Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identific	ation Information			
For caler	ndar plan year 2009 or fiscal plan y			and ending 08/31/2	2008
A This r	eturn/report is for:	a multiemployer plan;	a multiple	-employer plan; or	
		x a single-employer plan;	a DFE (sp	pecify)	
B This r	eturn/report is:	the first return/report; an amended return/report;		eturn/report; an year return/report (less tl	han 12 mantha)
0				an year retum/report (less ti	
	plan is a collectively-bargained pla	_			
D Checl	k box if filing under:	Form 5558;	automatio	extension;	the DFVC program;
		special extension (enter desc	cription)		
Part I		n—enter all requested informat	tion		
1a Nam	•	VEE BROEIT OUABING BLAN			1b Three-digit plan number (PN) ▶ 002
YUNIS R	OBERTS & BARRAU PC EMPLO	YEE PROFIT SHARING PLAN			1c Effective date of plan
(Addı	sponsor's name and address (em ress should include room or suite r COBERTS & BARRAU PC	. ,	olan)		2b Employer Identification Number (EIN) 11-2544278
4401.016	5/41. F DD	4401.445	W. I. E. D.D.		2c Sponsor's telephone number 516-488-5050
	EVILLE RD. DE PARK, NY 11042	410 LAKE\ NEW HYDI	F PARK, NY 11042		2d Business code (see instructions) 621111
Caution:	A penalty for the late or incomp	olete filing of this return/report	t will be assessed u	ınless reasonable cause i	s established.
Under pe	enalties of perjury and other penalti	ies set forth in the instructions, I	declare that I have	examined this return/report,	including accompanying schedules, elief, it is true, correct, and complete.
SIGN					
HERE	Signature of plan administrator	r	Date	Enter name of individual s	signing as plan administrator
SIGN	,				V V .
HERE	Signature of employer/plan spo	onsor	Date	Enter name of individual s	signing as employer or plan sponsor
SIGN					
HERE	Signature of DFE		Date	Enter name of individual s	signing as DFE

	Form 5500 (2009)	Pag	e 2		
YU 410	Plan administrator's name and address (if same as plan sponsor, enter "Sam NIS ROBERTS & BARRAU PC LAKEVILLE RD. W HYDE PARK, NY 11042	ne")		11- 3c Ad	Iministrator's EIN 2544278 ministrator's telephone imber 6-488-5050
4 a 5	If the name and/or EIN of the plan sponsor has changed since the last return, the plan number from the last return/report: Sponsor's name Total number of participants at the beginning of the plan year	report filed for th	nis plan, enter the name, EIN	and 5	4b EIN 4c PN
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6	b, 6c, and 6d).		
a	Active participants			6a	
С	Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits			6b 6c	
d	Subtotal. Add lines 6a , 6b , and 6c			. 6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits		. 6e	
f g	Total. Add lines 6d and 6e	only defined cor	ntribution plans	. 6f . 6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only			7	
	If the plan provides pension benefits, enter the applicable pension feature codes the plan provides welfare benefits, enter the applicable welfare feature codes				
9a 10	Plan funding arrangement (check all that apply) (1)	(1) (2) (3) (4)	fit arrangement (check all the Insurance Code section 412(e)(3) Trust General assets of the spece indicated, enter the number	insurand	ce contracts
а	Pension Schedules (1) R (Retirement Plan Information)	b General S	Schedules H (Financial Inform	nation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

G (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

Form **5500**

Department of the Treasury internal Revenue Service

Department of Labor

Annual Return/Report of 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 sections 6047(e),

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2007

Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Partial Annual Report Identification Information For the calendar plan year 2007 or fiscal plan year beginning 09/01/2007, and ending 08/31/3 A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; (2) a single-employer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed an amended return/report; (4) a short plan year return/report filed for the plan; as short plan year return/report filed for the plan; an amended return/report; (4) a short plan year return/report filed for the plan; as collectively-bargained plan, check here D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Partial Basic Plan information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC EMPLOYEE PROFIT SHARING PLAN Compiete all entries in accordance with the instructions to the Form 5500. Compiete all entries in accordance with enter the code in the code	for the plan; port (less than 12 months).
Annual Report Identification Information For the calendar plan year 2007 or fiscal plan year beginning 09/01/2007, and ending 08/31/3 A This return/report is for: (1) a multiemployer plan; (2) X a single-employer plan (other than a (4) a DFE (specify) multiple-employer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed a short plan year return/report is: (2) an amended return/report; (4) a short plan year return/report filed for the plan is a collectively-bargained plan, check here D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Part 1 Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC	Public Inspection. 2008, or for the pian; port (less than 12 months).
For the calendar plan year 2007 or fiscal plan year beginning 09/01/2007, and ending 08/31/3 A This return/report is for: (1) a multiemployer plan; (2) a single-employer plan (other than a (4) a DFE (specify) multiple-employer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed a short plan year return/report is: (2) an amended return/report; (4) a short plan year return/report filed for the plan; a short plan year return/report filed a short plan year return/report filed for the plan is a collectively-bargained plan, check here D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Part 1 Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC	2008, or for the pian; port (less than 12 months).
For the calendar plan year 2007 or fiscal plan year beginning 09/01/2007, and ending 08/31/. A This return/report is for: (1) a multiemployer plan; (2) X a single-employer plan (other than a (4) DFE (specify) multiple-employer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed a short plan year return/report is: (2) an amended return/report; (4) a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed for the plan; a short plan year return/report filed f	for the plan; port (less than 12 months).
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(2) a single-employer plan (other than a multiple-employer plan); B This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (3) the final return/report filed a short plan year return/report filed a short plan year return/report filed a short plan year return/report; (4) a short plan year return/report filed for the plan; (3) the final return/report filed a short plan year return/report filed for the plan; (4) The final return/report filed a short plan year return/report filed for the plan; (5) The filed a DFE (specify)	for the pian; port (less than 12 months).
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B This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (4) a short plan year return/report filed C If the plan is a collectively-bargained plan, check here D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Part Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC The plan number	port (less than 12 months).
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C If the plan is a collectively-bargained plan, check here D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Part Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC The plan number	▶ 🖺
D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). Part Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC EMPLOYED BRONDER CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY OF THE P	
Part Basic Plan Information — enter all requested information. 1a Name of plan YUNIS ROBERTS & BARRAU PC EMPLOYER PROFILE CULTURE PLANTAGE PLANTA	
1a Name of plan 1b Three-digit YUNIS ROBERTS & BARRAU PC plan number	
YUNIS ROBERTS & BARRAU PC plan number	
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EMDIAVEE DRABIT AUGUSTIA DI AM	(PN) ▶ 002
To Enective date	<u> </u>
	10/01/1980
	BUTTON ALTERNATION
2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Ide	ntification Number (EIN)
(Address should include room or suite no.)	11-2544278
VINIC DODEDMG C DARRAY DG	
2c Sponsor's tele	
	<u>5</u> 16-488-5050
2d Business cod	e (see instructions)
	621111
410 LAKEVILLE RD.	
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	Kerin da
	and the state of the
	property and the second
NEW HYDE PARK NY 11042-1101	gallering edition to him.
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 accompanying attachments as well at the electronic version of this return frequently in the instructions.	<u>d.</u>
attachments, as well as the electronic version of this return/report if it is being filed sectronically, and to the best of my knowledge and belief, it is tru	schedules, statements and
	e, correct and complete.
Structure of plants of the structure of	
Ginature of plan idministrator Date Type or print name of individual signing	as plan administrator
SIGN)	
HERE	
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	Form 5 500 (2007)
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三、一种,我们就是这个人的,我们就是不是一个人的,我们就是一个人的,我们就是一个人的。""我们就是一个人的,我们就是一个人的,我们就是一个人的。""我们就是一个人	

Form **5558**(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Signature ▶

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

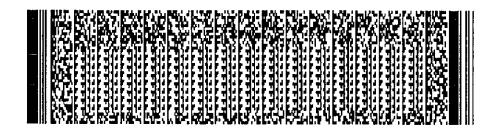
	Identification							
A	Name of filer, plan administrator, or plan sponsor (see instructions) Yunis Roberts & Barrau PC	В X						
	Number, street, and room or suite no. (If a P.O. box, see instructions)		11-25	44278				
	410 Lakeville Rd.							
	City or town, state, and ZIP code		Social	security	y number (SSN)			
	New Hyde Park NY 11042-1101							
С	Plan name		Plan		Plan	year endin	g—	
			numb	er	MM	DD	YYYY	
1	Yunis Roberts & Barrau PC Employee Profit Sharing Plan	0	0	2	8	31	2008	
2								
3	3		;					
Par	t II Extension of Time to File Form 5500 or Form 5500-E	Z (see ins	struct	ions)				
1	I request an extension of time until 6 / 15 / 2009 to file	Form 5500	or Fo	rm 55	00-EZ.			
	The application is automatically approved to the date shown on lin normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.	e 1 (above requested) if: (; , and	a) the (b) the	Form 5558 is date on line	s filed on p e 1 is no mo	r before the ore than 2½	
	You must attach a copy of this Form 5558 to each Form 5500 and 5500	-EZ filed at	ter th	e due (date for the p	lans listed i	n C above.	
Note	. A signature is not required if you are requesting an extension to file Form 5				•			
			1 5500	-cz.				
Par	t III Extension of Time to File Form 5330 (see instructions))						
2	I request an extension of time until/ to file							
			ormai	due da	te of Form 53	30		
	You may be approved for up to a six (6) month extension to file Form 5330,	, after the л				00.		
a	Enter the Code section(s) imposing the tax	_	a	<u>L</u>				
		. •	_ a_	<u>.</u> .	•	b		
b	Enter the Code section(s) imposing the tax	. •	_a_					
b	Enter the Code section(s) imposing the tax	. •	_a_			ь		
b	Enter the Code section(s) imposing the tax	. •	_a_			ь		
b	Enter the Code section(s) imposing the tax	. •	_a_			ь		
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b	Enter the Code section(s) imposing the tax	. ▶	_a_			ь		
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b	Enter the Code section(s) imposing the tax	. ▶	_a_			ь		
b	Enter the Code section(s) imposing the tax	. ▶	_a_			ь		
b	Enter the Code section(s) imposing the tax	. ▶	_a_			ь		

Date ▶

Γ	-			
•	Form 5500 (2007) Pag	ge 2	<u> </u>	
3a	Plan administrator's name and address (If same as plan sponsor, enter "Same")	3b Administra	ator's	Official Use Only
	AME	, , , , , , , , , , , , , , , , , , , ,	u.o. 5	
		3c Administra	ator's 1	telephone number
		Santa Paris	(V) (S.)	e Totalika alikuwani wa mane
		er Lare		Company Comments
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan,			
•	EIN and the plan number from the last return/report below:	enter the name	e,	b EIN
а				C PN
_				
5	Preparer information (optional) a Name (including firm name, if applicable) and address			b EIN
				C Telephone number
				- voieprione named
<u>6</u> 7	Total number of participants at the beginning of the plan year		6	45
'a	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, an Active participants.			20 Rest (國本民族、北美族、北美族、中华的新疆。
b	Retired or separated participants receiving benefits		7a 7b	43
C			7c	1
d	_		7d	44
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		7e	0
f	Total. Add lines 7d and 7e		7f	44
g	The plant of the p	•		2.7
h	complete this item)		7g	41
	100% vested	ie iess tian	7h	0
į	If any participant(s) separated from service with a deferred vested benefit, enter the number of separate	ted		
	participants raquired to be reported on a Schedule SSA (Form 5500)		7i	0
8_	Benefits provided under the plan (complete 8a and 8b, as applicable)			
đ	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension benefits Codes printed in the instructions): [2E] [2F] [2G] [2J] [2K] [3E]	ion feature cod	des fro	om the List of Plan
b		e feature code	_ L e.fmm	the List of Pion
	Characteristics Codes printed in the instructions):			Tine Est of Flan
9a	Plan funding arrangement (check all that apply) 9b Plan banefit arrangement	nt (check all th	nat app	oly)
	(1) Insurance (1) Insurance	(1) (
	(2) Code section 412(i) insurance contracts (2) Code section 4 (3) Trust (3) X Trust	12(I) Insurance	contr	acts
	(4) General assets of the sponsor (4) General assets	of the sponsor	r	
		<u> </u>		
•	mill የአሁድ የለማበትን የአመ ቀናንር ለንድ የተረሰበም አቀር ሁለሉ የአማር ቢቶ ላይ የሚኒኮያት ቤ በሥል ነውነት ይደርቁ የሚያ ያቸው ያለፈታት 25 [1]			



<u> </u>	Form 5500	(2007)		Pa	ge 3
10 a	Pension Benefit (1) X (2) (3)	led (Check all applicable boxes and, where indicated Schedules R (Retirement Plan Information) B (Actuarial Information) E (ESOP Annual Information) SSA (Separated Vested Participant Information)	enter the number a b Financial Sc (1)		Gee instructions.) (Financial Information) (Financial Information Small Plan) (Insurance Information) (Service Provider Information) (DFE/Participating Plan Information) (Financial Transaction Schedules)





SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

DFE/Participating Plan Information

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

Official Use Only

OMB No. 1210-0110

2007

Department of Labor Employee Benefits Security Administration

► File as an attachment to Form 5500.

This Form is Open to Public Inspection.

For	calandar plan year 2007 or fiscal plan year	beginning 09/0	$1/2007$, and ϵ	endi	ing 0	8/31/2008	,
Α	Name of plan or DFE			В	Three-	digit	
	NIS ROBERTS & BARRAU PC E		SHARING PL		plan nu	mber 🕨	002
С	Plan or DFE sponsor's name as shown on I	ine 2a of Form 5500		D	Employ	er Identification	n Number
	NIS ROBERTS & BARRAU PC						1-2544278
P	Information on Interests in	MTIAS, CCTs, PSA	s, and 103-12 IEs (to be c	on	npleted	by plans an	d DFEs)
(a)	Name of MTIA, CCT, PSA, or 103-12IE	ML RETIREMENT	PRESERVATION TRUST				
(b)	Name of sponsor of entity listed in (a) M	ERRILL LYNCH BA	ANK USA				
	EIN-PN 22-6484011-001 (d)		Dollar value of interest in MTIA. CO	CT, I	PSA, ctions)		2756306
(a)	Name of MTIA, CCT, PSA, or 103-12IE						·
(b)	Name of sponsor of entity listed in (a)						
	EIN-PN(d)		Dollar value of interest in MTIA, CO	CT, I	PSA,		
(a)	Name of MTIA, CCT, PSA, or 103-12IE						
(b)	None of consequent make the section (a)						
(10)	Name of sponsor of entity listed in (a)						
(c)	EIN-PN(d)	Entity code (e)	Dollar value of interest in MTIA, CO or 103-12IE at end of year (see ins	ST, strue	PSA, ctions)	****	
(a)	Name of MTIA, CCT, PSA, or 103-12IE						
(b)	Name of sponsor of entity listed in (a)		a makangangan kapangan kabupatan da kabupatan da kabupatan da kabupatan da kabupatan da kabupatan da kabupatan				
(c)	EIN-PN(d)	Entity code(e)	Dollar value of interest in MTIA, CC or 103-12!E at end of year (see ins	CT, I	PSA, ctions)		
For	Paperwork Reduction Act Notice and ON	IR Control Numbers se	e the instructions for Form 5500		v10 1	Schedule D /Fr	orm 5500) 2007





	Schedule D (Form 5500) 2007		Page 2	
_				Official Use Only
ı)	Name of MTIA, CCT, PSA, or 103-12IE			
	Name of sponsor of entity listed in (a)			
	•		Dollar value of interest in MTIA, CCT, PS or 103-12lE at end of year (see instruction	A, ons)
)	Name of MTIA, CCT, PSA, or 103-12IE			
			Dollar value of interest in MTIA, CCT, PS or 103-12IE at end of year (see instruction	Δ
ı)	Name of MTIA, CCT, PSA, or 103-12IE			
)	Name of sponsor of entity listed in (a)			
:)	EIN-PN(d)	Entity code (e	Dollar value of interest in MTIA, CCT, PS or 103-12IE at end of year (see instruction	A, ons)
)	Name of MTIA, CCT, PSA, or 103-12IE			
)	Name of sponsor of entity listed in (a)			,
)	EIN-PN(d)	Entity code(e	Dollar value of interest in MTIA, CCT, PS or 103-12IE at end of year (see instruction	A, ons)
)	Name of MTIA, CCT, PSA, or 103-12IE			
)	Name of sponsor of entity listed in (a)			
)	EIN-PN(d)	Entity code(e	Dollar value of interest in MTIA, CCT, PS or 103-12IE at end of year (see instruction)	A, ons)
)	Name of MTIA, CCT, PSA, or 103-12IE			
)	Name of sponsor of entity listed in (a)			
)	EIN-PN(d)	Entity code(e	Dollar value of interest in MTIA, CCT, PS or 103-12IE at end of year (see instruction	A, ons)



Γ			
	Schedule D (Form 5500) 2007	Page 3	Official Use Only
Pa	Information on Participating Plans (to be completed by DFEs)		Official dise offiy
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN_
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
	Name of plan sponsor		EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN





CERTIFICATION

COLLECTIVE INVESTMENT TRUST FUNDS

On behalf of Merrill Lynch Bank & Trust Co., FSB and Merrill Lynch Bank USA, the undersigned Officer certifies that pursuant to 29 CFR 2520.103-9(c), (pertaining to Department of Labor/Pension and Welfare Benefits Administration) a FORM 5500 will be filed for the Collective Investment Trust(s) for fiscal year ended 12/31/2007. This filing will occur on or before the filing due date for such Trust(s) in accordance with the FORM 5500 instructions.

NOTE:

MERRILL LYNCH BANK USA IS THE TRUSTEE FOR THE FOLLOWING COLLECTIVE INVESTMENT TRUST FUNDS:

THE EIN FOR EQUITY INDEX TRUST IS 22-6575237; Plan # 014

THE EIN FOR RETIREMENT PRESERVATION TRUST IS 22-6484011; Plan #001

MERRILL LYNCH BANK & TRUST Co., FSB IS THE TRUSTEE FOR THE FOLLOWING COLLECTIVE INVESTMENT TRUST FUNDS:

THE EIN FOR MERRILL LYNCH AGGREGATE BOND INDEX TRUST IS 22-6727801; Plan #003

THE EIN FOR CORE BOND TRUST IS 20-3302210; Plan #027

THE EIN FOR INTERNATIONAL INDEX TRUST IS 22-6822027; Plan # 010

THE EIN FOR MID-CAP INDEX TRUST IS 22-6837207; Plan # 021

THE EIN FOR SMALL CAP INDEX TRUST IS 22-6727804; Plan # 002

THE EIN FOR LARGE CAP VALUE INDEX TRUST IS 22-6880358; Plan # 019

THE EIN FOR LARGE CAP GROWTH INDEX TRUST IS 22-6944765; Plan # 022

/s/ Linda Lipscomb

Vice President and Trust Officer Merrill Lynch Bank & Trust Company, FSB Merrill Lynch Bank USA

CERTIFICATION

RETIREMENT PRESERVATION TRUST FAIR VALUE

On behalf of Merrill Lynch Bank USA the undersigned Officer certifies that fair value of the holdings of Merrill Lynch Retirement Preservation Trust (RPT) on annual statements previously issued and certified by Merrill Lynch Bank USA can be obtained by multiplying the RPT contract value by the below indicated ratio for the noted fiscal year-end. The undersigned Officer certifies the fair value as calculated above is complete and accurate.

Year-End	Ratio 1
08/31/07	98.1%
08/31/08	92.5%

Isl Lisa Riso

Vice President and Trust Officer Merrill Lynch Bank & Trust Company, FSB

¹ Source: Second paragraph of accompanying letter from BlackRock dated September 12, 2008. These numbers represent the ratio of net—assets reflecting all assets at fair value divided by the net assets at contract value.

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information -- Small Plan

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

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

Templot Buttern Bullating Corporation			, ,	abile inapoetion.
For calendar year 2007 or fiscal plan year beginning	09/01/2007 ,	and ending	08/31/20	008
A Name of plan	,	В	Three-digit	
YUNIS ROBERTS & BARRAU PC EMPLOYEE	PROFIT SHARING	P	plan number	002
C Plan sponsor's name as shown on line 2a of Form 5500		D	Employer Identific	cation Number
YUNIS ROBERTS & BARRAU PC				11-2544278
				·

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule II if reporting as a large plan or DFE.

Part Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:	Company	(a) Beginning of Year	(b) End of Year
a	Total plan assets	1a	7360159	7181859
þ	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	7360159	7181859
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable			La de la companya de
	(1) Employers	2a(1)	40138	
	(2) Participants	2a(2)	156490	
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		The state of the state of the state of
C	Other income	2c	-365515	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-168887
е	Benefits paid (including direct rollovers)	2e	8888	and the second of the second of the second
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Other expenses	2h	525	
i	Total expenses (add lines 2e, 2f, 2g, and 2h)	2i	Manager (1) and the second second second	9413
j	Net income (loss) (subtract line 2i from line 2d)	2 j		-178300
k	Transfers to (from) the plan (see instructions)	2k	E. C.	

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			162	NO	Amount	
а	Partnership/joint venture interests	За		Χ		
b	Employer real property	3b		Χ		
						-

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

v10.1 Schedule

Schedule | (Form 5500) 2007





		Pag	ge 2		Official Use Only
	. W. T		Vac	No	
	in a state /athor then ample user read property	20	Yes	No	Amount
u en	eal estate (other than employer real property)	3c	 -	X	
A D-	nployer securities	3d	-	_^	112760
	rticipant loans	3e	X	37	113760
	ans (other than to participants)	3f		X	
g ⊺a Part∂li	ngible personal property	3g	L	A	<u> </u>
·	Transactions During Plan Year uring the plan year:		V	T 112	1
			Yes	No	Amount
	d the employer fail to transmit to the plan any participant contributions within the time				
	riod described in 29 CFR 2510.3–102? (See instructions and DOL's Voluntary Fiduciary	400404	STOPPING TO	X	ANGENIES SESTIMATE DE LE LES DE LES D
	prection Program.)	4a	attheway - To the	A (5/92, #4)	
	ere any loans by the plan or fixed income obligations due the plan in default as of the	100 gr. 5		987 V	
	use of the plan year or classified during the year as uncollectible? Disregard participant	4b	45.34S.	X	Appropriate the state of the St
	ans secured by the participant's account balance	40	1. 15 April 1849		Disable Comment of the Comment of th
	ere any leases to which the plan was a party in default or classified during the year as				
	collectible?	4c		X	
	ere there any nonexempt transactions with any party-in-interest? (Do not include			1,000	area and a second of the second of the
	nsactions reported on line 4a.)	4d	- 	X	100000
	as the plan covered by a fidelity bond?	4e	X		1000000
	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was	44		distriction.	
	used by fraud or dishonesty?	4f	See a	X	de cardo de como do estado do o do estado en ocumento en la composição de la composição de la composição de la
	d the plan hold any assets whose current value was neither readily determinable on an	200		#10400 #1000	
_	tablished market nor set by an independent third party appraiser?	4g	953.5	X	BARRIO AN SERVICE ON THE LUCKETY BUT
	d the plan receive any noncash contributions whose value was neither readily		W.C.	3538	######################################
_	terminable on an established market nor set by an independent third party appraiser?	4h	maken bara	X	
	d the plan at any time hold 20% or more of its assets in any single security, debt,	199	1497		
	ortgage, parcel of real estate, or partnership/joint venture interest?	41	14.5.N60	X	
_	ere all the plan assets either distributed to participants or beneficiaries, transferred to	2007-9003	The second	No.	
	other plan, or brought under the control of the PBGC?	<u>4j</u>	Record Co.	X	
	e you claiming a waiver of the annual examination and report of an independent qualified			Parties 1	
	blic accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or		in Jayle Cit	47,000	
****	20.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X	L	
	is a resolution to terminate the plan been adopted during the plan year or any prior plan yea				amount of any plan assets that
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	No		ount	
5b if c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s	s), iden	itify the	e pian	(s) to which assets or liabilities
	ere transferred. (See instructions.)				
51	D(1) Name of plan(s) 5b(2) EIN	V(s)			5 b(3) PN(s)
_					

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

Retirement Plan Information

This schedule 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).

Official Use Only

OMB No. 1210-0110

2007

Pe	nsion Benefit Guaranty Corporation	► File as an Attachment to Form 5500.				Public Ir		
For	calendar year 2007 or fiscal pla	in year beginning 09/01/2007 and ending		0	8/31	/2008		
_	Name of plan		В	Three-	digit			
ΥĮ	JNIS ROBERTS & BARR	AU PC EMPLOYEE PROFIT SHARING PL		plan nu	_	>		002
С	Plan sponsor's name as shown	on line 2a of Form 5500	D	Employ	ver Ide	entificatio	n Num	ber
ΥĮ	JNIS ROBERTS & BARR	AU PC				1	1-25	44278
P	art Distributions							
	All references to distribution	s relate only to payments of benefits during the plan year.						
1	Total value of distributions paid	d in property other than in cash or the forms of property specified						
	in the instructions			1	\$			0
2	Enter the EIN(s) of payor(s) wh	no paid benefits on behalf of the plan to participants or beneficiaries				自控行星		
		vo, enter EINs of the two payors who paid the greatest dollar amounts		18 AN				
	of benefits). 22-3	3513863		9808 A	1990 (S)	i vius pieta	100 April 100 Ap	50% (A)
_	= -	and stock bonus plans, skip line 3.		SATE		· · · · · · · · · · · · · · · · · · ·		
3	Number of participants (living of	or deceased) whose benefits were distributed in a single sum, during						
			<u> </u>	3				
		ation (If the plan is not subject to the minimum funding requirements of	sec	tion 412	of the	internal F	łevenu	ie
_	· · · · · · · · · · · · · · · · · · ·	on 302, skip this Part)			- 			
4		ig an election under Code section 412(c)(8) or ERISA section 302(c)(8)?			.: <u>Ц</u>	Yes [No	∐ N/A
_	If the plan is a defined benef							
5		ding standard for a prior year is being amortized in this						
		d enter the date of the ruling letter granting the waiver		Month		_Day	Yea	ar
c _		plete lines 3, 9, and 10 of Schedule B and do not complete the remain		1	1	ule.		
_	·	ontribution for this plan year						
		by the employer to the plan for this plan year		6b	\$			
C		from the amount in line 6a. Enter the result (enter a minus sign to the left						
	= '	Since 7 and 0 and complete line 6		6c	\$			
7		thed was made for this plan was purposed to a record a procedure pro-						
•	=	ethod was made for this plan year pursuant to a revenue procedure provi	_	•	\neg	V [. N	
Þ	artill Amendments	lass ruling letter, does the plan sponsor or plan administrator agree with t	ne c	nanger	·/	Yes	No	N/A
8 8	The state of the s	ion plan, were any amendments adopted during this plan year that						
_		lue of benefits? If yes, check the appropriate box(es). If no, check the						
		the of bottomer, it you, once the appropriate box(ES). It no, direct the	ſ	Incre	966	Decre	pasp	□ND
P	art IV Coverage (See		لنن	Titlore	430	1 Deci		1 1 1 1 1 1 1
9	·., <u></u>	plan used to satisfy the coverage requirements the ratio percer	ntage	e test	$\neg \tau$	average	e bene	fit test
For		tice and OMB Control Numbers, see the instructions for Form 5500.		/10.1	Sche	dule R (F		
						·		·

