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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)			ш
Pa	art II Basic Plan Information—enter all requested informa				
	Name of plan	ation i		1b	Three-digit
	LE MORTGAGE CORP. PENSION PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identification Number
	CLE MORTGAGE CORP.	iipioyoi, ii	Tot a single employer plant	20	(EIN) 36-4248028
				2c	Sponsor's telephone number
500 N	MAMARONECK AVENUE SUITE 320 500 MAMARO	ONECK A	VENUE SUITE 320		914-422-0810
	RISON, NY 10528 HARRISON, I			2d	Business code (see instructions)
					522292
	Plan administrator's name and address (if same as plan sponsor, en LE MORTGAGE CORP. 500 MAMARO		.") /ENUE SUITE 320	3b	Administrator's EIN 36-4248028
Onto	HARRISON, N		21102 00112 020	3c	Administrator's telephone number
					914-422-0810
4	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.	st return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	•			5a	
b	Total number of participants at the end of the plan year			5b	
С	Number of participants with account balances as of the end of the pl			30	
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	546322		621621
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	546322		621621
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	2 (1)	150000		
	(1) Employers	8a(1)	13033		
	(2) Participants	8a(2)		_	
L	(3) Others (including rollovers)	8a(3)	-28119		
b	Other income (loss)	8b	-20119	+	121881
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			121001
u	to provide benefits)	8d	46582		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			46582
i	Net income (loss) (subtract line 8h from line 8c)	8i			75299
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500	SF	201

Page 2 -	1
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Part IV	Plan	Characteristics

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

	Juring the plan year:		Yes	No		۸۰	noun	+	
a ∨	Vas there a failure to transmit to the plan any participant contributions within the time period described in		100			Ai	ilouii	<u> </u>	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X					
٠ (Vas the plan covered by a fidelity bond?	10c	X					8	80000
	oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		X					
ir	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, issurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f⊢	las the plan failed to provide any benefit when due under the plan?	10f		X					
g c	olid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h If	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X					
i If	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
rt V	Pension Funding Compliance								
l Is	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))						X Y	es	No
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code								
		or se	ction 3	302 of	ERIS	۹?	Y	es	X No
	, ,	or se	ction 3	802 of	ERIS	۹?	Y	es	X No
(I a If	f "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 amortized in this plan year, see instruc	ctions,	and e	nter tl	ne dat	e of the	letter	rulin	ıg
(I a If g	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ctions, th	and e	nter tl	ne dat	e of the	letter	rulin	ıg
(I a If g If yo	f "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 amortized in this plan year, see instructions the waiver	ctions, th	and e	nter tl	ne dat	e of the	letter	rulin	ıg
(I a If g If yo b E	f "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 amortized in this plan year, see instruction the waiver. Completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th	and e	nter ti Day	ne dat	e of the	letter	rulin	ıg
(I a If g If you b E c E d S	f "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 amortized in this plan year, see instruction the waiver. Montus completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.	ctions, th of a	and e	nter ti Day	ne dat	e of the	letter	rulin	ıg
(I a If g If you b E c E d S	f "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 amortized in this plan year, see instruction in the waiver. Completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Completed line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions, th of a	and e	12b 12c 12d	ne dat	e of the	letter	rulin	ıg
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SIGN	Filed with authorized/valid electronic signature.	09/28/2012	DALE SIEGEL
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachm	ent to Form	5500 or	5500-	SF.						
Fo	or cale	ndar p	lan year 2	011	or fiscal p	olan yea	ar beginning 0	1/01/2011				and end	ing 1	2/31/2	011			
			amounts				ssed for late filing o	of this raport	unless reas	nnahle ca	auea is	e establish	ρd					
Α	Name	of pla							unicoo reas		В	Three-di	git	N)	>		001	
_	Dlon	nono	or'o nomo	00 ok	noum on l	lina 2a	of Form 5500 or 55	00.85			D	Employer	Idontifi	ootion	Numbo	r (EINI)		
			TGAGE C			iii le Za	or Form 5500 or 55	00-31				-4248028	iderillii	CallOII	Numbe	i (Liiv)		
Ε	Туре с	of plan	: X Sing	е	Multipl	le-A	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	101	I-500	More	e than 50	0	
Р	art I	В	asic Inf	orm	ation													
1			valuation			М	onth <u>01</u> [Day <u>01</u>	Year _	2011								
2	Ass	ets:																
	а	Mark	et value										2a	1				546322
	b	Actu	arial value										2k)				546322
3	Fur	nding t	arget/part	icipa	nt count b	breakdo	own:			(1) N	lumbe	r of partic	ipants		(2	?) Fundin	g Target	
	а	For	retired par	ticipa	ants and I	benefic	iaries receiving pay	ment	3a					0				0
	b	For	terminated	lves	ted partic	cipants			3b					0				0
	С	For	active par	icipa	ints:													
		(1)	Non-vest	ed b	enefits				3c(1)									0
		(2)	Vested b	enefi	ts				3c(2)									461675
		(3)	Total act	ve					3c(3)					2				461675
	d	Tota	d						3d					2				461675
4	If th	ne plar	n is in at-ri	sk st	atus, che	ck the l	oox and complete li	nes (a) and	(b)		П							
	а						bed at-risk assump						4a					
	b	Fund	ding target	refle	ecting at-r	risk ass	umptions, but disre	garding tran	nsition rule fo	r plans th	nat hav	/e been in	4					
5	Fffe												5					6.04 %
6			_										6					0
Sta	To the accorda	nt by best of ance with	Enrolled and knowledge the applicable	Actual e, the i	ary nformation s	supplied ir s. In my o	n this schedule and accon pinion, each other assum ience under the plan.	npanying sched	ules, statements	and attachn								
	SIGN HERI														09/13	/2012		
100	1.10.54	0 55				Signatu	re of actuary				-				Date			
VVII	LLIAM	G. Ph	RUSLIN								_				11-0	2561		
WII	LLIAM	G. PF	RUSLIN		Туре	or prin	t name of actuary						Mos	t rece	nt enroll	ment nui	mber	
00	CDEC	CENIT	. \\\\			Fir	m name				_	Т	elephor	ne nur	nber (ind	cluding a	rea code))
	CRES NROE		P, NJ 0883	1														
						Addre	ss of the firm				_							
If th	e actu	ary ha	s not fully	refle	cted anv	regulat	tion or ruling promu	lgated unde	er the statute	in compl	etina t	his sched	ule, che	ck the	box an	d see		П
	ruction	•				- 3		J					-,					Ш

Page :	2 -	1
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Schedule SB (Form 5500) 2011

Part II Beg		nning of year o	carryove	r and prefunding bal	ances								
			-			(a) C	arryover balance		(b) i	Prefundi	ng bala	nce	
	, 0	0 ,		cable adjustments (line 13 fr			84	112				9159	
8				unding requirement (line 35			18	699	(
9							65	65413				9159	
10				urn of11.12%			7	274		1018			
11				to prefunding balance:									
	a Present valu	ue of excess contrib	tributions (line 38 from prior year)									0	
			's effective rate of% except as ctions)									0	
	C Total availab	le at beginning of cu	ırrent plan y	ear to add to prefunding bala	nce							0	
	d Portion of (c) to be added to pr	efunding b	alance								0	
12											0		
13	Balance at begi	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			720	687				10177	
Pá	art III Fur	nding percenta	aes										
										14	10	0.39 %	
				e						15		8.33 %	
	Prior year's fun	ding percentage for	r purposes	of determining whether carr	yover/prefund	ding baland	ces may be used to			16		6.72 %	
17					nt of the funding target, enter such percentage							%	
		ntributions and							ı	ı			
			•	ear by employer(s) and emp	lovees:								
	(a) Date	(b) Amount pa	aid by	(c) Amount paid by employees					(c) Amount paid by employees				
09/	/19/2011		47000		`					•	-		
07	/30/2012		20000										
08	/03/2012		20000										
09	/10/2012		24000										
09	/11/2012		39000										
		!	•		Totals ▶	18(b)	1	50000	18(c)				
19	Discounted emp	oloyer contributions	s – see inst	ructions for small plan with a	valuation da	ite after the	e beginning of the y	/ear:					
	a Contributions	allocated toward u	ınpaid mini	mum required contributions	from prior yea	ars	······································	19a				0	
	b Contributions	made to avoid res	trictions ac	justed to valuation date			7	19b				0	
	c Contributions	allocated toward min	nimum requ	ired contribution for current ye	ear adjusted to	valuation	date	19c				138576	
20	Quarterly contri	butions and liquidit	y shortfalls	:			·						
	a Did the plan	have a "funding sho	ortfall" for tl	ne prior year?							Yes	X No	
	b If 20a is "Yes	," were required qu	uarterly inst	allments for the current yea	made in a tir	mely manr	ner?			<u> </u>	Yes	No	
	C If 20a is "Yes	," see instructions	and comple	ete the following table as ap	olicable:					_			
			•	Liquidity shortfall as of er		of this plan	ı year						
	(1) 1	st		(2) 2nd		(3)	3rd			(4) 4th	1		

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get i	normal cost		
21	Disco	ount rate:							
	a Segment rates: 1st segment: 3.14% b Applicable month (enter code)				2nd segment: 5.90%		3rd segment: 6.45 %		N/A, full yield curve used
	b A	pplicable month	(enter code)					21b	1
22								22	55
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
Pa		Miscellane	_		<u>L</u>		·		
				ed act	uarial assumptions for the co	urrent	plan year? If "Yes," see	instructions	regarding required
			•				•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🛚 No
26	Is the	X Yes No							
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years	 	
28	Unpa	id minimum requ	uired contributions for all	l prior	years			28	0
29					I unpaid minimum required o		· · ·	29	0
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	0
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	tization installment					0	0
	b W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
		<u></u> -			Carryover balance		Prefunding bala	nce	Total balance
35			use to offset funding			0		0	0
	•							20	0
36			•					36	0
37					ontribution for current year a			37	138576
38	Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)			Г	
	a To	tal (excess, if an	ny, of line 37 over line 36	6)				38a	138576
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	dard (carryover balances	38b	0
39	Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over	line 37)	39	0
40	Unpa							40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20)10 (see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	irsuant to an alternative amo	rtizati	on schedule:		
	a Sch	nedule elected	<u></u>					<u> </u>	2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

Schedule SB, line 26 - Schedule of Active Participant Data

Circle Mortgage Corp. Pension Plan 36-4248028/001

For the plan year 1/1/2011 through 12/31/2011

Years of Credited Service

Attained	1	1 to 4	5 to 9	10 to 14	15 to 19		25 to 29		35 to 39	40 & up
Age	No.	No.	No.	No.	N o.	No.	No.	No.	No.	No.
Under										
25										
25 to 29										
30 to 34			1							
35 to 39										
40 to 44										
45 to 49			1							
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

. 6131011 61					ment to Form	5500 or					
For calendar	r plan year 2011 or f	fiscal plan yea	ar beginning 1/1/	/2011			and endir	ig 12/31	1/2011		
	off amounts to near							1			
	: A penalty of \$1,000) will be asse	ssed for late filing o	of this rep	ort unless reaso	nable ca	T		•		
A Name of p	olan						B Three-dig			001	
Circle Mo	rtgage Corp. Pe	ension Plar	1				plan numl	per (PN)			
C Plan spor	nsor's name as show	vn on line 2a	of Form 5500 or 55	00-SF			D Employer I	dentificatio	n Number	(EIN)	
Circle Mo	rtgage Corp.							36	6424802	8	
E Type of pla	an I Single	Multiple A	Multiple-B		F Prior year pla	n size: 5	100 or fewer	101-500	More	than 500	
		Multiple-A			riioi yeai pia	1 5126.	g 100 of lewer	101-300	/ Note	than 500	
	Basic Informat		1/2011								
2 Assets:	ne valuation date:	1/	1/2011								
	arket value					,,		. 2a		5463	22
	tuarial value							2b		5463	 22
3 Funding	g target/participant o	count breakdo	own:			(1) N	lumber of particip	ants	(2)	Funding Target	
· ·	or retired participants			ment	3a		0			0	
b Fo	or terminated vested	participants			3b		0			0	
c Fo	or active participants	s:									
(1)) Non-vested bene	efits			3c(1)		•			0	
(2)) Vested benefits.								174000	461675	
(3) Total active						2			461675	
	otal						2			461675	
4 If the pl	lan is in at-risk statu	s, check the l	oox and complete li	nes (a) ai	nd (b)						
	inding target disrega							4a			
b Fu at-	inding target reflection risk status for fewer	ng at-risk ass r than five cor	umptions, but disrensecutive years and	garding ti d disregar	ransition rule for ding loading fac	plans th tor	at have been in	4b			
5 Effectiv	e interest rate							. 5		6.04	%
6 Target	normal cost							. 6		0	
To the best accordance	y Enrolled Actuary of my knowledge, the infor with applicable law and re- in, offer my best estimate of	mation supplied in gulations. In my o anticipated exper	pinion, each other assumption ience under the plan.	ption is reas	onable (taking into ac	nd attachm count the e	nents, if any, is comple experience of the plan	te and accurat and reasonable	e. Each prescr e expectations	ribed assumption was) and such other assi	; applied in umptions, in
SIGN HERE		will	in L.	Trus	hr)		_		9/13/201	12	
		Signatu	ire of actuary						Date	4	
William G	6. Pruslin								110256		
14414	. D. P.	Type or prin	t name of actuary						ent enroili 60940960	nent number	
William G	5. Prusiin		m nama							uding area code	
89 Cresco	ent Way	FIF	m name				16	.opriorio m			,
Monroe T	Twp .	Addre	NJ ess of the firm	80	3831						
If the actuary	has not fully reflecte	ed any regula	tion or ruling promu	ilgated un	nder the statute	n comple	eting this schedu	le, check th	ne box and	see	

Page	2	-	ĺ
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Pa	art II Begir	nning of vear carryove	er and prefunding bal	ances							
Part II Beginning of year carryover and prefunding balances			(a) C	arryover balance		(b) Prefunding balance			се		
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					84112		9159			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					18699		0			
9						65413		9159			
10	44.40					7274		1018			
11											
	a Present valu	e of excess contributions (line	e 38 from prior year)					0			
		a) using prior year's effective ovided (see instructions)					0				
	C Total available	le at beginning of current plan y	ear to add to prefunding bala	nce			0				
	d Portion of (c) to be added to prefunding b	alance						0		
12	Other reduction	s in balances due to elections	s or deemed elections			0			0		
13	Balance at begi	nning of current year (line 9 +	line 10 + line 11d – line 12)		72687			1017	7	
P	art III Fun	ding percentages									
		attainment percentage							14	100.3	39 %
15	Adjusted funding	g target attainment percentag	ıe						15	118.	33 %
	Prior year's fund	ding percentage for purposes unding requirement	of determining whether car	ryover/prefun	ding baland	ces may be used		·	16	106.7	'2 _%
17		lue of the assets of the plan is		-					17		%
P	art IV Cor	ntributions and liquidit	tv shortfalls								
		ade to the plan for the plan ye		oloyees:							
	(a) Date //M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Da (MM-DD-\				(c) Amount paid by employees			
- (9/19/2011	47000	0								
	7/30/2012	20000	0								
	8/3/2012	20000	0								
	9/10/2012	24000	0								
	9/11/2012	39000	0								
				Totals ▶	18(b)	1	50000	18(c)			0
19	Discounted omr	oloyer contributions – see inst	ructions for small plan with					. ` '			
13							19a		0		
	 a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. 					0					
	D Contributions made to avoid received at a superior to the su					19c	138576				
20				ear aujusteu t	O valuation	date					
20	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?							Yes No			× No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									Yes	No
	C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year										
	(1) 1	st	(2) 2nd			3rd		(4) 4t	h	
		0	C)		C					0

Pa	rt V	Assumptio	ns used to determine	funding target and tar	get no	ormal cost					
21	21 Discount rate:										
	a Se	gment rates:	1st segment: 3.14 %	2nd segment: 3rd segment 5.90 % 6.45			N/A, full yield cu	N/A, full yield curve used			
	b Ap	plicable month	(enter code)				21b		1		
22	22 Weighted average retirement age					22		55			
		ity table(s) (see		rescribed - combined		ribed - separate	Substitut	te			
		Miscellane					·	dia a vanciand			
24				ctuarial assumptions for the co				Ye	es 🗴 No		
25	Has a	method change	e been made for the current p	olan year? If "Yes," see instru	ctions re	egarding required attac	hment	Ye	es 🗶 No		
26	Is the	plan required to	provide a Schedule of Activ	e Participants? If "Yes," see i	nstructio	ons regarding required	attachment	X Ye	es 🗌 No		
27				unding rules, enter applicable			27				
Pa	rt VII	Reconcilia	ation of unpaid minim	um required contribut	ions f	or prior years					
28	Unpai			r years			28	0			
29				d unpaid minimum required c		· · · · I	29		0		
30	Rema	ining amount of	f unpaid minimum required co	ontributions (line 28 minus line	e 29)		30		0		
Pa	rt VIII	Minimum	required contribution	for current year							
31											
	Target normal cost and excess assets (see instructions): a Target normal cost (line 6)						31a	0			
							31b		0		
32		b Excess assets, if applicable, but not greater than 31a Amortization installments: Outstanding Bala				Outstanding Bala	nce	Installment			
0 2							0				
	_		on installment				0				
33				nter the date of the ruling lette		ng the approval					
33	(aivei iias beeii e	approved for this plan year, e) and the waived amo			33				
34	Total t	fundina requirer	ment before reflecting carryov	ver/prefunding balances (lines	31a - 3	1b + 32a + 32b - 33)	34		0		
		arraing require	, , ,	Carryover balance		Prefunding balar	nce	Total balance			
25	D-I	elected for	use to offset funding	,							
35					0		0		0		
36	Additio	onal cash requi	rement (line 34 minus line 35)			36	(
	Additional cash requirement (line 34 minus line 35)					37	138576				
38			ess contributions for current y								
							38a		138576		
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					38b	0				
39					39	0					
	40 Unpaid minimum required contributions for all years				40		0				
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)											
		_		oursuant to an alternative amo							
	a Schedule elected 2 plus 7 years							5 years			
							200	8 2009 2010	2011		
42	b Eligible plan year(s) for which the election in line 41a was made Amount of acceleration adjustment						42				
				ed over to future plan years			43				