### 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).

2040

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	rension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	1				
		dentification Information								
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010				
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final return/report							
		year return/report (less than 12 mor	nths)							
С	Check box if filing under:	Form 5558	automatio	extension	DFVC program					
	special extension (enter description)									
Dr	ort II   Pacia Blan Infor	<u> </u>	,							
		mation—enter all requested inform	nation		1h	Throo digit				
	Name of plan	-WEIGHTED PROFIT SHARING PLA	\NI		10	Three-digit plan number				
GLIVI	TOOD CORPORATION AGE.	WEIGHTED FROM SHARING FEA	AIN .			(PN) • 001				
					1c	Effective date of plan				
						01/01/1995				
		ress (employer, if for single-employe	r plan)		2b	Employer Identification Number				
GEM	FOOD CORPORATION					(EIN) 13-3483434				
101 [	FORESTER AVENUE				2c	Plan sponsor's telephone number 914-667-3262				
	INT VERNON, NY 10552				24					
					Zu	Business code (see instructions) 445299				
3a	Plan administrator's name and	d address (if same as Plan sponsor,	enter "Same	<del>)</del> ")	3b	Administrator's EIN				
GEM	FOOD CORPORATION	101 FORES MOUNT VE				13-3483434				
		MOONT VE	rarion, m	10002	3с	Administrator's telephone number 914-667-3262				
<u> </u>	f the name and/or FINI of the n	lan ananay has shangad since the la	ot roturn/ro	nort filed for this plan anter the	415					
		lan sponsor has changed since the la er from the last return/report. Spons		port filed for this plan, enter the	40	EIN				
					4c	PN				
5a	Total number of participants a	at the beginning of the plan year			5a	30				
b	Total number of participants a	at the end of the plan year			5b	30				
С		with account balances as of the end o								
				•	5c	27				
6a	Were all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		Yes No				
b	Are you claiming a waiver of t	the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	M v D v				
		(See instructions on waiver eligibility				Yes No				
Da	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.					
		lation				45-144				
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year 155789				
	Total plan assets		<u>7a</u>	20137-	-	0				
b				261574		155789				
<u>C</u>		7b from line 7a)	7с	201372	•	133769				
8	Income, Expenses, and Trans			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	eivable from:	8a(1)		)					
	( ) ( )			(	)					
			ba(z)							
h	• • • • • • • • • • • • • • • • • • • •	s)	6a(3)							
b	, ,			0210	_	8215				
C		, 8a(2), 8a(3), and 8b)	8c			0213				
d		t rollovers and insurance premiums	8d	114000	)					
е		ctive distributions (see instructions)		(	)					
f	Administrative service provide	ers (salaries, fees, commissions)	8f	C	)					
g	Other expenses		8g	C						
h	·	, 8e, 8f, and 8g)				114000				
i		ne 8h from line 8c)				-105785				
j		see instructions)		(	)					

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Part IV	Plan	Charac	teristics
гант	г ган	Gilaiau	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3E

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature code	es from the	List of Plan Chara	cterist	ic Co	des in t	the instruc	ctions		
art	V	Compliance Questions									
0	Du	uring the plan year:				Yes	No		Amo	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre			10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	10 X										
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bon dishonesty?			10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons surance service or other organization that provides some or all of the benef	fits under the	e plan? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?			10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year er	nd.)		10g	X					50000
h		this is an individual account plan, was there a blackout period? (See instruction 20.101-3.)			10h		X				
i		10h was answered "Yes," check the box if you either provided the required ceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
art		Pension Funding Compliance									
11		this a defined benefit plan subject to minimum funding requirements? (If "Y 00))								Yes	X No
12		this a defined contribution plan subject to the minimum funding requirement								Yes	X No
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortize anting the waiver.									
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and	d skip to line 13.		_					
b	En	ter the minimum required contribution for this plan year					12b				
		ter the amount contributed by the employer to the plan for this plan year					12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (gative amount)	•	-			12d				7
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding	deadline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets									_
3а	Ha	is a resolution to terminate the plan been adopted during the plan year or a	any prior yea	ır?						Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer thi	is year				13a				
	of :	ere all the plan assets distributed to participants or beneficiaries, transferre the PBGC?								Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plar nich assets or liabilities were transferred. (See instructions.)	n to another	plan(s), identify th	e plar	n(s) to	)				
1	3c(	1) Name of plan(s):				13	<b>c(2)</b> El	N(s)		13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be	assessed	unless reasonabl	e cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare shedule MB completed and signed by an enrolled actuary, as well as the electron correct, and complete.	that I have	examined this retu	rn/rep	ort, ir	ncludin	g, if applic			
<b>01</b> -		Filed with authorized/valid electronic signature. 07/02/20	012	JOHN BURY							
Sigi	N										

SIGN	Filed with authorized/valid electronic signature.	07/02/2012	JOHN BURY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

# Filing Authorization for the 2010 Form 5500-SF

Name of Plan: Gem Food Corporation Age-Weighted Profit Sharing Plan						
EIN / PN: 13-3483434 / 001						
Plan Year Ending: 12/31/2010						
PART I Authorization of Practitioner to Electronically Sign and File						
I hereby authorize Bury & Associates, Inc. to electronically sign and file the above-named return/reports through EFAST2.						
I understand that in granting this authority that:  I/we must manually sign the 5500-SF Forms and provide a scanned copy of that signature page to Bury & Associates, Inc.  Bury & Associates, Inc. will retain a copy of this written authorization in its records;  Bury & Associates, Inc. will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and  A copy of my signature will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.  Bury & Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.  This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.  Plan Administrator  Date: ★  Employer/Plan Sponsor (if not the Plan Administrator): 9-12-11  Date: ★						
PART II Acknowledgement of Receipt of Authorization						
On behalf of Bury & Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm						

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so...

will take reasonable steps to assure that confidential information provided by the Plan

Administrator or Plan Sponsor is protected from unauthorized disclosure.

(signature and title)

For Bury & Associates, Inc.:

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending	12/31/	2010	
A This return/report is for:	multiple-em	ployer plan (not multiemployer)		one-participa	nt plan
B This return/report is for: first return/report	final return/	report			
an amended return/report	short plan y	ear return/report (less than 12 m	onths)		
C Check box if filling under:	automatic e			DFVC progra	ım
special extension (enter descripti	1			☐ Di vo piogra	11.11
Part II Basic Plan Information—enter all requested inform					
1a Name of plan			1b	Three-digit	
SEM FOOD CORPORATION AGE-WEIGHTED PROFIT SHARING PLA	AN			plan number (PN)	001
			1c	Effective date of 01/01/1	
<b>2a</b> Plan sponsor's name and address (employer, if for single-employe EM FOOD CORPORATION	r plan)		2b	Employer Identif	fication Number 3434
01 FORESTER AVENUE IOUNT VERNON, NY 10552			2c	Plan sponsor's t 914-66	elephone number 7-3262
32 Plan administrated				Business code ( 445299	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") EM FOOD CORPORATION 101 FORESTER AVENUE MOUNT VERNON, NY 10552				Administrator's I 13-3483	3434
			3c	Administrator's t	elephone number 7-3262
If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor	st return/repo or's name	rt filed for this plan, enter the	4b	EIN	
Total number of participants at the boginning of the plan year			4c 5a	PN	
b Total number of participants at the beginning of the plan yearb					30
Total number of participants at the end of the plan year					
C Total number of participants with account halances as of the and a	£ 11 1	/ · 6 · · · · · · · · · · · · · · · · ·	5b		30
C Total number of participants with account balances as of the end of	f the nlan vea	r (defined henefit plans de net			
Total number of participants with account balances as of the end o complete this item)	f the plan yea	r (defined benefit plans do not	5c		3(
Total number of participants with account balances as of the end o complete this item)	f the plan yea	r (defined benefit plans do not	5c		3(
Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not ee instructions.) nt qualified public accountant (ICs.)	<b>5c</b>		3(
Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not ee instructions.) nt qualified public accountant (ICs.)	<b>5c</b>		30 Yes No
Total number of participants with account balances as of the end of complete this item)	f the plan yea	ee instructions.) nt qualified public accountant (ICs.) and must instead use Form 5	<b>5c</b>		Yes No
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Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligibles. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility lif you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan yea  le assets? (So an independe and condition: orm 5500-SF	r (defined benefit plans do not ee instructions.)	5c 2PA) 500.		30   Yes   No
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Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not ee instructions.)  nt qualified public accountant (ICs.)  and must instead use Form 58  (a) Beginning of Year  26157	5c 2PA) 4 0	(b) End	30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not ee instructions.)  nt qualified public accountant (ICs.)  and must instead use Form 5:  (a) Beginning of Year  26157  (a) Amount	5c 2PA) 500.		30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible but Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Feart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	f the plan yea  ple assets? (So an independe and condition: orm 5500-SF  7a 7b 7c  8a(1)	r (defined benefit plans do not ee instructions.)  nt qualified public accountant (ICs.)  and must instead use Form 5  (a) Beginning of Year  26157  (a) Amount	5c ΩPA) 500.	(b) End	30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use F. Part III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2)	r (defined benefit plans do not ee instructions.)	5c OPA) 500.	(b) End	30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan yea  le assets? (See an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3)	r (defined benefit plans do not ee instructions.)	5c OPA) 500.	(b) End	30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b	r (defined benefit plans do not ee instructions.)	5c OPA) 500.	(b) End	30   Yes   N   Yes   N   Yes   N   Of Year   261574
Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use For the plan cannot use For the plan assets and Liabilities.  Total plan assets	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c	r (defined benefit plans do not ee instructions.)	5c DPA) 500.	(b) End	3(     Yes
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Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use F. Part III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	r (defined benefit plans do not ee instructions.)  nt qualified public accountant (ICs.)  and must instead use Form 5  (a) Beginning of Year  26157  (a) Amount	5c QPA) 500.	(b) End	3( Yes N Yes N N Yes N N N N N N N N N N N N N N N N N N N
Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible to the your claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either 6a or 6b, the plan cannot use Fert III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	r (defined benefit plans do not ee instructions.)	5c DPA) 500.	(b) End	3( Yes N Yes N N Yes N N N N N N N N N N N N N N N N N N N
Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible but Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility).  If you answered "No" to either 6a or 6b, the plan cannot use For the plan cannot use For the plan assets and Liabilities.  Total plan assets	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.)  nt qualified public accountant (ICs.)  and must instead use Form 5  (a) Beginning of Year  26157  (a) Amount	5c DPA) 500.	(b) End	3(N) Yes N N Yes N N N N N N N N N N N N N N N N N N N
Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible to the year complete this item).  Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility). If you answered "No" to either 6a or 6b, the plan cannot use F.  Part III Financial Information  Plan Assets and Liabilities  Total plan assets.  b Total plan liabilities.  C Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  b Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	r (defined benefit plans do not ee instructions.)	5c DPA) 500.	(b) End	30     Yes    No     Yes    No     Yes    No     Yes    No     261574     0     261574  Otal
Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use F.  Part III Financial Information  Plan Assets and Liabilities  Total plan assets  b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)  b Other income (loss)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  f Administrative service providers (salaries, fees, commissions)  g Other expenses	f the plan yea  le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.)	5c	(b) End	30 Yes N N Yes N N N N N N N N N N N N N N N N N N N

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Page	4-	

		F-C	orm 5500-SF 2010 Page <b>2-</b>							
Pi	art I	V	Plan Characteristics					-		
9a	If t	he p	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	racteris	stic Co	odes in	n the instr	uction	ารา	
b			elan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char							
Pa	rt V	(	Compliance Questions							
10	Dı	ırinç	g the plan year:		Yes	No	T			
ŧ		3 61	here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	103	X		An	nount	
COMME	) VV	ere	there any nonexempt transactions with any party-in-interest? (Do not include transactions reported a 10a.)	10b		X				
(	: N	las t	the plan covered by a fidelity bond?	10c		X				
C	<b>1</b> Die	d the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				<del>53</del>
e	ins	ere a surai	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See tions.)	10e		Х				<i>Va</i>
f	На	s th	e plan failed to provide any benefit when due under the plan?			X				
Q			e plan have any participant loans? (If "Yes," enter amount as of year end.)	10f	Χ					50000
h	l Iftl	nis i	s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	10g		X				50000
i	11 1	un v	was answered "Yes," check the box if you either provided the required notice or one of the ions to providing the notice applied under 29 CFR 2520.101-3	10h						
***	: VI	P	ension Funding Compliance							
11	is th	nis a	defined benefit plan subject to minimum funding requirements? (If "Yes " see include"	nlete S	Sched	ulo SE	? (Form			
12		-							Yes	No No
-	(If "	riis ( Yes	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or sec	tion 3	02 of	ERISA?		Yes	X No
а	If a	wan	ver of the minimum funding standard for a prior year is being amortized in the	tions,	and ei	nter th	e date of	the le	tter ru	ling
			the waiver	h		Day .		Yea	r	
b	Ente	er th	e minimum required contribution for this plan year		Г	12b				
C	Ente	er th	e amount contributed by the employer to the plan for this plan year		·  -	12c				
u	nega	ative	e amount)	of a		12d				
е	VVIII	ine i	minimum funding amount reported on line 12d be met by the funding deadline?		· L		Yes	П	lo [	] N/A
art	VII	۲	ian Terminations and Transfers of Assets					Ц	.0	INA
3a	Has	a re	solution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X N-
	II YE	es,	enter the amount of any plan assets that reverted to the employer this year			12-		Ш	168	^ No
~	AAGIE	all	the plan assets distributed to narticipants or hopoficiorios, transferred to							
С	lf du	ring	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the sets or liabilities were transferred. (See instructions.)						Yes	X No
			ne of plan(s):							
					13c(	2) EIN	(s)	1	3c(3)	PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of 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 HERE Signature of plan administrator  SIGN HUNG W. Capells  HERE Signature Of plan administrator	9-12-11 Date	Leroy W. Capers  Enter name of individual signing as plan administrator  Leroy W. Capers
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor