	Form 5500-SF			Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit			2010
	Department of Labor nployee Benefits Security Administration	Retirement Income Security	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public
-	ension Benefit Guaranty Corporation			n the instructions to the Form 550	0-SE	Inspection
Pá	art I Annual Report Id	entification Information	uance with	The instructions to the Form 550	U-3F.	_
	calendar plan year 2010 or fisca		0	and ending 0	8/31/2	2011
Α -	This return/report is for:	single-employer plan	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	year return/report (less than 12 mo	nths)		
C	Check box if filing under:	extension		DFVC program		
		special extension (enter description	on)			
Pa	rt II Basic Plan Inform	nation—enter all requested inform				
1a	Name of plan	•			1b	Three-digit
ELIA	S MALLOUK REALTY CORPOR	RATION RETIREMENT PLAN				plan number 001
					10	(PN) Effective date of plan
					10	09/01/1956
	Plan sponsor's name and address S MALLOUK REALTY CORP.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-1503269
	HEMPSTEAD TPKE STE 101				2c	Plan sponsor's telephone number 516-280-2890
	T HEMPSTEAD, NY 11552-135	0			2d	Business code (see instructions) 531310
3a	Plan administrator's name and s MALLOUK REALTY CORP.	e") E STE 101	3b	Administrator's EIN 11-1503269		
		WEST HEMI	PSTEAD, N	IY 11552-1350	3c	Administrator's telephone number 516-280-2890
<b>4</b> I	f the name and/or EIN of the pla	n sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN
		r from the last return/report. Sponso				
						PN
					5a	11
b		the end of the plan year			5b	11
С		th account balances as of the end o		· ·	5c	0
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b				dent qualified public accountant (IQ		X Yes No
	•	ι,		ons.) SF and must instead use Form 55		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	720903	3	768775
b	Total plan liabilities		. 7b	(		0
C	Net plan assets (subtract line 7	b from line 7a)	. 7c	720903	3	768775
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total
а	Contributions received or received (1) Employers	vable from:	. 8a(1)	51751		
				(	)	
			. ,	(	)	
b	., ,			37873	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			89624
d	Benefits paid (including direct r	7				
•	to provide benefits)	(				
e f		ive distributions (see instructions) s (salaries, fees, commissions)		16095		
g	•			(	_	
9 h	•	3e, 8f, and 8g)				41752
i		8h from line 8c)				47872
j		e instructions)		(	)	

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: 1A 1G
- **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	During the plan year:		Yes	No	1	Amoun	t	
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		Х				
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	Х				65	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
f	f Has the plan failed to provide any benefit when due under the plan? 10f							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					X Ye	es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver					e letter Year	-	
lf	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	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)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	Ν	J/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Ye	es	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?	Inder	the co			T Ye	es X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Name of plan(s):		130	<b>:(2)</b> Ell	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	ise ie i	establi	ished			

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.	04/18/2012	EDELTRAUD PAGAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/18/2012	EDELTRAUD PAGAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	CHEDULE SB	Single-Employ	yer Define	d Ben	efit Plan		Olvii	3 No. 1210-0110
	(Form 5500)		, irial Inform					2010
	Department of the Treasury Internal Revenue Service	This schedule is required to	he filed under a	action 104	l of the Employed			2010
Employ	Department of Labor Benefits Security Administration	e	This For	n is Open to Public				
	on Benefit Guaranty Corporation		Revenue Code (t	,				Inspection
For cale	ndar plan year 2010 or fiscal j	File as an atta		5500 or \$	and endir	ng 08/31	/2011	
	d off amounts to nearest d	siari yoar zogininig				ig 00/01	/2011	
		be assessed for late filing of this re	eport unless reas	onable ca	use is establishe	d.		
A Name					B Three-digi	t		001
	ALLOUK REALTY CORPOR	ATION RETIREMENT PLAN			plan numb	er (PN)	•	
Plan s	nonsor's name as shown on	line 2a of Form 5500 or 5500-SF			D Employer lo	Intificati	on Number	(EIN)
	ALLOUK REALTY CORP.				11-1503269	entineati		
Е Туре с	f plan: 🛛 Single 🗌 Multip	le-A Multiple-B	<b>F</b> Prior year p	an size: 🛛	100 or fewer	101-50	0 More	than 500
Part I	Basic Information							
	er the valuation date:	Month <u>09</u> Day	01 Year	2010		1		
<b>2</b> Ass						0-		72000
a L						2a		72090 68926
b				(4) )		2b	(0)	
	ding target/participant count		30	(1) N	umber of particip	ants 6	(2)	Funding Target 24764
a b		beneficiaries receiving payment				0		24704
C	For active participants:	cipants						
U			3c(1)	{				509
	()			1		-		48801
	( )					5		49310
d						11		74075
I If th	e plan is at-risk, check the bo	ox and complete items (a) and (b)						
а	Funding target disregarding	prescribed at-risk assumptions			ш 	4a		
	Funding target reflecting at-	risk assumptions, but disregarding	g transition rule fo	or plans the	at have been	4b		
5 Effe	ctive interest rate					5		6.37 %
<b>5</b> Tar	get normal cost					6		4276
To the l accorda	It by Enrolled Actuary best of my knowledge, the information st nace with applicable law and regulation ation, offer my best estimate of anticipa	supplied in this schedule and accompanying s. In my opinion, each other assumption is re ated experience under the plan.	schedules, statements asonable (taking into	and attachm account the e	ents, if any, is complet xperience of the plan a	e and accura nd reasonat	ate. Each presc ble expectations	ribed assumption was applied in ) and such other assumptions, ir
SIGN							03/21/	2012
HERE		Circulation of each state						
REGOR	Y W. GOSSELINK	Signature of actuary					Date 11-04	929
		or print name of actuary				Most re		nent number
RINCIP/	L FINANCIAL GROUP	or print name of actuary				MOSUTE	515-248	
O BOX 9 ES MOII	)394 NES, IA 50306-9394	Firm name			Tel	ephone r	umber (incl	uding area code)
		Address of the firm			-			
the estu	ary has not fully reflected any	regulation or ruling promulgated	under the statute	in comple	ting this schedul	e, check t	the box and	see

# Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	<b>(b)</b> F	refunding	g balance				
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	13955			0				
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0		C					
9	Amount remaining (Item 7 minus item 8)			0					
10	Interest on item 9 using prior year's actual return of16.05 %	2240			0				
11	Prior year's excess contributions to be added to prefunding balance:								
	a Excess contributions (Item 38 from prior year)				8546				
	<b>b</b> Interest on (a) using prior year's effective rate of6.61 %				565				
	<b>C</b> Total available at beginning of current plan year to add to prefunding balance				9111				
	<b>d</b> Portion of (c) to be added to prefunding balance				0				
12	Reduction in balances due to elections or deemed elections	0			0				
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	16195		0					
P	art III Funding percentages								
14	Funding target attainment percentage			14	90.86 %				
15				15	90.86 %				
16	Prior year's funding percentage for purposes of determining whether carryover/prefucurrent year's funding requirement		ice	16	94.43 %				
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage								
Pa	art IV Contributions and liquidity shortfalls								
18	Contributions made to the plan for the plan year by employer(s) and employees:								
	(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by								

(N	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(MM-DD-YYYY) employer(s)			(C	employees		
12	/09/2010	8448	0							
02	2/22/2011	25344	0							
12	2/05/2011	17959	0							
		•		Totals ►	18(b)		51751	18(c)		0
19	Discounted emp	oloyer contributions – see ins	tructions for small plan with	a valuation dat	e after th	ne beginning of the	e year:			
	a Contributions	allocated toward unpaid min	imum required contribution	from prior year	s		19a			0
	<b>b</b> Contributions	made to avoid restrictions a	djusted to valuation date				19b			0
	<b>C</b> Contributions a	allocated toward minimum req	uired contribution for current y	/ear adjusted to	valuatior	n date	19c		4	9532
20	Quarterly contrib	outions and liquidity shortfalls								
	<b>a</b> Did the plan h	nave a "funding shortfall" for t	he prior year?						X Yes	No
	<b>b</b> If 20a is "Yes,	," were required quarterly ins	tallments for the current yea	ar made in a tin	nely man	iner?			X Yes	No
	<b>C</b> If 20a is "Yes,	," see instructions and compl	ete the following table as ap	oplicable:						
			Liquidity shortfall as of a	nd of Quarter o	f this nla	n vear				

	Elquidity shortian as of end of Quarter of this plan year								
-	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th					

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Pa	Irt V Assumptions used to	determine fu	unding target and targ	jet no	ormal cost				
21	Discount rate:								
	a Segment rates: 1st se	gment: 4.26 %	2nd segment: 6.56 %		3rd segment: 6.70 %		N/A, full yield curve used		
	<b>b</b> Applicable month (enter code)					21b	4		
22	Weighted average retirement age					22	65		
23	Mortality table(s) (see instructions)	× Pres	scribed - combined	Preso	cribed - separate	Substitut	e		
Pa	rt VI Miscellaneous items								
	Has a change been made in the non- attachment	•	•	•			°°'⊓ 🕅		
25	Has a method change been made fo	r the current pla	in year? If "Yes," see instruct	ions re	egarding required attach	nment	Yes 🗌 No		
26	Is the plan required to provide a Sch	edule of Active I	Participants? If "Yes," see ins	structio	ons regarding required a	attachment	X Yes No		
27	If the plan is eligible for (and is using regarding attachment	,				27			
Ра	rt VII Reconciliation of unp	aid minimu	m required contributio	ons f	or prior vears	1			
-	Unpaid minimum required contributio					28	0		
29	Discounted employer contributions a	llocated toward	unpaid minimum required cor	ntribut	ions from prior years	29	0		
30	(item 19a) Remaining amount of unpaid minimu					30	0		
	,	•		25)		50			
	rt VIII Minimum required co		•			31	42762		
31	Target normal cost, adjusted, if appli	cable (see instru	uctions)	·····					
32	Amortization installments:	1		_	Outstanding Bala	38052	Installment 6322		
	a Net shortfall amortization installme			-					
	<b>b</b> Waiver amortization installment					0	0		
33	If a waiver has been approved for thi (Month Day					33			
34	Total funding requirement before refl item 33)					34	49084		
			Carryover balance		Prefunding balar	nce	Total balance		
35	Balances used to offset funding requ	irement		0		0	0		
36	Additional cash requirement (item 34	minus item 35)				36	49084		
37	Contributions allocated toward minim (Item 19c)	•				37	49532		
38						38	448		
39	· · · · · · · · · · · · · · · · · · ·					39	0		
40									

### Schedule SB, Line 26 - Schedule of Active Participant Data ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 111503269 Plan No. 001

	Form 5500 - Schedule of Active Participation Data Valuation Date 09/01/2010																			
	YEARS OF CREDITED SERVICE																			
	Und	er 1	1	to 4	5	to 9	10	to 14	15	to 19	20	to 24	25	to 29	30	to 34	35	to 39	40	& up
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		0		0		0		0		0		0	
45 to 49	0		1		0		0		0		0		0		0		0		0	
50 to 54	0		0		0		0		0		0		0		0		0		0	
55 to 59	0		0		0		1		0		0		0		0		0		0	
60 to 64	0		0		1		0		1		0		0		0		0		0	
65 to 69	0		0		0		0		1		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

#### Schedule SB, Part V - Statement of Actuarial Assumptions/Methods ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

Assumptions Prescribed by Law							
Mortality	During Benefit Payment Period IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female.						
	<b>Before Benefit Payment Period</b> IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female.						
	Assumptions Selected by Actuary						
Retirement Age	Normal Retirement Age as defined in <u>Plan Provisions</u>						
Expected Expense	\$10,630 included in Target Normal Cost.						
Upcoming Year Salary Increase	The preceding year's salary is increased using the S-5 Table from The Actuary's Pension Handbook, increased by 3.00% at each age. This table provides a rate of increase that declines as participants age.						
	Note: not used for Plan Accounting calculations.						
	Age         Upcoming Increase           25         7.18%           40         5.72%           55         4.88%						
Disability	None.						
Marriage	75% married; husbands are 3 years older than wives.						
Withdrawal	None.						
Compensation Limit Increase	3.00% increase per year used in the calculation of the IRC 404 Maximum Deduction cushion. See <u>Calculated Deduction</u> in Rules and Regulations.						
Form of Benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age.						
	Methods Prescribed by Law						
Liability Measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.						

	Methods Selected by Plan Sponsor
Asset Measure	The asset valuation method is prescribed by law for plans that elect to use a value other than market value.
	For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.
	The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.
	When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment Rates	24 month average with no weighting to prior law basis. Use rates where April is the last month included in the average.
PBGC Premium Basis	Premiums are calculated using the funding target rates used for the plan year. This method was elected with the $09/01/2010$ plan year and must continue for five years before a change can be made.
	Methods Elected by Actuary
Retirees	Assets and liabilities for current and future retirees are included.
HCE Benefit Payment Restrictions	A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by:
	• any retiree benefit index or floor
	<ul> <li>amounts for HCEs who were previously restricted</li> </ul>
	an amount for the retiring HCE
Vested Benefits	A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.
	The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre- retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.

#### Schedule SB, Part V - Statement of Actuarial Assumptions/Methods ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

Assumptions and Methods Elected by Actuary Long-Term Contribution Level and Plan Accounting (formerly known as SFAS No. 35)								
With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.								
Interest Rate Used to Value Liabilities	6.00%							
Benefit Liability	<ul> <li>Long-Term Contribution Level reflects:</li> <li>Service and compensation projected to the age benefits are assumed to be paid.</li> <li>Compensation and benefit limits projected at 3.00% per year.</li> </ul>							
Long-Term Contribution Level	Allocates the difference between the Benefit Liability and the Actuarial Value of Assets as a level percentage of payroll per year.							

(Form 5500)       Actuarial Information       2010         Department of the Teasury Employee Benefits Secret Employee Benefits       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).       This Form is Open to Public Inspection         Periodic Benefits       Generation       90/01/2010       and ending       08/01/2011         Productioner of Labor       Price Benefits       09/01/2010       and ending       08/01/2011         Productioner of Labor       OPPORTATION RETIREMENT PLAN       B       Three-digit plan number (PN)       001         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN       B       Employeer Identification Number (EIN) 11-1503269       More than 500         Part I       Basic Information       Month _09       Day _01       Year _2010       2a       720903         2       Assets:       2a       720903       2b       6890363       2b       6890363       247641         3       For retired participants and beneficiaries receiving payment       3a       6       247641       5092       5092       2b       689363         6       CP retired participants       3b       0       0       0       0       0       0 <th></th> <th>S</th> <th>СН</th> <th>EDULE S</th> <th>в</th> <th>S</th> <th>Sinale-E</th> <th>olam</th> <th>ver</th> <th>Define</th> <th>d Ben</th> <th>nefit</th> <th>Plan</th> <th></th> <th></th> <th>ON</th> <th>4B No. 1</th> <th>210-0110</th> <th></th>		S	СН	EDULE S	в	S	Sinale-E	olam	ver	Define	d Ben	nefit	Plan			ON	4B No. 1	210-0110	
Description         Description         This schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee This schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be field under section 104 of the Employee The schedule is required to be schedule The schedule is required to be schedule The schedule is schedule is required to be schedule The schedule is schedule is required to be schedule The schedule is schedule is schedule is schedule is schedule. The schedule is schedule ischedule is schedule is s					-	Single-Employer Defined Benefi Actuarial Information										201	10		
Deserve of Lew         Deserve of Lew         This Point is a Security And or 074 (EBSA) and section (Security And or 074 (EBSA) and security (Security And or 074 (EBSA) and (Security And or 0			)epartr	nent of the Treasury	v l												20	10	
Encode Mathematics         Internal Revenue Code (the Code).         Inspection           Period Field Code (Amary Convector)         > File as an tatchment to form S500 or 500-SF.         Inspection           Excercised Address of the Amary Convector         > Role assessed for late files an antachment to form S500 or 500-SF.         Inspection           Excercised Address of the Amary Convector         B         Three-Cigit         001           Plans Son Of Convector         B         Three-Cigit         001           C         Plans sonsor's name as shown on line 2a of Form 5500 or 5500-SF         D         Emprover Identification Number (EIN)           ELLAS MALLOUK REALTY CORP         D         Emprover Identification Number (EIN)         11-15032668           E         Type of plan:         Single         Multiple B         F         Prior year plans size:         100 or forer         101-500         More than 500           Part IL         Basic Information         1         Enter the valuation date:         Month _0         Day _01         Year _2010         2a         726				-												This Es	rm in O	non to Du	hlia
File as an attachment to Form 5500 or 5500-SF.             Contained arging year 2010 or face barry of the filing of this report unless reasonable cause is established.             A caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.             A caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.             C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF.           D Employer Identification Number (EIN)              C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF.           D Employer Identification Number (EIN)              C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF.           D Employer Identification Number (EIN)              E Type of plan: Single Multiple A Multiple B Month <u>00 Day 01 Year 2010</u> Team of the statistic value	E		e Ben	efits Security Admin		Neure							0000 01	ino	1	nis Fo			IDIIC
Part of denotes part year 2010 Hood part years         P Condition: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.         A Name of plan         B       Three-digit plan number (PN)         CP Use sponsor's name as shown on line 2a of Form 5500 or 5500-SF         D       Employer Identification Number (EIN)         11-1503269         E       Type of plan:         Single       Multiple-A         Market Value       2a         2 Assets:       2a         2 Assets:       2a         3 Funding disperiation of addition date:       Month_00         Der y 01       Year 2010         2 Assets:       2a         3 Funding disperiationant count breakdown       3a         4 For retired participants and beneficiaries receiving payment.       3a         3 For or stable participants       3b       0         0 For radice participants       3c(1)       5082         10 Non-vested benefits.       3c(1)       5082         11 Total active       3c(3)       5       443         4 Total       3d       11       740750         5 Endoring traget differing target differing targe		Pensio	on Ben	efit Guaranty Corpo	pration		File a	s an atta	achme	ent to Form	5500 or	5500-9	SF.						
	_	_					eginning	09/01/2	010				and end	ding	08/31/2	011			
A Name of plan plan number (PN)       001         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELAS MALLOUK REALTY CORP.       D Employer Identification Number (EIN) 11-1503266         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELAS MALLOUK REALTY CORP.       D Employer Identification Number (EIN) 11-1503266         E Type of plan:       Single       Multiple A       Multiple B       F Prior year plan size:       100 or fewer       101-500       More than 500         Part I       Basic Information       2a       22b       22b       689263         3 Funding target/participant count breakdown       (1) Number of participants       (2) Funding Target         a For retired participants       3a       0       0       0         (1) Non-vested benefits       3c(1)       .002       .002       .002         (2) Vested benefits       3c(2)       .003       .00       .00         (3) Total active       3c(3)       .5       .433109       .00       .00         4 If the plan is at-risk, check the box and complete items (a) and (b)       .01       .01       .01       .01       .02762         5 Effective interest rate       5       .03.7 %       .03       .03       .03       .03       .03       .03       .03       .03       .03																			
ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN       plan number (PN) →       001         Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (EIN)         ELIAS MALLOUR REALTY CORP.       D       Employer Identification Number (EIN)         1       Enter the valuation date:       Multiple-B       F Prior year plan size:       100 or fewer       101-500       More than 500         2       Assets:       2a       720903       2b       6692633         3       Funding arget/participant count breakdown       (1) Number of participants       (2) Funding Target 477641         b       For reminated value       3a       0       0       0         (1)       Non-vested barefits       3c(1)       50202       70002         (2)       Vested barefits       3c(2)       427641       50202         (3)       For entimated value       3a       0       0       0         (1)       Non-vested barefits       3c(1)       50202       427641         (2)       Vested barefits       3c(1)       50203       5       4433109         (3)       Total active       3c(2)       448007       448007       448007       448007       5       6       3c7202									eportu	unless reaso	onable ca								
CP Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF     D Employer Identification Number (EIN)       ELAS MALLOUX REALTY CORP.     D Employer Identification Number (EIN)       11-1503269     E Type of plan:     Single     Multiple-B     F Prior year plan size:     100 or fower     101-500     More than 500       Part II     Basic Information	A N	lame AS M	of pla ALLC	an DUK REALTY (	CORPORAT	ION RE	TIREMENT P	LAN				в		~		•		001	
ELIAS MALLOUK REALTY CORP.       11-1503269         It is supported plant:       Single       Multiple-A       Multiple-B       F       Prior year plan size:       100 or fewer       101-500       More than 500         Part I       Basic Information													plati tiun		(1)				
ELIAS MALLOUK REALTY CORP.       11-1503269         It is supported plant:       Single       Multiple-A       Multiple-B       F       Prior year plan size:       100 or fewer       101-500       More than 500         Part I       Basic Information														L.J. a. M		Niccostra			
Part I       Basic Information         1       Enter the valuation date:       Month <u>09</u> Day <u>01</u> Year <u>2010</u> 2       Assets:       2a       720903         2       Assets:       2a       720903         3       Market value       2a       720903         4       Market value       2b       689263         5       Attarial value       2b       689263         6       247641       5000       0         0       C       For retired participants and beneficiaries receiving payment.       3a       6       247641         10       Non-vested benefits.       3c(1)       50000       0       0         11       Non-vested benefits.       3c(2)       4480017       6       443109         11       740750       3d       11       740750         12       A strisk, check the box and complete items (a) and (b)       4a       4a       4a         13       Funding target diregrading prescribed at risk assumptions.       4a       4b						e 2a of F	-orm 5500 or :	500-SF				1	a a di ma baa	Identi	lication	Numbe			
Part I       Basic Information         1       Enter the valuation date:       Month <u>09</u> Day <u>01</u> Year <u>2010</u> 2       Assets:       2a       720903         2       Assets:       2a       720903         3       Market value       2a       720903         4       Market value       2b       689263         5       Attarial value       2b       689263         6       247641       5000       0         0       C       For retired participants and beneficiaries receiving payment.       3a       6       247641         10       Non-vested benefits.       3c(1)       50000       0       0         11       Non-vested benefits.       3c(2)       4480017       6       443109         11       740750       3d       11       740750         12       A strisk, check the box and complete items (a) and (b)       4a       4a       4a         13       Funding target diregrading prescribed at risk assumptions.       4a       4b			- 10		<u> </u>				E /			7 100			1 500		o than E		
1       Enter the valuation date:       Month09Day01Year2010	ET	ype o	1			<u>•                                    </u>	Viultiple-B			Prior year pla	in size: P	100	or lewer		1-500		e man o	00	
2       Assets:       2a       720903         a       Market value       2b       0689263         3       Funding traget/participant count breakdown       (1) Number of participants       (2) Funding Target         a       For retired participants and beneficiaries receiving payment       3a       6       247641         b       For terminated vested participants       0       0       0         C       For active participants:       0       0       0         (1)       Non-vested benefits       3c(1)       50092       488017         (3)       Total active       3d       1       740750         d       Total       3d       1       740750         a       Funding target reflecting at-fisk assumptions, but disregarding transition rule for plans that have been at the fore worthing target reflecting at-fisk assumptions, but disregarding factor       4a       4b         5       G.37 %       6       7arget normal cost       5       6.37 %         6       Target normal cost       5       6.37 %       6       42762         Statement by Enroled Actuary       To be set of my browkights, the romation supplied in this schedule, statements and attachments, if any, is complete and accurate. Each prescribed assumption is nacococurate waten and castomable watendows) and such dher					a deriver a														
a       Market value       2a       720903         b       Actuarial value       2b       68263         3       Funding target/participant count breakdown       (1) Number of participants       (2) Funding Target         a       For retired participants and beneficiaries receiving payment       3a       6       247641         b       For terminated vested participants       6       247641         c       For active participants       6       247641         (1)       Non-vested benefits       3c(1)       6       247641         (2)       Vested benefits       3c(2)       488017       6       740350         (1)       Non-vested benefits       3c(3)       5       493109       4       740750         d       Total       Total       740750       4       4a       4b       5       6.37 %       6       74762         Statement by Enrolled Actuary       Statement by Enrolled Actuary       5       6.37 %       6       74762         Statement by Enrolled Actuary       Signature of actuary       5       6.37 %       5       6.37 %       5       6.37 %			-	e valuation date	9:	Mont	h_09	Day	01	Year	2010								0
B       Actuarial value       Zb       689283         3       Funding target/participant count breakdown       (1) Number of participants       (2) Funding Target         a       For certified participants and beneficiaries receiving payment       3a       6       247641         b       For tertinated vested participants       0       0       0         c       For active participants:       0       0       0         (1)       Non-vested benefits       3c(1)       50952       (2)       488017         (2)       Vested benefits       3c(2)       488017       (3)       5       493109       d       11       740750         d       Total active       3d       11       740750       d       4a       d	2			katualua										2	a				720903
Image: Decomposition of the set of the status of the st														-					689263
a       For retired participants and beneficiaries receiving payment       3a       6       247641         b       For retired participants       3b       0       0         c       For active participants       3c(1)       5092         (1)       Non-vested benefits       3c(2)       488017         (3)       Total active       3c(3)       5       493109         d       Total active       3d       11       740750         d       Total active       3d       11       740750         d       Total       Statements (a) and (b)       4a       4a         b       Funding target disregarding prescribed at-risk assumptions       4a       4b       4a         c       For earning target reflecting at-risk assumptions, but disregarding loading factor       5       6.37 %         c       Target normal cost       5       6.37 %       6       42762         Statement by Enrolled Actuary       Signature of actuary       Date       312.1/2012       312.1/2012         Gregory W. Gosselink       Type or print name of actuary       Date       312.1/2012       315.248.2293       315.248.2293       31104929       315.248.2293       Telephone number (including area code)       315.248.2293       7104929	3						<u>וווווווווווווווווווווווווווווווווווו</u>				(1) N	lumbe	r of partic			(	2) Fundi	ing Target	
b       For terminated vested participants:       3b       0       0         (1)       Non-vested benefits.       3c(1)       5092         (2)       Vested benefits.       3c(2)       48017         (3)       Total active       3c(3)       5       493109         d       Total active       3d       11       740750         d       Total active       3d       11       740750         d       Total active years and complete items (a) and (b)       4a       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       4a         5       Effective interest rate       5       6.37 %         6       Target normal cost       6       42762         Statement by throled Actuary       Signature of actuary       5       5       6.37 %         rarget normal cost       Signature of actuary       Date       1104929         Principal Financial Group       Firm name       710-22.       21/2.0.2.         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm       710-22.       21/2.0.2.         Address of the firm       Address of the firm       710-22.	J	17625						avment.		3a	(.).						/	5 5	and a second state of the
c       For active participants:       3c(1)       3092         (1)       Non-vested benefits       3c(2)       48907         (2)       Vested benefits       3c(3)       5       493107         (3)       Total active       3c(3)       5       493107         (3)       Total active       3c(3)       5       493107         (4)       If the plan is at-risk, check the box and complete items (a) and (b)       4       4       4         (5)       Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fever than five consecutive years and disregarding loading factor       4a       4b		0.122													0				0
(1)       Non-vested benefits																			
(2) Vested behaviors       3c(3)       5       493109         (3) Total active       3c(3)       5       493109         (4) Total       3d       11       740750         (5) Funding target disregarding prescribed at-risk assumptions       4       4       4         (6) 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       4b       4a         5       Effective interest rate       5       6.37 %       6       42762         Statement by Enrolled Actuary         10 the bast extinct of the ry knowledge in this schedule and accompanying schedules, statements and attachments, f any, is complete and accurate. Each prescribed assumption was applied in combination, offer my best estimate of antiopated experience under the plan.       3/21/2012         Sign       U/L       3/21/2012       Date         1104929       Type or print name of actuary       Most recent enrollment number         Principal Financial Group       Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       I			(1)	Non-vested b	enefits					3c(1)									5092
(3)       Total active       3d       1       740750         4       Total       3d       11       740750         4       If the plan is at-risk, check the box and complete items (a) and (b)       4a       4a       4b         a       Funding target disregarding prescribed 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       4b       4b         5       Effective interest rate       5       6.37 %       6       42762         6       Target normal cost       5       6.37 %       6       42762         Statement by Enrolled Actuary       5       6       42762         rootablest of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumptions, in combination, offer my best estimate of anticipated expenserce under the plan.       3/2.1/20.12         Signature of actuary       Date       3/2.1/20.12       Date         Gregory W. Gosselink       Type or print name of actuary       Date       515-248-2293         Firm name       Telephone number (including area code)       70-248-2293       75-248-2293         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm       10429       10429			(2)	Vested benef	fits														
4       If the plan is at-risk, check the box and complete items (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       4a         5       Effective interest rate       5       6.37 %         6       Target normal cost       6       42762         Statement by Enrolled Actuary         To the best we information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumptions was applied in 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 HERE       3/21/2012         Gregory W. Gosselink       Date         Type or print name of actuary       Date         Principal Financial Group       Firm name         PO Box 9394 Des Moines, IA 50306-9394       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         if the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       I			(3)	Total active									iller in the						
a       Funding target disregarding prescribed at-risk assumptions       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.       4b         5       Effective interest rate       5       6.37 %         6       Target normal cost.       6       42762         Statement by Enrolled Actuary         Date 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 a combination, effer my best estimate of anticipated expensence under the plan.         Signature of actuary         Most prescribed assumption is reasonable (taking into account the expensence of the plan and reasonable expectations) and such other assumptions, in combination, effer my best estimate of anticipated expensence under the plan.         Signature of actuary         Most prescribed assumption is reasonable (taking into account the expensence of the plan and reasonable expectations) and such other assumptions, in combination, effer my best estimate of anticipated expensence under the plan.         Signature of actuary         Most prescribed assumption is reasonable (taking into account the expensence of the plan and reasonable expectations) and such other assumption is reasonable (taking into account the expensence of the plan accurate. Each prescribed assumption is rea			_							1			et en la s		11				740750
a       Funding target obsequences of the firm         b       Funding target obsequences of the firm         c       Funding target reflecting at-risk assumptions, but disregarding loading factor         c       5         c       6         c	4	If th																	
at-risk for fewer than five consecutive years and disregarding loading factor															a				
5       Effective interest rate       5       6.37 %         6       Target normal cost       6       42762         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 a combination, offer my best estimate of anticipated experience under the plan.       3/21/2012         Signature of actuary         Signature of actuary         Gregory W. Gosselink         Type or print name of actuary         Principal Financial Group         Firm name         PO Box 9394 Des Moines, IA 50306-9394         Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		b	Fun	ding target reflining to the second	ecting at-risk an five cons	c assum	ptions, but dis vears and dis	regardin	g trans a loadi	sition rule to	r plans tr	hat hav	/e been	4	b				1080
6       Target normal cost	5	Effe													5		10 10 10 10 10 10		6.37 %
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.		Tar	get n	ormal cost										(	6				42762
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.	Stat	emer	nt by	Enrolled Actu	Jary														
SIGN HERE       Image: Classic status of actuary       3/21/2012         Signature of actuary       Date 1104929         Gregory W. Gosselink       1104929         Type or print name of actuary       Most recent enrollment number 515-248-2293         Principal Financial Group       515-248-2293         Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         firm actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accorda	ance w	ith applicable law a	nd regulations. Ir	n my opini	on, each other ass	companying umption is r	) schedul reasonat	iles, statements ble (taking into a	and attachn ccount the e	nents, if experien	any, is comp ce of the pla	lete and n and re	accurate. asonable (	Each pre expectation	scribed as ons) and su	sumption was uch other assu	s applied in umptions, in
HERE       3/21/2012         Signature of actuary       Date         Gregory W. Gosselink       1104929         Type or print name of actuary       Most recent enrollment number         Principal Financial Group       515-248-2293         Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Image: Completing this schedule, check the box and see	_	combin	ation, (	offer my best estima	ate of anticipated	experience	ce under the plan.												
Signature of actuary       Date         Gregory W. Gosselink       1104929         Type or print name of actuary       Most recent enrollment number         Principal Financial Group       515-248-2293         Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			S			()								3	1211	2017			
Gregory W. Gosselink       1104929         Type or print name of actuary       Most recent enrollment number         Principal Financial Group       515-248-2293         Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       I	H	ERI	Ξ									_		)					
Type or print name of actuary       Most recent enrollment number         Principal Financial Group       515-248-2293         Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Gre	annul	NG	osselink	Sig	gnature	of actuary												
Principal Financial Group  Firm name	010	gory		03301111		r print p	ame of actuar	v				_		M	ost rece			umber	
Firm name       Telephone number (including area code)         PO Box 9394 Des Moines, IA 50306-9394       Address of the firm         Address of the firm       If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       I	Prin	cipal	Final	ncial Group	туре от	pinti	arrie of actual	<b>,</b>											
Address of the firm						Firm	name							Feleph	one nur	nber (ir	ncluding	area code	e)
Address of the firm	11.68551.65					5651522													
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	PO	Box 9	394	Des Moines, I/	4 50306-939	4													
					A	ddress	of the firm					_							
				as not fully refl	lected any re	gulation	n or ruling pror	mulgated	l under	r the statute	in compl	leting t	his sched	lule, cl	neck the	e box ar	nd see		

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

Schedule SB (Form 5500) 2010

Page	2-	
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Pa	art II B	eginning of year of	carryover	and prefunding ba	lances						
						(a) C	arryover balance	(b)	Prefundin	g balano	ce
7			2015-00-00000 Several 2010-00-000	able adjustments (Item 13	2017년 2014년 2017년 1918년 19 1월 1919년 1918년 1918년 1월 1919년 1918년		13955				0
8	Portion use	ed to offset prior year's t	funding requ	irement (Item 35 from pric	r year)		(	)			0
9	Amount re	maining (Item 7 minus it	em 8)			13955			0		
10	Interest on	item 9 using prior year'	s actual retu	rn of16.05_%			2240	)			0
11	Prior year's	s excess contributions to	o be added t	o prefunding balance:							
	a Excess	contributions (Item 38	from prior ye	ear)							8546
	<b>b</b> Interest on (a) using prior year's effective rate of6.61_%									565	
	C Total av	vailable at beginning of cu	urrent plan ye	ear to add to prefunding bala	ance						9111
342	d Portion	of (c) to be added to pr	efunding ba	lance						sin	0
12	Reduction	in balances due to elec	tions or deer	med elections			(	)			0
13	Balance at	beginning of current ye	ar (item 9 +	item 10 + item 11d – item	12)		1619	ò			0
P	art III	Funding percenta	aes								
	Constant States								14	90	.86 %
		-*							15	90	86 %
16	Prior year's	s funding percentage fo	r purposes o	of determining whether car	ryover/prefun	ding balan	ces may be used to re	duce	16	04	.43 %
									17	04.	
17	If the curre	nt value of the assets o	f the plan is	less than 70 percent of the	e funding targ	et, enter si	ich percentage				%
Ρ	art IV	Contributions and	d liquidity	/ shortfalls							
18	Contributio			ar by employer(s) and employer							
(N	(a) Date /IM-DD-YYY	(b) Amount pa Y) employer(		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount paid by employer(s)		c) Amour emplo		у
1	2/09/2010		8448	0			and the second				
0	2/22/2011		25344	0							
1	2/05/2011		17959	0				<u></u>			10-002
							2010-00-0-00-00-00-0-0-0-0-0-0-0-0-0-0-0				
				8.11. s. 11							
					Totals 🕨	18(b)	517	'51 <b>18(c)</b>			0
19	Discounted	d employer contributions	s – see instru	uctions for small plan with	a valuation da	ate after the	e beginning of the yea	r:			
	a Contribu	itions allocated toward u	unpaid minin	num required contribution	from prior yea	ars		a			0
	b Contribu	itions made to avoid res	trictions adj	usted to valuation date				b			0
				red contribution for current				C			49532
20	Quarterly of	contributions and liquidit	y shortfalls:								
	a Did the plan have a "funding shortfall" for the prior year?										
				allments for the current yea					10.10		No
	c If 20a is	"Yes," see instructions	and complet	te the following table as ap	oplicable:						
				Liquidity shortfall as of e							
	(	1) 1st		(2) 2nd		(3)	3rd		(4) 4th		

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Pa	rt V Assumption	ns used to determine f	unding target and targ	et no	rmal cost					
21	Discount rate: <b>a</b> Segment rates:	1st segment:	2nd segment:		3rd segment:		N/A, full yield	curve	us	ed
		4.26 %	6.56 %		6.70 %	041				4
1.		hide de la companya de				21b				
						22				65
23	Mortality table(s) (see	instructions) X Pre	scribed - combined	Prescr	ibed - separate	Substitut	e			
	rt VI Miscellaneo									
	attachment		uarial assumptions for the curr					Yes	X	No
25	Has a method change	been made for the current pla	an year? If "Yes," see instruct	ions reg	garding required attach	ment	<u></u> <u>M</u>	Yes		No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	struction	ns regarding required a	ttachment.	×	Yes		No
27	If the plan is eligible fo regarding attachment.	r (and is using) alternative fur	nding rules, enter applicable co	ode and	d see instructions	27				
Pa	rt VII Reconcilia	tion of unpaid minimu	m required contribution	ons fo	or prior years					
		and a second	ears			28		0		
29								0		
30			tributions (item 28 minus item			30		0		
		required contribution f								
			ructions)			31			42	2762
	Amortization installme				Outstanding Bala	nce	Installn	ment		
JZ						38052		6322		
						0		0		
33	If a waiver has been a	pproved for this plan year, en	ter the date of the ruling letter ) and the waived amou	grantin	g the approval	33				
34	Total funding requirem	nent before reflecting carryove	er/prefunding balances (item 3	1 + iter	n 32a + item 32b –	34			49	9084
			Carryover balance		Prefunding balar	nce	Total ba	lance		
35	Balances used to offs	et funding requirement		0		0				Ô.
	6 Additional cash requirement (item 34 minus item 35)								49084	
37								49532		
38	Interest-adjusted exce		38	44			448			
39			ear (excess, if any, of item 36			39	0			0
100120	and the second se					40				0

Schedule SB, Line 25 – Change in Method ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

A change in valuation software has occurred since the last plan year. The change meets the automatic approval requirements under Announcement 2010-3.

#### Schedule SB, Part V - Summary of Plan Provisions ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 06/10/2002 (including your 2007 Interim Amendment signed 12/27/2007).

Plan Eligibility						
Age Attained age 21.						
Service 1,000 hours of service during the preceding 12 months.						

	Normal Retirement Benefit							
Age	ater of attained age 65 or five years plan participation.							
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).							
Amount (Accrued Benefit)	<ul><li>The sum of:</li><li>(1) the accrued monthly retirement benefit under the prior plan as of August 31, 1976</li></ul>							
	(2) 1.25% of the future service compensation for each year of service subsequent to August 31, 1976, but prior to August 31, 1979							
	(3) 1.50% of the future service compensation for each year of service subsequent to August 31, 1979.							

Early Retirement Benefit						
Age	Within the ten year period prior to normal retirement date.					
Form	Same as normal retirement benefit					
Amount	Accrued benefit on early retirement date reduced by 6 $2/3\%$ for each year up to five and 3 $1/3\%$ for each year between five and ten that the early retirement date precedes normal retirement date.					

## Schedule SB, Part V - Summary of Plan Provisions ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

Late Retirement Benefit							
Age No maximum age.							
Form	Same as normal retirement benefit.						
Amount	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.						

Termination Benefit						
Vesting Percentage         20% after three years of vesting service plus 20% per year thereafter, up to						
Form	Same as normal retirement benefit with income deferred until normal retirement date.					
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.					

Survivor Annuity Death Benefit							
Eligibility	Qualified married participant fully or partially vested in an accrued benefit.						
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.						
Amount	If death occurs, the amount paid to the surviving spouse is equal to 100% of the participant's accrued benefit as of the date of death.						

Definitions							
Future Service Compensation	The average of the total monthly pay for each year.						
Optional Forms of Benefit Payments	<ul> <li>The optional forms of benefit payments are:</li> <li>Monthly annuity payable for life, or 5, 10, or 15 years certain and life</li> <li>Monthly annuity for life with Social Security adjustment</li> <li>Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100.</li> <li>The optional form conversion basis is 7.50% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums.</li> </ul>						

#### **Changes in Principal Eligibility or Benefit Provisions**

There have been no changes in principal eligibility or benefit provisions since the last valuation.

### **Significant Event**

The enrolled actuary has not been made aware that any significant events have occurred during the year.

#### Schedule SB, Line 32 - Schedule of Amortization Bases ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

Shortfall									
Date Created	Present Value	<b>Remaining Years</b>	Annual Charge						
09/01/2010	\$38,052	7	\$6,322						

Last year's total shortfall annual charge was \$0.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

Waiver			
Date Created	Present Value	<b>Remaining Years</b>	Annual Charge
N/A	N/A	N/A	N/A

There are no waiver bases for the current year.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age ELIAS MALLOUK REALTY CORPORATION RETIREMENT PLAN EIN 11-1503269 Plan No. 001

All active participants are expected to retire at the plan's assumed retirement age.