendar plan year 2010 or fis	scal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α	This return/report is for:	x single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final return/report							
		an amended return/report	short plar	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatic	extension	,	DFVC program				
0	oneck box if filling drider.	special extension (enter description	1	o externolori						
Dr	ert II   Pacia Plan Info	. , .								
	Irt II Basic Plan Info Name of plan	rmation—enter all requested inform	nation		1h	Three-digit				
		NGS AND INVESTMENT PLAN			10	nlan number				
MOL	4710000111120, 1110. 07111	NOO / NO INVESTMENT E NV				(PN) • 002				
					1c	Effective date of plan				
						03/01/1979				
	Plan sponsor's name and add & ASSOCIATES, INC.	dress (employer, if for single-employer	r plan)		2b	Employer Identification Number (EIN) 13-2966246				
IVIOLI	a According Ed, INC.				2c	Plan sponsor's telephone number				
	FIRST STAMFORD PLACE FLOOR					203-326-2884				
	MFORD, CT 06902				2d	Business code (see instructions) 541990				
32	Dian administratoria nama an	ad address (if some as Dian spensor of	ntor "Com	2"\	2h	Administrator's EIN				
MJLF	* & ASSOCIATES, INC.	nd address (if same as Plan sponsor, e 300 FIRST S		PLACE	30	13-2966246				
		2ND FLOOF STAMFORD		2	3с	Administrator's telephone number				
						203-326-2884				
		plan sponsor has changed since the la ber from the last return/report. Sponso		eport filed for this plan, enter the	4b	EIN 13-2966246				
	name, Env, and the plan nam	ber from the last return/report. Oponst	or 3 manne		4c	PN 002				
5a	Total number of participants	at the beginning of the plan year			5a	74				
b	Total number of participants	at the end of the plan year				61				
С	Total number of participants	with account balances as of the end of	of the plan	vear (defined benefit plans do not	5b					
	complete this item)				5c	61				
	•	s during the plan year invested in eligib		'		Yes   No				
b		the annual examination and report of ? (See instructions on waiver eligibility				X Yes ☐ No				
		ther 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Inforr									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	20898474	4	23930590				
b	Total plan liabilities		. 7b		0					
С	Net plan assets (subtract line	e 7b from line 7a)	. 7с	20898474	4	23930590				
8	Income, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or rec		- (1)	40303	1					
			. 8a(1)	399096						
	• •		1		)					
<b>L</b>	• • • • • • • • • • • • • • • • • • • •	rs)	, ,	3653873						
b	` ,			3033073	,	4456000				
G C	, , ,	), 8a(2), 8a(3), and 8b)	8c			4430000				
d		ct rollovers and insurance premiums	8d	1423704	4					
е		ective distributions (see instructions)		(	)					
f		ders (salaries, fees, commissions)		180	)					
g	· .									
h	·	d, 8e, 8f, and 8g)				1423884				
i		ine 8h from line 8c)				3032116				
i	` , `	(see instructions)								
J										

	Form 5500-SF 2010 Page <b>2-</b>				
ar	rt IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2J 2K 2G 3D 2F 2T	cteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Coc	les in t	the instructions:
art	t V Compliance Questions				
0	During the plan year:		Yes	No	Amount
а		10a		X	
b	, , , , , , , , , , , , , , , , , , ,	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		1000000
d	,,,,,,,,,	10d		Χ	
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			<b>V</b>	

	instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					10064
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 con 5500))					[	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day		_ 166	ai	
b				12b				
С	Enter the amount contributed by the employer to the plan for this plan year		Т	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	t of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
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?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	)				
		1 -						_

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

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

**13c(3)** PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/17/2011	BRUNO BIBERON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	BRUNO BIBERON					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

#### 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).

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

#### 2010

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-		dance wit	h the instructions to the Form 5500-S	F.	
_	art I Annual Report Identification Information				
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010 and ending	12/31/2010	
Α	This return/report is for x single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participa	nt olan
В	This return/report is for first return/report	final return	a/renort		
	an amended return/report	year return/report (less than 12 months)			
C					
Ų	Check box if filing under		extension	DFVC progra	ım
	special extension (enter description)				
P	art II Basic Plan Information enter all requested information	mation.			
1a	Name of plan		1	<b>b</b> Three-digit	
	MJLF & Associates, Inc. Savings and Investment	Plan		plan number (PN) ▶	002
			1	C Effective date o	
				03/01/1979	pan
2a	Plan sponsor's name and address (employer if for single-employer pla	n)	2	<b>b</b> Employer Identi	fication Number
	MJLF & Associates, Inc.			(EIN) 13-29	
	300 First Stamford Place		2	C Plan sponsor's	
	2nd Floor		2	(203) 326-2 d Business code	
US	Stamford CT 06902			541990	(acc matructions)
3a	Plan administrator's name and address (If same as plan employer, enter	er "Same")	3	<b>b</b> Administrator's	EIN
	Same				
			3	C Administrator's	telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/reno	art filed for this plan, enter the	<b>b</b> EIN 13-2966	50.4.6
5	name, EIN and the plan number from the last return/report. Sponsor's f	Name			0246
				C PN 002	
5a	Total number of participants at the beginning of the plan year			a	74
b Total number of participants at the end of the plan year					61
	complete this item)			ic	61
3a	Were all of the plan's assets during the plan year invested in eligible as				X Yes No
b	Are you claiming a waiver of the annual examination and report of an ir				
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility and			en a a a a	X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	and must instead use Form 5500.		
Pa	rt III Financial Information	r	T		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year
а	Total plan assets	7a	20,898,474		23,930,590
b	Total plan liabilities	7b	0		
С	Net plan assets (subtract line 7b from line 7a)	7c	20,898,474		23,930,590
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b)	Total
a	Contributions received or receivable from:				
	(1) Employers	8a(1)	403,031		
	(2) Participants	8a(2)	399,096		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	3,653,873		
	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4,456,000
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d	1,423,704		
	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	180		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,423,884
i	Net income (loss) (subtract line 8h from line 8c)	81			3,032,116
i	Transfers to (from) the plan (see instructions)	8j			

Part IV Plan Characteristics 9.8 If the plan provides persons branchs, enter the applicable person feature codes from the List of Plan Characteristic Codes in the intervitorions 2.8 A 2.7 & 2.8 & 30 D 27 & 27 & 27 & 28 & 30 D 27 & 27 & 27 & 28 & 30 D 27 & 27 & 28 & 30 D 27 & 27 & 28 & 30 D 27 & 28 & 30 D		Form 5500-SF 2010		Page <b>2</b> -						
Part V Compliance Questions  10 During the pan year a status to transmit to the plan any participant contribution within the time period desorbed in 2 CFR 250 3-102? (See instructions and OUTs Voluntary Floridation Volun	Part	IV Plan Characteristics			-					
Part VI Compliance Questions  10 During the planyear  a Was fine a stature to rearrant to the plan any participant contribution within the time period described in 22 CFR 250 3-020? (See restrictions and DOL's Youturinary Flucinary Correction Program 22 CFR 250 3-020? (See restrictions and DOL's Youturinary Flucinary Correction Program 22 CFR 250 3-020? (See restrictions) and see plan to exceed by a fieldly bond on line 10a.)  C Was the plan to overed by a fieldly bond of 20 CFR 250 100 Bond or districtions of the plan and loss, whether or not reimburined by the plan a fieldly bond final or districtions of the plan and loss, whether or not reimburined by the plan a fieldly bond final or districtions of the plan and loss, whether or not reimburined by the plan a fieldly bond final or districtions of the plan and loss, whether or not reimburined by the plan a fieldly bond final or districtions of the plan and loss, whether or not reimburined by the plan and fieldly bond final or districtions of the plan and plan and loss, whether or not reimburined by the plan and fieldly bond final or districtions of the plan and plant provides some or all of the benefits under the plan? See instructions of the plant plant provides some or all of the benefits under the plan? See instructions and plant plant plant provides some or all of the benefits under the plan? See instructions and ordinary services and plant		2A 2J 2K 2G 3D 2F 2T								17.
Ves   No   Amount	D II	the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characterist	ic Cod	les in	the ins	structions		
As the care of facture to transmit to the plane any participant contribution while he temperated described in 20 CRF 2010-1-20; Plane standardina and IDCS Voluntury Floatures Cornetion Program (1.00) - 100 - 10	Part	V Compliance Questions								
20 CR 2510-3102* (Size instructions and DOL's Voluntary Fluturary Correctine Program  Were there any nonexempt transactions with any perly-initridenes?? (Du not include transactions reported on line 10a)  Were any nonexempt transactions with any perly-initridenes?? (Du not include transactions reported on line 10a)  Were any lines or commissions pead to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the part? (Size instructions)  Were any lines or commissions pead to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the part? (Size instructions)  If has the pinn failed to provide any benefit when due under the pisn?  But the pinn failed to provide any benefit when due under the pisn?  If this is an individual account of an, was there a black-out period? (See instructions and 29 CFR 250 101-3)  If 10h was answered "Yes" check the box if you will be provided the required notice or one of the exceptions to providing the notice agricult under 20 CFR 250 101-3.  If 10h was answered "Yes" check the box if you will be provided the required notice or one of the exceptions to providing the notice agricult under 20 CFR 250 101-3.  If 10h was answered "Yes" check the box if you will be provided the required notice or one of the exceptions to providing the notice agriculture under 20 CFR 250 101-3.  If 10h was answered "Yes" check the box if you will be provided the required notice or one of the exceptions to providing the notice agriculture under 20 CFR 250 101-3.  If 10h was answered the provided the required notice or one of the exceptions to providing the notice agriculture under 20 CFR 250 101-3.  If 10h was answered "Yes" check the box if you will be associated to the CFR 250 10h will be associated to	10	During the plan year				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (No not include transactions sported on line 16a) 10b X 1,000,000  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity bond, that was caused by fiaud or distributed by the prior is fidelity by the prior by the	а	Was there a failure to transmit to the plan any participant contribution	within the time period	described in	100		x			
on line 10a)  C. Was the plan covered by a fidelity bond?  d. Did the plan have a loss, whether or not rembursed by the plan's fidelity bond, that was caused by flaud of districted by the plan have a loss, whether or not rembursed by the plan's fidelity bond, that was caused by flaud of districted by the plan have a plan have any participant leaves of commissions paid to any brokers, agents, or other persons by an insurance carner, insurance services or other organization that provides some or all of the benefits under the plan' (See instructions)  f. Has the plan have any participant leaves? (If"Yes," enter emount as of year end.)  f. Has the plan have any participant leaves? (If"Yes," enter emount as of year end.)  f. Has a sen individual account plan, was there is blackbut period? (See instructions and 29 CFR 2220 101-3)  ff. How as insurered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2220 101-3.  ff. Has a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule Sti (From S590).  Part VI   Pension Frunding Compliance  12 Is the a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule Sti (From S590).  12 Is the a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule Sti (From S90).  13 Is waiver of the minimum funding standard for a prior year is being amonitized in this plan year, see instructions and enter the date of the latter ruling graning the waiver.  14 you completed line 12a, complete lines 3, 3, and 10 of Schedule MB (Form 550), and skip to line 1.  b. Enter the amount contributed by the emplayer to the plan to this plan year.  12a    b. Enter the amount contributed by the emplayer to the plan to this plan year.  12a    c. Enter the amount contributed by the emplayer to the plan to this plan year.  13a   Has a resolution to	b	Were there any nonexempt transactions with any party-in-interest? (D	y Correction Program) Oo not include transac	ions reported	iva		-			
d Dut the plan have a loss, whether or not rumbursed by the plans fidelity bond, that was caused by fauld or distormentally?  Be Were any less or commissions paid to any brokers, agents, or other persons by an insurance samer, insurance services or other organization that provides some or all of the benefits under the glan? (See instructions)  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I has the plan failed to provide any benefit when due under the plan?  I have so an individual account plan, was there a blackout period? (See instructions and 29 CFR 220 101-3)  I have so an individual plan failed to the box of your either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2200 101-3  I have so a defined benefit plan subject to minimum funding requirements? (If "Yes" see instructions and complete Schedule S8 (from See 19 not		on line 10a)			10b		×	ļ		
Or dishonesty?  Or Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See insurance services or other organization that provides some or all of the benefits under the plan? (See insurance services or other organization that provides some or all of the benefits under the plan? (See insurance services or other organization that provides the plan?)  If the organization is a mindeductal account plan, was there a blackout provided the required notice or one of the exceptions to providing the notice applied under 25 CFR 250 101-3.)  If (10) was answered Yes, check the tox if you selfer provided the required notice or one of the exceptions to providing the notice applied under 25 CFR 250 101-3.)  If (10) was answered Yes, check the tox if you selfer provided the required notice or one of the exceptions to providing the notice applied under 25 CFR 250 101-3.)  If (10) was answered Yes, check the tox if you selfer provided the required notice or one of the exceptions to providing the notice applied under 25 CFR 250 101-3.)  If (10) was answered Yes, check the tox if you selfer provided the required notice or one of the exceptions to providing the notice applied under 25 CFR 250 101-3.)  If (10) was answered Yes, check the tox if you selfer provided the required notice or one of the exceptions to providing the notice of the termination of the providing the provided the required notice of the termination of the providing the providing the providing the providing the providing the providing the provided the required notice of the exceptions and contribution of the providing	_				10c	х			1	,000,000
Insurance services or other organization that provides some or all of the benefits under the plan? See Instructions \$, 10e	a				10d		х			
Has the plan failed to provide any benefit when due under the plan?  100 bit the plan have any participant loans? (If "Yes," enter amount as of year end)  100 bit this is an individual account plan, was there a blackout period? (See instructions and 25 CFR 250 101-3)  1 If this is an individual account plan, was there a blackout period? (See instructions and 25 CFR 250 101-3)  1 If this is an individual account plan, was there a blackout period? (See instructions and 25 CFR 250 101-3)  1 If this is a an individual account plan, was there a blackout period? (See instructions and 25 CFR 250 101-3)  1 If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))  1 If this is defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		insurance services or other organization that provides some or all of the	he benefits under the	plan? (See	10-		x			
9 Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10										
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.)  If 10 h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing his notices applied under 29 CFR 2520 101-3.  If 10 h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing his notices applied under 29 CFR 2520 101-3.  If 10 h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing his notices applied under 29 CFR 2520 101-3.  If 10 h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing his notices applied to the providing the provided the providing the provided the required notice of the providing the provided the required notice of the providing the providing the providing the provided the providing the pr							^			10.064
2520 101-3)  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.  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.  If 10h yes, and the second providing the notice applied under 29 CFR 2520 101-3.  If 11h is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes, No. (If "Yes," complete 12a or 12b, 12c, 12d, and 12a believ, as applicable.)  If you completed the waver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fine and 10h of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fine and 10h of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fine and 10h of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fine and 10h of Schedule MB (Form 5500), and skip to line 13.  If you completed line 12a, complete fine and 10h of Schedule defined and 10h of Sc					10g		-			10,064
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5001))  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.   If you completed line 52, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year.   12b	12.1	2520 101-3 )			10h		х			
11 is his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		exceptions to providing the notice applied under 29 CFR 2520 101-3			10i					
South   State   South   State   South   Sout										
It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes, ' see instru	ctions and complete	e Sche	dule	SB (Fo	ım	Ye	s X No
ranting the waiver  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contributed for this plan year		Is this a defined contribution plan subject to the minimum funding requ	urements of section 4						Ye	s X No
Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  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?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  of the PBGC?  of the DBGC?  of the DBGC?  of the DBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions)  13c(1) Name of plan(s)  13c(2) EIN(s)  13c(3) PN(s)  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Dinder penalties of penury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable a Schedule BB or Schedule MB prompleted and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and releif, it is true coeffect and complete  Sign Use Biplan administrator  Date Enter name of individual signing as plan administrator  Bruno Biberon  Figure Biplan administrator  Bruno Biberon		granting the waiver	9 9 D x 8 b s	Mon	s, and th	enter	the da	ate of the le	etter ruling Year	
C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  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?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  13a b Were all the plan assets distributed to participants or beneficianes, transferred to another plan, or brought under the control of the PBC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions)  13c(1) Name of plan(s)  13c(2) EIN(s)  13c(3) PN(s)  Date  13c(2) EIN(s)  13c(3) PN(s)  Enter name of individual signing as plan administrator  Date  Enter name of individual signing as plan administrator  Bruno Biberon			•	•		Γ	12b			
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Has a resolution to terminate the plan been adopted during the plan year or any prior year?			unding deadline? .			9 (00)		Yes	□ No	N/A
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Tac(1) Name of plan(s).  13c(2) EIN(s)  13c(3) PN(s)  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of penury 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 relief, it is true covert and complete  SIGN  ISON  ISON	C I	of the PBGC?					٠		Ye	s X No
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Sign   Bruno Biberon   Bruno B	Caution	: A penalty for the late or incomplete filing of this return/report w	ill be assessed unle	ss reasonable cau	se is	estab	lished			
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1 Enter Harris of Francisco		Signature of employer/plan sponsor	Date			signir	ng as e	employer o	r plan spon	sor