	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
			Benefit Plan d under sections 104 and 4065 of the Employee			2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	4 (ERISA), and section 6058(a) of the Code (the Code).						
Р	ension Benefit Guaranty Corporation		n the instructions to the Form 5500)-SF.	Inspection					
	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fisca	7		g	1/31/2					
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	_				
C	Check box if filing under:	Form 5558		extension		DFVC program				
		special extension (enter descriptio								
		nation—enter all requested information	ation		46					
	Name of plan W BECKER KRAUSS, PC 401(10	Three-digit plan number				
						(PN) ▶ 001				
					1c	Effective date of plan 07/01/1992				
	Plan sponsor's name and addrew BECKER KRAUSS, PC	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-2536208				
	THIRD AVENUE				2c	Plan sponsor's telephone number 212-687-3860				
NEW	YORK, NY 10158-0000				2d	Business code (see instructions) 541110				
3a SNO	Plan administrator's name and W BECKER KRAUSS, PC	address (if same as Plan sponsor, er 605 THIRD A	nter "Same	3")	3b	Administrator's EIN 11-2536208				
		NEW YORK,	NY 10158	-0000	3c Administrator's telephone number 212-687-3860					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	58				
b	Total number of participants at	the end of the plan year			5b	60				
C		th account balances as of the end of		`	5c	60				
6a	1 /	uring the plan year invested in eligibl				Yes No				
	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQI						
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No				
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 550	<i>.</i>					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	3682028		4204506				
b	Total plan liabilities		7b	C	1	0				
С	C Net plan assets (subtract line 7b from line 7a)			3682028		4204506				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)	127079						
			8a(2)	276879						
b	.,			437225						
с		8a(2), 8a(3), and 8b)				841183				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			305851						
e Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)			8f							
g Other expenses			8g	12854						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						318705				
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			522478				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

Part IV Plan Characteristics

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

Part	V	Compliance Questions							
10	Durir	During the plan year:					Αmoι	int	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)10a							
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		x				
С	Was	s the plan covered by a fidelity bond?	10c	Х				300	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X 1386			863		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				21	854
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	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								
Part	VI	Pension Funding Compliance				•			
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Π	Yes X	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 or granting the waiver.									_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N	I/A
Part	VII	Plan Terminations and Transfers of Assets							
13a									No
	lf "Ye	es," 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? Yes X No 								
C 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):						N(s)	1:	3c(3) PN	(s)
		a nonality for the late or incomplete filing of this return/report will be accessed uplace recenced							

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, 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.

SIGN	Filed with authorized/valid electronic signature.	11/14/2011	ERIC HONICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/14/2011	ERIC HONICK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page **2-**1

Department of the Treasury			urn/kepo	urn/Report of Small Employee nefit Plan Inder sections 104 and 4065 of the Employee			1210-0089			
			under sections				2010			
Retirement Income Security Act o			ct of 1974 (ERIS evenue Code (ti	SA), and section busida) of the		This Form is Open to Public Inspection				
	ion Benefit Guaranty Corporation	Complete all entries in accord			-SF.					
Part		Identification Information								
or the	calendar plan year 2010 o	r fiscal plan year beginning	02/01/20		01/	31/2011				
This		x single-employer plan	multiple-employ final return/repo	er plan (not multiemployer) ort	U	one-participar	nt plan			
This	s returnineport is tot.	an amended return/report	short plan year	return/report (less than 12 month	s)					
Che	eck box if filing under:		automatic exter	nsion		DFVC program	m			
millioli										
Part	III Basic Plan Info Iame of plan	ormation enter all requested infor	mauon			hree-digit lan number				
						PN) ►	001			
S	Snow Becker Krauss,	PC 401(k) Plan			1c 6	ffective date o 7/01/1992				
20 5	the bre amen shoappoor and	dress (employer, if for single-employer pl	lan)				ification Number			
a P	Snow Becker Krauss,	PC				(EIN) 11-2536208 2c Plan sponsor's telephone number				
						(212) 687-3860				
6	505 Third Avenue					2d Business code (see instructions)				
US N	New York	NY 10158-0000	1			541110 Administrator's	EIN			
		nd address (If same as plan employer, en	nter "Same)							
-	Same				3c	Administrator's	s telephone number			
					1 46	(h. cu)				
4 If the name and/or EIN of the plan sponsor has changed since the last re			et retum/renort	tum/report med for this plan, enter the			b ein			
	i ule name anorer ant er er	e plair sponder the last un kanot Sponsor	c Name	med for this plan, enter the						
ſ	name, EIN and the plan num	nber from the last return report. Sponsor	3 110110		4c	PN				
52	name, EIN and the plan num	at the beginning of the plan year .			5a	PN	58			
5a	Total number of participants	at the beginning of the plan year			5a	PN	<u>58</u> 60			
5a b	name, EIN and the plan num Total number of participants Total number of participants	at the beginning of the plan year	the plan year (d	lefined benefit plans do not	5a	PN	60 60			
5a b c	name, EIN and the plan num Total number of participants Total number of participants Total number of participants	at the beginning of the plan year	the plan year (d	lefined benefit plans do not	5a 5b 5c	PN	60 60			
5a b c 6a	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) • • • • Were all of the plan's assets	at the beginning of the plan year	the plan year (d	lefined benefit plans do not nstructions.)	5a 5b 5c		60 60 XYes			
5a b c 6a b	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.)	lefined benefit plans do not nstructions.) qualified public accountant (IQPA	5a 5b 5c		60 60 XYes			
5a b c 6a b	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.)	lefined benefit plans do not nstructions.) qualified public accountant (IQPA d must instead use Form 5500.	5a 5b 5c		60 60 [X]Yes []N [X]Yes []N			
5a b c 6a b	Total number of participants Total number of participants Total number of participants Complete this item) • • • Were all of the plan's assets Are you claiming a waiver of	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.)	lefined benefit plans do not Instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year	5a 5b 5c		60 50 XYes N XYes N Of Year			
5a b c 6a b Pai	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) • • • • Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei Financial Info	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.)	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028	5a 5b 5c		60 60 XYes N XYes N N of Year 4,204,506			
5a b c 6a b Pat 7 a	name, EIN and the plan num Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ein Financial Info Plan Assets and Liabilities	at the beginning of the plan year	the plan year (d assets? (See ii n independent of nd conditions.) rm 5500-SF an	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500 (a) Beginning of Year 3, 682, 028	5a 5b 5c		60 60 XYes N Yes N nd of Year 4,204,506			
5a b 6a b Pat 7 a b	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to al Financial Info Plan Assets and Liabilities Total plan assets Total plan tiabilities	at the beginning of the plan year	the plan year (d assets? (See in n independent of nd conditions.) m 5500-SF an	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028	5a 5b 5c	(b) E	60 <u>60</u> XYes N XYes N nd of Year <u>4,204,506</u> 0 4,204,506			
5a b 6a b 7 a b c	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei Financial Info Plan Assets and Liabilities Total plan assets Total plan tiabilities Net plan assets (subtract lim	the the beginning of the plan year	the plan year (d e assets? (See in n independent of nd conditions.) m 5500-SF an	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500 (a) Beginning of Year 3, 682, 028	5a 5b 5c	(b) E	60 60 XYes N Yes N nd of Year 4,204,506			
5a b 6a b 7 a b 7 8	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ai Financial Info Plan Assets and Liabilities Total plan assets Total plan tiabilities Net plan assets (subtract tim Income, Expenses, and Trace	at the beginning of the plan year	the plan year (d e assets? (See in n independent (nd conditions.) rm 5500-SF an 7a 7b 7b 7c	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028 (a) Amount	5a 5b 5c 	(b) E	60 <u>60</u> XYes N XYes N nd of Year <u>4,204,506</u> 0 4,204,506			
5a b 6a b 7 a b 7 8	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei Financial Info Plan Assets and Liabilities Total plan assets Total plan tiabilities Net plan assets (subtract lim	at the beginning of the plan year	the plan year (d e assets? (See in n independent of n independent of source of the second second m 5500-SF an 7a 7a 7b 7c 8a(1)	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3,682,028 (a) Amount 127,07	5a 5b 5c · · ·	(b) E	60 <u>60</u> XYes N XYes N nd of Year <u>4,204,506</u> 0 4,204,506			
5a b 6a b 7 a b 7 8	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan tiabilities Net plan assets (subtract tim Income, Expenses, and Trac Contributions received or ref (1) Employers (2) Participants	at the beginning of the plan year	the plan year (d assets? (See ii n independent of nd conditions.) rm 5500-SF an	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028 (a) Amount	5a 5b 5c · · ·	(b) E	60 <u>60</u> XYes N XYes N nd of Year <u>4,204,506</u> 0 4,204,506			
5a b 6a b 7 a b 7 8	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Net plan assets (subtract time Income, Expenses, and Trac Contributions received or ref (1) Employers	at the beginning of the plan year	the plan year (d assets? (See ii n independent (nd conditions.) rm 5500-SF an 7a 7b 7c 8a(1) 8a(2) 8a(3)	lefined benefit plans do not instructions.)	5a 5b 5c 	(b) E	60 60 X Yes N X Yes N Mod of Year 4,204,506 0 4,204,506			
5a b 6a b 7 a b 7 8	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan fiabilities Net plan assets (subtract find Income, Expenses, and Tract Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss)	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.) rm 5500-SF an 7a 7b 7c 8a(1) 8a(2) 8b	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3,682,028 (a) Amount 127,07	5a 5b 5c 	(b) E	60 60 X Yes N X Yes N Mod of Year 4,204,506 0 4,204,506			
5a b c 6a b Par 7 a b c 8 a	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan fiabilities Net plan assets (subtract fin Income, Expenses, and Tra Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dim	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.) rm 5500-SF an 7a 7b 7c 8a(1) 8a(2) 8b 8c	lefined benefit plans do not instructions.)	5a 5b 5c 	(b) E	60 60 [X]Yes]N [X]Yes]N N nd of Year 4,204,506 0 4,204,506 0 (b) Total			
5a b 6a b Par 7 a b c 8 a b c d	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan assets (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dir to provide benefits)	at the beginning of the plan year	the plan year (d assets? (See in n independent (nd conditions.) rm 5500-SF an 7a 7b 7c 7c 8a(1) 8a(2) 8b 8c 8d	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3,682,028 (a) Amount 127,07 276,87 437,22	5a 5b 5c 	(b) E	60 60 [X]Yes N [X]Yes N nd of Year 4,204,506 0 4,204,506 (b) Total			
5a b 6a b Pa 7 a b c 8 a b c	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104.46 If you answered "No" to ei Financial Info Plan Assets and Liabilities Total plan assets Total plan tiabilities Net plan assets (subtract tim Income, Expenses, and Tra Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dir to provide benefits)	at the beginning of the plan year	the plan year (d assets? (See in nindependent (nd conditions.) rm 5500-SF an 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3,682,028 (a) Amount 127,07 276,87 437,22	5a 5b 5c 	(b) E	60 60 [X]Yes]N [X]Yes]N N nd of Year 4,204,506 0 4,204,506 0 (b) Total			
5a b c 6a b 7 a b c 8 a b c d 9 f	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan assets Total plan assets (subtract tim Income, Expenses, and Trac Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dir to provide benefits) Certain deemed and/or con Administrative service prov	at the beginning of the plan year	the plan year (d assets? (See in nindependent (nd conditions.) rm 5500-SF an 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3,682,028 (a) Amount 127,07 276,87 437,22	5a 5b 5c) 	(b) E	60 60 XYes N XYes N ad of Year 4,204,506 0 4,204,506 (b) Total 841,18			
5a b 6a b Par 7 a b c 8 a b c d	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan assets Net plan assets (subtract tim Income, Expenses, and Trac Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dir to provide benefits) Certain deemed and/or con Administrative service prov Other expenses	the the beginning of the plan year	the plan year (d assets? (See in n independent of nd conditions.) rm 5500-SF an 7a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8b 8c 8d 8g	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028 (a) Amount 127,07 276,87 437,22 305,85	5a 5b 5c) 	(b) E	60 60 [X]Yes □N [X]Yes □N nd of Year 4,204,506 0 4,204,506 (b) Total			
5a b 6a b 7 a b c 8 a b c d 9 f	name, EIN and the plan num Total number of participants Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46° If you answered "No" to ein Financial Info Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan assets Net plan assets (subtract time Income, Expenses, and Trac Contributions received or ref (1) Employers (2) Participants (3) Others (including rollow Other income (loss) Total income(add lines 8a(Benefits paid (including dir to provide benefits) Certain deemed and/or con Administrative service prov Other expenses Total expenses (add lines)	the the beginning of the plan year	the plan year (d assets? (See in n independent of nd conditions.) rm 5500-SF an 7a 7b 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	lefined benefit plans do not instructions.) qualified public accountant (IQPA d must instead use Form 5500. (a) Beginning of Year 3, 682, 028 (a) Amount 127,07 276,87 437,22 305,85	5a 5b 5c) 	(b) E	60 60 X Yes N X Yes N nd of Year 4,204,506 0 4,204,506 (b) Total 841,183			

4 /4

Plan Characteristics Part IV

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page 2-

2E 2F 2G 2J 2K 2T

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

Part	V Compliance Questions			Yes	No	Amou	nt		
10	During the plan year.		r	Tes	NO		<u></u>		
а	Was there a failure to transmit to the plan any participant contribution within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cort	0a	x						
b	Were there any nonexempt transactions with any party-in-interest? (Do no	06	х						
	on line 10a.)			Oc X			300,000		
С	Was the plan covered by a fidelity bond?								
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity b or dishonesty?	0d	x						
e	Were any fees or commisions paid to any brokers, agents, or other person insurance services or other organization that provides some or all of the b instructions.)	iðe x			13,863				
f	Has the plan failed to provide any benefit when due under the plan?	of	x						
	Did the plan have any participant loans? (If "Yes," enter amount as of yea			10g X		<u> </u>	21,854		
9 h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	10h	x						
i	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one of	the	10i					
and the	Dension Funding Compliance								
11	the state of the second base of the subject to minimum funding requirements? ((If "Yes," see instruct	ions and complet	e Scher	tule SB	(Form	Yes X No		
	Is this a defined contribution plan subject to the minimum funding require	monte of section 41	of the Code or s	ection 3	302 of E	RISA? [Yes X No		
12	Is this a defined contribution plan subject to the minimum funding require	ments of sector 41.							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	dired in this plan vo	or see instruction	ns and	enter the	a date of the lette	er ruling		
a	If a waiver of the minimum funding standard for a prior year is being amo granting the waiver	stuzeo in unis pian ye	Mont	h	D	ay Ye	ar		
16	granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	orm 5500), and ski	p to line 13.				······		
b	the the the the the the story				12b				
	Enter the amount contributed by the employer to the plan for this plan ye	ar			120				
c c	Subtract the amount is lice 12c from the amount in line 12b. Enter the re-	esult (enter a minus s	sign to the left of a	а	120				
	negative amount)				L	TYes [
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline? .	<u></u>	• •	·				
1.11.1.1	· · · · · · · · · · · · · · · · ·						Vac VINO		
13	Has a resolution to terminate the plan been adopted during the plan yea	r or any prior year?			·	·····			
	If "Yes," enter the amount of any plan assets that reverted to the employ	ver this year		• •	· 13a				
1	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to 								
•	 If during this plan year, any assets of habitutes ware balistened work the which assets or liabilities were transferred. (See instructions.) 	o pian to another pie							
	13c(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.									
SB	ler penalties of perjury and other penalties set forth in the instructions, I dee or Schedule MB completed and signed by an enrolled actuary, as well as the	clare that I have example he electronic version	mined this return/ of this return/rep	report, i ort, and	to the b	est of my knowl	edge and		
bel	ef, it is true, correct, and complete.	11/10/11	ERICH	101	ick				
	KAN Eccie Iming	and the second					trator		
	Signature of plan administrator	Date	Enter name of in			as plan aunitis	P G (J)		
1111	E in a louist	$ll \mu / ll$	ERIC F	TON	in				

Date

Enter name of individual signing as employer or plan sponsor

fourch

Signature of employer/plan sponsor

inc

SIGN

HERE