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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.	1				
	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	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 plan	year return/report (less than 12 mor	nths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
_	special extension (enter descriptio	n) IRS N	OTICE NY-2011-34						
Do		•	002 20 0.						
	art II Basic Plan Information—enter all requested information	ation	1	1h	Throo digit				
	Name of plan ORS OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN			ID	Three-digit plan number				
ADIVI	OKS OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN				(PN) • 001				
				1c	Effective date of plan				
					01/01/2005				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
ADM	OR S OFFICEWORLD, INC.				(EIN) 13-1974146				
1009	39TH STREET			2c	Plan sponsor's telephone number 718-633-1212				
	OKLYN, NY 11219			24	Business code (see instructions)				
				Zu	453210				
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN				
ADM	OR S OFFICEWORLD, INC. 1008 39TH S BROOKLYN,	TREET			13-1974146				
	BROOKETH,	141 11210	,	3c Administrator's telephone numb					
<u> </u>	f the name and/or EIN of the plan sponsor has changed since the las	nort filed for this plan cotor the	4	718-633-1212					
	name, EIN, and the plan number from the last return/report. Sponso	port filed for this plan, enter the	4D	EIN					
			4c	PN					
5a	Total number of participants at the beginning of the plan year	5a	11						
b	Total number of participants at the end of the plan year			5b	11				
С	Total number of participants with account balances as of the end of		ł						
	complete this item)		` .	5c					
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		Yes No				
b	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		·		Yes No				
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550)0.					
7	Plan Assets and Liabilities		(a) Beginning of Year 545456		(b) End of Year 734339				
а	Total plan assets	. 7a	343430	<u> </u>	734339				
b	Total plan liabilities	7b	545450		70,4000				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	545456	<u> </u>	734339				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	90(1)	125000						
	(1) Employers								
	(2) Fallicipants								
L	(3) Others (including rollovers)		63883	-					
b	Other income (loss)		03003	<u>'</u>	188883				
	Total income (add lines da(1), da(2), da(3), and db)								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0						
f	Administrative service providers (salaries, fees, commissions)		0						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0				
i	Net income (loss) (subtract line 8h from line 8c)				188883				
i	Transfers to (from) the plan (see instructions)								
	. , . , ,	ı di							

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Part IV	Dian	('harac	tarietice
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х					
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		Х				
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?.	. [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 instruct granting the waiver. Montle ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	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 u of the PBGC?	ınder	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)		13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli		•	
	Filed with in superfuse a price of all strength signature.							

SIGN	Filed with incorrect/unrecognized electronic signature.	10/25/2011	DANIEL LANDAU
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with incorrect/unrecognized electronic signature.	10/25/2011	DANIEL LANDAU
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

333 7TH AVENUE NEW YORK, NY 10001

instructions

Single-Employer Defined Benefit Plan
Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit 001 ADMORS OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) ADMOR S OFFICEWORLD, INC. 13-1974146 F Prior year plan size: **E** Type of plan: Single Multiple-A Multiple-B 100 or fewer 101-500 More than 500 Part I **Basic Information** Month _01 01 Year 2010 Enter the valuation date: Day Assets: 545456 Market value..... 2a a 2b 545456 b Funding target/participant count breakdown (2) Funding Target (1) Number of participants 0 0 а For retired participants and beneficiaries receiving payment 3a 293 b For terminated vested participants For active participants: 1430 3c(1) (1) Non-vested benefits..... 603985 (2) Vested benefits..... 3c(2) 605415 10 Total active 3c(3) 3d 11 605708 Total..... If the plan is at-risk, check the box and complete items (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been 4b at-risk for fewer than five consecutive years and disregarding loading factor 5.16 % 5 105119 6 Target normal cost...... Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN 10/10/2011 HERE Signature of actuary Date NACHMAN YAAKOV ZISKIND, EA, JD 11-05856 Most recent enrollment number Type or print name of actuary **ECONOMIC GROUP PENSION SERVICES** 212-494-9063 Telephone number (including area code) Firm name

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Address of the firm

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Pa	rt II	Begir	ning of year	carryove	er and prefu	nding bal	ances						
			<u> </u>		•			(a) C	Carryover balance	1	(b) l	Prefundi	ng balance
7		_	nning of prior year							27022			0
8	Portion	used to	offset prior year's	funding red	quirement (Item :	35 from prio	r year)			0			0
9	Amoun	t remainii	ng (Item 7 minus i	tem 8)						27022			0
10	Interest	on item	9 using prior year	's actual re	turn of0.2	<mark>22</mark> %				59			0
11	11 Prior year's excess contributions to be added to prefunding balance:												
	a Excess contributions (Item 38 from prior year)												2598
	b Inte	rest on (a	a) using prior year	's effective	rate of5.	<u>42</u> %							141
	C Tota	al availabl	e at beginning of c	urrent plan	year to add to pre	funding bala	nce						2739
	d Port	tion of (c)) to be added to p	refunding b	alance								2739
12	Reducti	ion in bal	ances due to elec	tions or de	emed elections.					0			0
13	Balance	e at begir	nning of current ye	ear (item 9	+ item 10 + item	11d – item	12)			27081			2739
P	art III	Fun	ding percenta	ages									
14	Funding		attainment percent									14	85.59 %
												15	85.59 %
	 Adjusted funding target attainment percentage									16	100.33 %		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	%		
Pa	Part IV Contributions and liquidity shortfalls												
18	Contrib		ade to the plan for	•	-	(s) and emp	loyees:						
(N	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount employe		(a) Da (MM-DD-)						
08	/30/2011			125000		0							
							Totals ▶	18(b)		125000	18(c)		
19	Discour	nted emp	loyer contributions	s – see ins	tructions for sma	ıll plan with a	a valuation da	ate after th	ne beginning of the	e year:			
	a Cont	ributions	allocated toward	unpaid min	imum required c	ontribution f	rom prior yea	ırs		19a			0
b Contributions made to avoid restrictions adjusted to valuation date										0			
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								120483					
20	Quarter	ly contrib	outions and liquidit	ty shortfalls	s:								
	a Did t	he plan h	nave a "funding sh	ortfall" for t	he prior year?								Yes X No
	b If 20a	a is "Yes,	" were required q	uarterly ins	tallments for the	current year	r made in a ti	mely man	ner?			 	Yes No
			" see instructions	-		-		-				<u> </u>	· <u>L</u>
		- ,		<u>'</u>	Liquidity shor			of this plai	n year	1			
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	<u> </u>
				l						1			

Pa	rt V Assumptio	ons used to determine f	unding target and targ	net n	ormal cost						
21	•	4004 to 40t01111110 1	and target and targ	, o	Ja. 555t						
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yiel	d curve u	used		
	b Applicable month (enter code)										
22	22 Weighted average retirement age										
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е				
Pa	rt VI Miscellane	ous items									
24	ŭ	nade in the non-prescribed act	•		•		· · -	d Yes	No		
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	tions r	egarding required attac	hment		Yes	No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in:	structi	ons regarding required	attachment.	×	Yes	No		
27	, ,	or (and is using) alternative fur	•			27	_	<u>-</u>	-		
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribution	ons f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior ye	ears			28			0		
29	Discounted employer (item 19a)	ions from prior years	29	0							
30	Remaining amount of	f unpaid minimum required cor	tributions (item 28 minus item	า 29)		30	0				
Pa	rt VIII Minimum	required contribution t	or current year								
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31		1	05119		
32	Amortization installme	ents:			Outstanding Bala	Balance Install					
	a Net shortfall amorti	tization installment				71644			11974		
	b Waiver amortization	on installment				0			0		
33		approved for this plan year, en Day Year				33					
34	• •	ment before reflecting carryove				34		1	17093		
			Carryover balance		Prefunding bala	nce	Total ba	alance			
35	Balances used to offs	set funding requirement		0		0			0		
36	Additional cash requir	rement (item 34 minus item 35		36	117093						
37	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date								20483		
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38			0		
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39			0		
40	Unpaid minimum requ	uired contribution for all years.		40							

SCHEDULE SB LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN PLAN # 001

EIN# 13-1974146

ALL PARTICIPANTS IN THE VALUATION ARE EXPECTED TO RETIRE AT AGE 65;

THEREFORE THE WEIGHTED AVERAGE RETIREMENT AGE IS 65.

Schedule SB, line 32 - Schedule of Amortization Bases ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN /001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

	Present Value of	Date Base	Years Remaining	Amortization
Type of Base	Remaining Instalments	Established	Amortization Period	Installment
Shortfall	71,644	01/01/10	7	11,974

ADMOR'S OFFICEWORLD, INC.

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

Line 8c - Schedule of Active Participant Data

Years of Credited Service

Attained	Ur	nder 1 Avg.	1	to 4	5	to 9 Avg.	10	to 14	15	to 19 Avg.	20	to 24 Avg.	25	to 29 Avg.
Age	No.	-	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34			3		2									
35 to 39					1									
40 to 44					1									
45 to 49														
50 to 54														
55 to 59														
60 to 64					3									
65 to 69														
70 & up														

Years of Credited Service

	30	to 34	35	to 39	40 & up
Attained		Avg.		Avg.	Avg.
Age	No.	Comp.	No.	Comp.	No. Comp.

Age No. Comp. No. Comp. No. Comp.

Under 25
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 & up

Schedule SB, part V - Statement of Actuarial Assumptions/Methods ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN /001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Present value of benefits.

ACCRUED BENEFIT

Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION

BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years. Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD

Market value.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods

ADMOR'S OFFICEWORLD, INC.

DEFINED BENEFIT PENSION PLAN

/001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES Years 0-5 Segment rate 1 4.600%

Years 6-20 Segment rate 2 6.650% Years over 20 Segment rate 3 6.760%

rears over 20 Segment rate 3 0.760%

PRE-RETIREMENT MORTALITY TABLE -- None.

TURNOVER/DISABILITY-- None
SALARY SCALE -- None
INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT MORTALITY TABLE -- 2010 Funding Target - Combined - IRC 430(h)(3)(A).

EXPENSE LOAD -- None
COST OF LIVING None

OPTIONAL FORM 100% of retirees assumed to elect lump sum payment.

LUMP SUM -- 2010 Applicable Mortality Table for 417(e) (Unisex).

0r

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES Years 0-5 Segment rate 1 5.210%

Years 6-20 Segment rate 2 5.670% Years over 20 Segment rate 3 6.650%

MORTALITY TABLE -- 2010 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT INTEREST -- 5.000%

MORTALITY TABLE -- None.

POST-RETIREMENT INTEREST -- 5.000%

MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN

/001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:

INTEREST --

8.500%

POST-RETIREMENT:

INTEREST --

8.500%

MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex

Proj to 2002 male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

Schedule SB, part V - Summary of Plan Provisions ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN

/001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

TYPE OF ENTITY

Corporation.

DATES

Effective-01/01/2005 Valuation-01/01/2010 Eligibility-01/01/2010 Year-end-12/31/2010 Top Heavy Years - 2005, 2006, 2007

ELIGIBILITY

Minimum age- 21 Months of service- 12 Maximum age- None

Age at last birthday.

Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility requirements.

RETIREMENT

NORMAL - First of month coincident with or following attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (prospective salaries)

FUNDING - Career compensation.

ACCRUED BENEFIT - Career compensation.

TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of service.

PLAN BENEFITS

RETIREMENT--

TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification. Service prior to 01/01/2000 is excluded.

Classification	Percent of AMC	Dollar Amount	Years of Credited Service
1	6.000000	0.00	10
2	3.000000	0.00	10
3	4.000000	0.00	10
4	15,000000	0.00	10

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - \$16,250.00

Maximum 401(a)(17) compensation \$245,000

Schedule SB, part V - Summary of Plan Provisions ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN /001

FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to 10 yrs of participation.

2.000% actuarially adjusted for normal form of benefit.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For catendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 Round off amounts to nearest dollar. A Name of plan ADMOR's OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN B Three-digt plan number (Pk) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ ADMOR'S OFFICEWORLD, INC. E Type of plan:	, ,	File as an attachment to F	Form 5500	or 5500-SF	Ŧ.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan ADMOR'S OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-E2 ADMOR'S OFFICEWORLD, INC. E Type of plan: X Single Multiple-B Year Prior year plan size. X 100 or fewer 101-500 More than 500 E Type of plan: X Single Multiple-B Year 2010 E Type of plan: X Single Year 2010 E Type of plan: X Single Year 2010 E Type of print name of actuary Year 2010 E Conomic C Rour P PENSION SERVICES Type of print name of actuary Year 2010 E	For calendar plan year 2010 or fiscal plan year	beginning 01/01/2010		and end	ding	12/3	1/2010		
A Name of plan ADMORS' OFFICEWORLD, INC. DEFINED BENEFIT PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ ADMOR'S OFFICEWORLD, INC. E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets. a Market value 2 2a 545,456 b Actuariat value 2 2b 545,456 b Actuariat value 2 2b 545,456 3 Funding target/participant count breakdown 3 (1) Number of participants (2) Funding Target 0 5 or active participants (3) To 1 293 C For active participants: 3 1 293 C For active participants: 3 1 293 C For active participants: 3 26(2) 603,7985 (3) Total active 3 36(3) 10 605,708 4 If the plan is alf-lisk, check the box and complete lines a and b Funding target disregarding participants but interest rate 5 5 5.16 Total transport of the participant of the participant of the participant of the participant of the participants of the participants (1) Non-vested benefits 3 26(2) 603,7985 4 If the plan is alf-lisk, check the box and complete lines a and b Funding target effecting affecting active accordance to the participant of the participants of the participant of the participants of the participant	► Round off amounts to nearest dollar.								
ADMORS* OFFICEWORLD, INC. DEPINED BENEFIT PENSION FLAN Pian sponsor's name as shown on line 2a of Form 5500 or 5500-EZ ADMOR*S OFFICEWORLD, INC. 13-1974146 E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500		sed for late filing of this report unless rea	isonable ca	iuse is esta					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ ADMOR'S OFFICEWORLD, INC. E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size X 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: a Market value 2a 545,456 b Actuarial value 2b 545,456 b Actuarial value 2b 545,456 c To retired participant count breakdown a For retired participants and beneficiaries receiving payment 3a 0 0 0 0 b For terminated vested participants (1) Number of participants (2) Vested benefits 3c(1) 1 293 C For active participants (2) Vested benefits 3c(1) 1 293 (2) Vested benefits 3c(2) 603,985 (3) Total active 3c(3) 10 605,415 A Funding target disregarding prescribed al-risk assumptions b Funding target effecting al-risk assumptions b Funding target effecting al-risk assumptions b Funding target effecting al-risk assumptions at-larks for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametion rule for plans that have been at-lark for fewer than five consecutive years and disregarding frametic fire advance. The plans advance assertion as supplied a securities and assortative dependence assertions as supplied assortative dependence assertions as supplied assortative dependence assertions as supplied assortative dependen	a a realist of leaves					•	(7)	224	
ADMOR'S OFFICEWORLD, INC. Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500	ADMORS' OFFICEWORLD, INC.	DEFINED BENEFIT PENSION PI	AN.		plan number (PN) > 001				
ADMOR'S OFFICEWORLD, INC. Type of plan: X Single Multiple-A Multiple-B F Prior year plan size X 100 or fewer 101-500 More than 500			***************************************		n -		15 1	N	
Part Basic Information Enter the valuation date: Month Q1 Day Q1 Year 2010	· ·				•	•		n Number (EIN)	
Part L Basic Information	ADMOR'S OFFICEWORLD, INC.				13-1	9741	46		
Part L Basic Information				- 12 400	£	1 47	14 500	34 H 500	
Enter the valuation date: Month 01 Day 01 Year 2010		bie-A L Mulliple-B Priory	ear pian siz	ze: <u>소 100</u>	or iewer	11(71-500	L iviore trian 500	
Assets: a Market value		Month 01 Day 01	Year	2010				···	
A Market value 2a 545,456 b Actuarial value 2b Actuarial value 5 2b 545,456 c 3 Funding target/participants and beneficiaries receiving payment a count breakdown a For retirred participants and beneficiaries receiving payment a count of participants (2) Funding Target of country and c									
Section Sect	2 Assets:							The state of the s	
Second in the participant count breakdown (1) Number of participants (2) Funding Target	a Market value		<i>.</i>					545,456	
a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants:					· · · · ·	<u> 2b</u>		545,456	
b For terminated vested participants C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active (3) Total active (4) Total (5) Total active (5) Total active (6) Total (7) Total active (8) Total (8) Total active (8) Total (9) Total active (1) Total	3 Funding target/participant count breakdov	wn		(1) Numl	····	cipants	(
C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active (3) Total active (4) Total 4 If the plan is at-risk, check the box and complete lines a and b a Funding target disregarding prescribed at-risk assumptions b Funding target effecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate 5 Effective interest rate 5 Effective interest rate 6 Target normal cost Statement by Enrolled Actuary To the beat of symphology Mighlorinarius supplied in his schedule and accompanying schedules, statements and attachments, if any, is complete accurate, Each prescribed assumption was applied in scondination, first rifty beat Actuary To the beat of symphology Mighlorinarius supplied in his schedule and accompanying schedules, statements and attachments, if any, is complete accurate, Each prescribed assumption was applied in scondination, first rifty beat Actuary To the beat of symphology Mighlorinarius supplied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate, Each prescribed assumption was applied in scondination, first rifty beat Actuary To the beat of symphology Mighlorinarius supplied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate, Each prescribed assumption was applied in scondination, first rifty beat Actuary To the beat of symphology Mighlorinarius supplied in the schedule and accompanying schedules, statements and attachments, if any, is complete and accurate, Each prescribed assumption was applied in scondination, first rifty beat Actuary To the beat of symphology Mighlorinarius accurate the plan and reasonable expectations) and such other assumptions in combination. SIGN HERE 10/10/2011 Signature of actuary Most recent enrollment number (212) 494–9063 Firm name Telephone number (including area code) Address of the fir	a For retired participants and beneficial	ries receiving payment			***************************************				
(1) Non-vested benefits 3c(1) 430 (2) Vested benefits 3c(2) 603,985 (3) Total active 3c(3) 10 6055,415 (d) Total 3d 11 6055,415 (d) Total 3d 11 6055,415 (e) Total 3d 11 605,708 4 If the plan is at-risk, check the box and complete lines a and b a Funding target disregarding prescribed at-risk assumptions 4a Funding target reflecting at-risk assumptions 4d 4a b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4d b 5 Effective interest rate 5 5 5.16 (a) Target normal cost 6 105,119 Statement by Enrolled Actuary 7 10 the beast of try formerings year supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in excondance with application if the risy best starting of after griph to plan from propose, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions. In combination, lifter (if) best starting of after griph cast of account on the experience of the plan and reasonable expectations) and such other assumptions. SIGN	b For terminated vested participants		<u>3b</u>		1			293	
(2) Vested benefits (3) Total active (4) Total (4) T	, ,		0 - (4)			H1981-5	The second second	1 420	
(3) Total active	1 /								
d Total	* *				10				
4 If the plan is at-risk, check the box and complete lines a and b a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate	_ * *		***************************************			~~~~~			
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate			<u> </u>	I	. ++			005,700	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	•	•				4a	1777		
at-risk for fewer than five consecutive years and disregarding loading factor 5 Effective interest rate 6 Target normal cost 6 Target normal cost Statement by Enrolled Actuary To this best of my knokludge, Prépintormania supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prestribed assumption was applied in accordance with applicable by a did regulations /in my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions. In combination, offer my best stimpte of afficigated experience under the plan. SIGN HERE 10/10/2011 Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD 11-05856 Type or print name of actuary Most recent enrollment number ECONOMIC GROUP PENSION SERVICES (212) 494-9063 Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm			or plans tha	at have bee	en				
6 Target normal cost	at-risk for fewer than five consecutive	years and disregarding loading factor				4b			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable by any first my best estimate of an experience under the plan. SIGN HERE Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD 10/10/2011 Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD 11-05856 Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	5 Effective interest rate				<u> </u>	5		5.16	
SIGN HERE Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm								······································	
SIGN HERE Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	Statement by Enrolled Actuary	echodulo and accompanying schedules, statements and attack	hmants if any is:	complete and acc	curate Fach pres	rihed assı	implion was an	solied in	
SIGN HERE Signature of actuary NACHMAN YAAKOV ZISKIND, EA, JD Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	accordance with applicable low and regulations in my opion,	each other assumption is reasonable (taking into account the earnest the plan	experience of the	plan and reasons	ible expectations	and such	olher assumpt	lions, In	
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NACHMAN YAAKOV ZISKIND, EA, JD Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm						10/	10/201	1	
Type or print name of actuary ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	Signature of actuary					Date			
ECONOMIC GROUP PENSION SERVICES Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	NACHMAN YAAKOV ZISKIND, EA	, JD				1	1-05856	5	
Firm name Telephone number (including area code) 333 7TH AVENUE US NEW YORK NY 10001 Address of the firm	Type or print name of actuary				Most recent enrollment number				
US NEW YORK NY 10001 Address of the firm	ECONOMIC GROUP PENSION SER	VICES	***************************************		(212) 49	4-9063		
US NEW YORK NY 10001 Address of the firm	F	irm name		Т	elephone r	ıumbeı	r (includin	g area code)	
Address of the firm	333 7TH AVENUE								
Address of the firm	THE NIET WODE	10001							
			······						
			le in comple	etina this so	chedule ch	eck the	e box and	see	

instructions

Pa	irtil Beginr	ing of year carryover a	nd prefunding balances	*******					***************************************	
LESSES					a) Carryover balance	(b) Pi	refunding	balance		
7 Balance at beginning of prior year after a			oplicable adjustments (item 13 from	prior						
•	year)				27,022			0		
R	······································		requirement (item 35 from prior year		0	<u> </u>	······		0	
					27,022	1	·····			
10	Interest on ite	m 9 using prior year's actua	return of0.22_%		59	†			0	
		cess contributions to be ad		1000						
• •	·-		or year)				STATES AND	2	,598	
		,		(20 Nove 200					141	
	b Interest on (a) using prior year's effective rate of			300	2.			,739		
		· -	anding balance	metarage-		2,739				
42			deemed elections		0	<u> </u>				
		······································	n 9 + item 10 + item 11d - item 12).		27,081					
		ling percentages	10 - 3011 10 - 1011 110 - 1011 12)			.1				
-	<u> </u>						. 14	85.59	%	
***************************************		· · · · · · · · · · · · · · · · · · ·	ntage				 	85.59		
			ses of determining whether carryov				' ' 	00.00		
10							16	100.33	%	
17		***************************************	an is less than 70 percent of the fun				. 17		⁄2 %	
		ributions and liquidity s		ding larger, erm	a sacri percentage	<u> </u>	• 1 • 7			
			plan year by employer(s) and emp	Invees:						
10					(b) Amount paid by		(a) Ame	unt paid by		
(M	(a) Date 1M-DD-YYYY)	(b) Amount paid by employer(s)								
-	/30/2011	125,0								
00	/30/2011	120,0			······································		 ,			
							····	***************************************		
							·····			
1/23/11/2				Totals ▶ 180	h) 125	,000 18	8/61			
10	Discounted or	nnlaver contributions — see	instructions for small plan with a va				<i>NC1</i> 1			
17						19a			0	
a Contributions allocated toward unpaid minimum required contribution from prior years						·····				
			uired contribution for current year adjuste			19c		120	,483	
20		**************************************		u to valuation date		100	2011 Care (1951 Asset)	120		
20	•	tributions and liquidity short	, ,				. Пyes	ΧNο	(0)(1)(1)(1)	
	•	n have a "funding shortfall"					·res	No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No c If 20a is "Yes," see instructions and complete the following table as applicable:							STOME:			
—	C IT ZUa IS "Y	es, see instructions and co			this plan year					
		(1) 1st	Liquidity shortfall as of e (2) 2nd		triis piari year Brd	(4)	4th	····		
		(1) 191	(c) 210	 	/14	(4)	-TU I			
***********				<u> </u>						

Part V Ass	umptions used to determine	funding target and target norr	nal cost				
21 Discount rat	* - 4	1st segment 2nd segment 3rd segment			F-1		
a Segment ra		_	T.		N/A, full yield curve used		
	4.60 %	6.65 %	6.76 %	045			
	nonth (enter code)	21b					
	verage retirement age	22	65				
		Prescribed combined	Prescribed separate		Substitute		
	scellaneous items		0.1696				
		oed actuarial assumptions for the cu					
attachment	* * * *			• • •	Yes X No		
25 Has a meth	od change been made for the cu	rrent plan year? If "Yes," see instruc	tions regarding required atta	achm	ent . Yes x No		
		Active Participants? If "Yes," see in		d atta	chment X Yes No		
•		itive funding rules, enter applicable o					
regarding at	tachment	· · · · · · · · · · · · · · · · · · ·		27			
	**************************************	num required contributions for					
	,	prior years		28	0		
29 Discounted		toward unpaid minimum required co					
(item 19a)				29	0		
		red contributions (item 28 minus iter	n 29)	30	0		
	nimum required contributior						
31 Target norm	nal cost, adjusted, if applicable (s	ee instructions)	4	31	105,119		
32 Amortization	n installments:		Outstanding Balance		Installment		
a Net shortfal	Net shortfall amortization installment			644	11,97		
b Waiver amo	rtization installment			0	<u>_</u>		
33 If a waiver h	nas been approved for this plan y	ear, enter the date of the ruling lette	r granting the approval				
(Month	Day Y	ear) and the waived a	mount	33			
34 Total fundin	g requirement before reflecting o	arryover/prefunding balances					
(item 31 + it	em 32a + item 32b - item 33)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	34	117,093		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances us	sed to offset funding requirement	0		·	0		
36 Additional c	ash requirement (item 34 minus	tem 35)		36	117,093		
37 Contribution	is allocated toward minimum req	uired contribution for current year ac	ljusted to valuation date				
(item 19c)		<i>.</i>		37	120,483		
38 Interest-adjusted excess contributions for current year (see instructions)				38			
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)							
	······································	years		40			