

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>CURRIER MCCABE AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>05/01/1990</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)			
<u>CURRIER MCCABE AND ASSOCIATES, INC.</u>			
<u>700 TROY SCHENECTADY ROAD</u> <u>LATHAM, NY 12110</u>	<u>700 TROY SCHENECTADY ROAD</u> <u>LATHAM, NY 12110</u>	2b Employer Identification Number (EIN)	<u>22-2580799</u>
		2c Sponsor's telephone number	<u>518-783-9003</u>
		2d Business code (see instructions)	<u>541511</u>

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 accompanying schedules, statements and attachments, 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	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....		6a
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits.....		6c
d Subtotal. Add lines 6a , 6b , and 6c		6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e
f Total. Add lines 6d and 6e		6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust	
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information)	
	(4) <input type="checkbox"/> C (Service Provider Information)	
	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit PlanThis form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with
the instructions to the Form 5500.Official Use Only
OMB Nos. 1510-0010
1510-0089**2008**This Form is Open to
Public Inspection.**Part I Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 10/01/2008, and ending 09/30/2009,

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☐

Part II Basic Plan Information — enter all requested information.

1a Name of plan CURRIER MCCABE AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 05/01/1990
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CURRIER MCCABE AND ASSOCIATES, INC. #36 FEB 21 2012 700 TROY SCHENECTADY ROAD LATHAM NY 12110 RECEIVED ENTITY DEPT	2b Employer Identification Number (EIN) 22-2580799
	2c Sponsor's telephone number 518-783-9003
	2d Business code (see instructions) 541511

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN
HERE

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

SIGN
HERE

Signature of employer/plan sponsor/DFE

Date

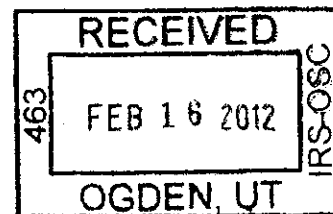
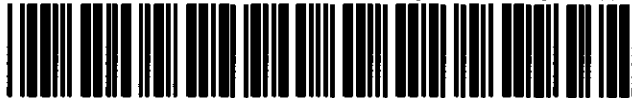
Type or print name of individual signing as employer, plan sponsor or DFE

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

v11.3

Form **5500** (2008)

0 2 0 8 6 0 0 1 0 H



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

a Sponsor's name

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	265
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	160
b Retired or separated participants receiving benefits	7b	9
c Other retired or separated participants entitled to future benefits	7c	81
d Subtotal. Add lines 7a, 7b, and 7c	7d	250
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	250
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	210
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	20
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	16

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

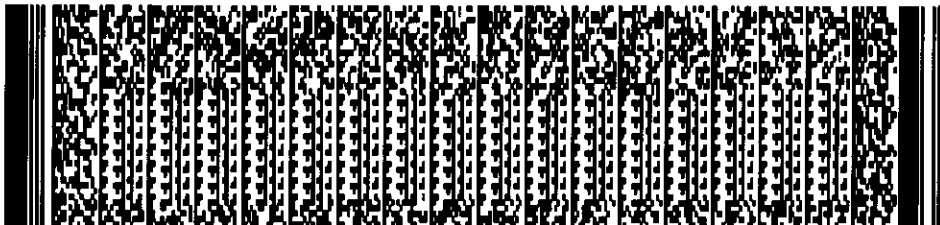
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K 3E
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

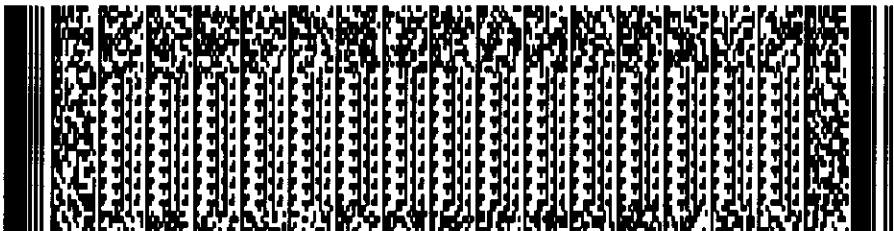


10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- | | | | |
|-----|-------------------------------------|------------|--|
| (1) | <input checked="" type="checkbox"/> | R | (Retirement Plan Information) |
| (2) | <input type="checkbox"/> | B | (Actuarial Information) |
| (3) | <input type="checkbox"/> | E | (ESOP Annual Information) |
| (4) | <input checked="" type="checkbox"/> | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|-------------------------------------|----------|---------------------------------------|
| (1) | <input checked="" type="checkbox"/> | H | (Financial Information) |
| (2) | <input type="checkbox"/> | I | (Financial Information -- Small Plan) |
| (3) | <input type="checkbox"/> | A | (Insurance Information) |
| (4) | <input type="checkbox"/> | C | (Service Provider Information) |
| (5) | <input type="checkbox"/> | D | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/> | G | (Financial Transaction Schedules) |



**SCHEDULE H
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information

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

Official Use Only

OMB No. 1210-0110

2008**This Form Is Open to
Public Inspection.**► **File as an attachment to Form 5500.**

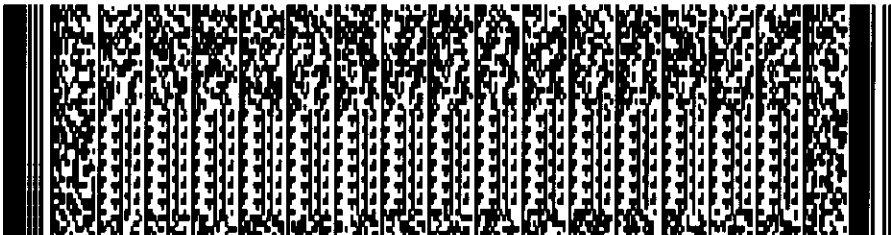
For calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009	
A Name of plan CURRIER MCCABE AND ASSOCIATES, INC. 401(K) PROFIT S	B Three-digit plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CURRIER MCCABE AND ASSOCIATES, INC.	D Employer Identification Number 22-2580799

Part I Asset and Liability Statement

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	0	0
(2) Participant contributions	b(2)	0	0
(3) Other	b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)	1071341	1316061
(2) U.S. Government securities	c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)	0	0
(B) All other	c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)	0	0
(B) Common	c(4)(B)	0	0
(5) Partnership/joint venture interests	c(5)	0	0
(6) Real estate (other than employer real property)	c(6)	0	0
(7) Loans (other than to participants)	c(7)	0	0
(8) Participant loans	c(8)	90868	242392
(9) Value of interest in common/collective trusts	c(9)	0	0
(10) Value of interest in pooled separate accounts	c(10)	0	0
(11) Value of interest in master trust investment accounts	c(11)	0	0
(12) Value of interest in 103-12 investment entities	c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	6576331	6883782
(14) Value of funds held in insurance co. general account (unallocated contracts) ..	c(14)	0	0
(15) Other	c(15)	0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule H (Form 5500) 2008



Official Use Only

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	d(1) 0	0
(2)	Employer real property	d(2) 0	0
e	Buildings and other property used in plan operation	e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	f 7738540	8442235
Liabilities			
g	Benefit claims payable	g 0	0
h	Operating payables	h	
i	Acquisition indebtedness	i 0	0
j	Other liabilities	j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l 7738540	8442235

Part I Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A) 138395	
	(B) Participants	a(1)(B) 894211	
	(C) Others (including rollovers)	a(1)(C) 76786	
(2)	Noncash contributions	a(2) 0	1109392
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A) 1347	
	(B) U.S. Government securities	b(1)(B) 0	
	(C) Corporate debt instruments	b(1)(C) 0	
	(D) Loans (other than to participants)	b(1)(D) 0	
	(E) Participant loans	b(1)(E) 8563	
	(F) Other	b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	9910
(2)	Dividends: (A) Preferred stock	b(2)(A) 0	
	(B) Common stock	b(2)(B) 0	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	0
(3)	Rents	b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions)	b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	0



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A) 0	
(B) Other	b(5)(B) 0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0
(6) Net investment gain (loss) from common/collective trusts	b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	2247
c Other income	c	19
d Total income. Add all Income amounts in column (b) and enter total	d	1121568
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1) 393470	
(2) To insurance carriers for the provision of benefits	e(2) 0	
(3) Other	e(3) 0	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	393470
f Corrective distributions (see instructions)	f	0
g Certain deemed distributions of participant loans (see instructions)	g	24022
h Interest expense	h	0
i Administrative expenses: (1) Professional fees	i(1) 0	
(2) Contract administrator fees	i(2) 381	
(3) Investment advisory and management fees	i(3) 0	
(4) Other	i(4) 0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	381
j Total expenses. Add all expense amounts in column (b) and enter total	j	417873
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	703695
l Transfers of assets		
(1) To this plan	l(1)	0
(2) From this plan	l(2)	0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) ☐ 20-0694403

UHY

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



Part IV Transactions During Plan Year

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

	Yes	No	Amount
a Did the employer fail 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount** _____

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)



ASSETS HELD FOR INVESTMENT PURPOSES

Currier McCabe and Associates, Inc. 401(k) Profit Sharing Plan

01-OCT-08 to 30-SEP-09

19-OCT-09 22:51:36

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRERCX			602,276.55	546,250.52
IRGACX			1,054,438.99	943,902.77
IPQMAX			1,117,865.79	768,521.84
IDV-NYV			1,010,815.56	869,182.11
IMAPAX			689,659.90	545,800.68
IRWICX			574,029.29	503,313.34
IRWMCX			221,879.12	179,796.79
INSIGX			504,183.54	377,616.15
IRLBCX			1,006,597.70	911,593.68
IRCWCX			156,952.99	166,550.55
IRITCX			76,674.43	78,504.87
IRBOCX			195,912.23	195,807.07
IRGVCX			167,348.79	174,601.88
IPRTNX			525,197.62	528,858.35
IRACXX			1,302,768.43	1,302,768.43
IRCATX			287.26	318.10
IRCJTX			574.31	638.80
IRCCTX			19,719.13	22,166.11
IRCDTX			1,615.49	1,920.67
IRCEYX			12,206.85	11,031.98
IRCFYX			41,669.39	51,419.71
IRCKTX			1,088.44	1,381.95
IRCITX			4,073.16	4,585.29
			9,287,834.96	8,186,531.64
PARTICIPANT LOANS				
	VARIOUS	3.250-8.250	242,272.13	242,392.25
FORFEITURES				
			13,311.26	13,311.26

ASSETS HELD FOR INVESTMENT PURPOSES

Currier McCabe and Associates, Inc. 401(k) Profit Sharing Plan

01-OCT-08 to 30-SEP-09

19-OCT-09 22:51:36

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RERCX	American Funds EuroPacific Growth Fd R3	IRGACX	American Funds Growth Fund of America R3
1PQNAX	Allianz NFJ Renaissance Fund - A	IDV-NYV	Davis New York Venture Fund - A
1MAPAX	MainStay MAP Fund A	IRWICX	American Funds Capital World Gr & Inc R3
1RWMCX	American Funds Washington Mutual Fund R3	1MSIGX	Oppenheimer Main Street A
1RLBCX	American Funds American Balanced Fund R3	IRWCWX	American Funds Capital World Bond Fd R3
1RUTCX	American Funds High Income Trust R3	IRBOCX	American Funds Intermediate Bond Fund R3
1RGVCX	American Funds US Govt Securities Fd R3	1PRTNX	PIMCD Real Return Fund - A
1RACXX	American Funds Money Market Fund R3	IRCATX	American Funds 2010 Target Date Fund R3
1RCJTX	American Funds 2015 Target Date Fund R3	1RCCTX	American Funds 2020 Target Date Fund R3
1RCDTX	American Funds 2025 Target Date Fund R3	1RCETX	American Funds 2030 Target Date Fund R3
1RCFTX	American Funds 2035 Target Date Fund R3	1RCKTX	American Funds 2040 Target Date Fund R3
1RCITX	American Funds 2050 Target Date Fund R3		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule 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).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan CURRIER MCCABE AND ASSOCIATES, INC. 401(K) PROFIT SH	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 CURRIER MCCABE AND ASSOCIATES, INC.	D Employer Identification Number 22-2580799

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.	1 \$ 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>20-3691658</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ☐ Month ☐ Day ☐ Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year	6a \$
b Enter the amount contributed by the employer to the plan for this plan year	6b \$
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☐ ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008

