| Form 5500 | • | rt of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 | | | |
|---|---|--|---|--|--|--|
| Department of the Treasury Internal Revenue Service | 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). | | 2014 | | | |
| Department of Labor Employee Benefits Security Administration | Complete all entries in accordance with the instructions to the Form 5500. | | | | | |
| Pension Benefit Guaranty Corporation | | | This Form is Open to Public Inspection | | | |
| Part I Annual Report Ide | ntification Information | | | | | |
| For calendar plan year 2014 or fisca | plan year beginning 01/01/2010 | and ending 12/31/20 | 010 | | | |
| A This return/report is for: | a multiemployer plan; | a multiple-employer plan (Filers checking participating employer information in acco | | | | |
| | X a single-employer plan; | a DFE (specify) | | | | |
| B This return/report is: | the first return/report; | \times the final return/report; | | | | |
| | X an amended return/report; | a short plan year return/report (less than | 12 months). | | | |
| C If the plan is a collectively-bargain | ned plan, check here | | | | | |
| D Check box if filing under: | Form 5558; | automatic extension; | the DFVC program; | | | |
| | special extension (enter description | | | | | |
| Part II Basic Plan Infor | mation—enter all requested informat | , | | | | |
| 1a Name of plan DME PROFIT SHARING & 401K SA | | | 1b Three-digit plan number (PN) ▶ | | | |
| | | | 1c Effective date of plan 02/08/1978 | | | |
| 2a Plan sponsor's name and addre DME CORPORATION | ss; include room or suite number (emp | loyer, if for a single-employer plan) | 2b Employer Identification Number (EIN) 59-1684144 | | | |
| 6830 NW 16TH TERRACE FORT LAUDERDALE, FL 33309 | | 16TH TERRACE JDERDALE, FL 33309 | 2c Plan Sponsor's telephone number 954-975-2100 | | | |
| FORT LAUDERDALE, FL 33309 | FURTLAU | JULNUALL, FL 33309 | 2d Business code (see instructions) 335100 | | | |
| | | | | | | |

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 | Filed with authorized/valid electronic signature. | 02/13/2015 | WOODINE GEFFRAR | D |
|--------------|---|---------------------|------------------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individu | al signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/13/2015 | WOODINE GEFFRAR | D |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individu | al signing as employer or plan sponsor |
| SIGN HERE | | | | |
| HERE | Signature of DFE | Date | Enter name of individu | al signing as DFE |
| Prepare | 's name (including firm name, if applicable) and address (include r | oom or suite number |) (optional) | Preparer's telephone number |
| WOODIN | NE GEFFRARD | | | (optional) |
| | | | | |
| | / 16TH TERRACE AUDERDALE, FL 33309 | | | |
| | | | | |
| | | | | |

| 3a | Plan administrator's name and address Same as Plan Sponsor | | Administrator's EIN 59-1684144 |
|-----|---|-------------|-----------------------------------|
| SF | IAUNA MCDOWELL | - | dministrator's telephone |
| | 30 NW 16TH TERRACE DRT LAUDERDALE, FL 33309 | | 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 E | EIN |
| | Sponsor's name ANE AVIDOR | 4c F | PN |
| 5 | Total number of participants at the beginning of the plan year | 5 | 273 |
| 6 | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1 |) Total number of active participants at the beginning of the plan year | . 6a(1 |) |
| a(2 | 2) Total number of active participants at the end of the plan year | . 6a(2 | 2) |
| b | Retired or separated participants receiving benefits | . 6b | |
| С | Other retired or separated participants entitled to future benefits | . 6c | |
| d | Subtotal. Add lines 6a(2), 6b, and 6c. | . 6d | |
| е | 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 fu | nding | arrangement (check all that apply) | 9b | Plan ben | efit | arrangement (check all that apply) |
|----|---------|-----------|--|-------|------------|------|--|
| | (1) | | Insurance | | (1) | | Insurance |
| | (2) | | Code section 412(e)(3) insurance contracts | | (2) | | Code section 412(e)(3) insurance contracts |
| | (3) | X | Trust | | (3) | X | Trust |
| | (4) | | General assets of the sponsor | | (4) | | General assets of the sponsor |
| 10 | Check | all ap | plicable boxes in 10a and 10b to indicate which schedules are at | tache | d, and, wl | here | e indicated, enter the number attached. (See instructions) |
| а | Pensio | on Sc | hedules | b | General | Sc | hedules |
| | (1) | × | R (Retirement Plan Information) | | (1) | X | H (Financial Information) |
| | (2) | \square | MB (Multiemployer Defined Benefit Plan and Certain Money | | (2) | Π | I (Financial Information – Small Plan) |
| | | | Purchase Plan Actuarial Information) - signed by the plan | | (3) | | A (Insurance Information) |
| | | | actuary | | (4) | X | C (Service Provider Information) |
| | (3) | Π | SB (Single-Employer Defined Benefit Plan Actuarial | | (5) | Х | D (DFE/Participating Plan Information) |
| | | | Information) - signed by the plan actuary | | (6) | | G (Financial Transaction Schedules) |

| Part III | Form M-1 Compliance Information (to be completed by welfare benefit plans) |
|--------------------|--|
| | provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR |
| If "Yes" is checke | ed, complete lines 11b and 11c. |
| 11b Is the plan | currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) |

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_

| 2d Business code (see instructions) 335100 | | | 60330 NW 16TH TERRACE 1509-1518 FC 33309-1518 1007 FC 33309-1518 |
|---|---|---|--|
| SC Sponsor's telephone number | | | |
| 2b Employer Identification Number (EIN) 59-1684144 | | | Za Plan sponsor's name and address (e (Address should include room or suit DME CORPORATION |
| 8791978 | | | , |
| 1b Three-digit plan 001 number (PN) ▶ 1c Effective date of plan | | ΤϨÜΆΤ ΟΝΑ ΝΑΊϚ 25 | 18 Name of plan DME PROFIT SHARING & 401K SAVIN |
| | | tion-enter all requested information | Part II Basic Plan Informa |
| | (| special extension (enter description) | |
| the DFVC program; | automatic extension; | 🗙 ьот 5558; | D Check box if filing under: |
| •••••• | | olan, check here | C If the plan is a collectively-bargained |
| .(sritnom St ne | a short plan year return/report (less that | an amended return/report; | |
| | The final return/report; | the first return/report; | B This return/report is: |
| | a DFE (specify) | a single-employer plan; | |
| | s multiple-employer plan; or | a multiemployer plan; | A This return/report is for: |
| 010 | 2/12/21 gnibne bns | | For calendar plan year 2010 or fiscal plan |
| Inspection | <u> </u> | | March 14-0 |
| This Form is Open to Public | | | Pension Benefit Guaranty Corporation |
| 0107 | | Complete all entries the instructions to | Department of Labor Employee Benefits Security Administration |
| 5010 | bns (ASIAE) 4761 of to the Allowed Security Act of 1974 | This form is required to be filed for emplo nd 4065 of the Employee Retirement Inco sections 6047(e), and 6058(a) of the In | Department of the Treasury a Internal Revenue Service |
| 0110-0121 .zoN 8MO 8800-0121 | | fo trogeA\nruteA IsunnA | Form 5500 |
| | | 20 | 6 7 |
| | | | zly w. |

×.

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. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

| Form 5500. Form 5500 (2010) | e the instructions for | erwork Reduction Act Notice and OMB Control Numbers, see | For Pap |
|--|------------------------|--|--------------|
| Enter name of individual signing as DFE | Date | Signature of DFE | HEKE SIGN |
| Enter name of individual signing as employer or plan sponsor | Date | Signature of employer/plan sponsor | - |
| PIANE AVIDOR ANALO | 11/01/01 | Filed with authorized/valid electronic signature. | HERE SIGN |
| Enter name of individual signing as plan administrator | Date | Signature of plan administrator | зизн |
| SHAWAR MCDOWELL | 10/10/2011 | Filed with authorized/valid electronic signature. | |

| | | | - | 1600 |
|---------------|--------|-------------|-----|---------|
| | RS-OSC | DEC 18 5014 | 146 | Geverse |
| | | RECEIVED | | * |
| 02) 0005 IM01 | | | .00 | |

OGDEN' UT



| :suo | itounteni edt ni e | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes | 6 8 |
|-------------------------|--|--|------------|
| | L | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | L |
| 0 | 49 | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | y |
| 0 | 69 | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6 |
| 0 | 19 | Total. Add lines 6d and 6e | ł |
| 0 | 99 | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | ə |
| 0 | p9 | Subtotal. Add lines 6a, 6b, and 6c. | p |
| 0 | | Other retired or separated participants entitled to future benefits. | э |
| 0 | q 9 | Retired or separated participants receiving benefits. | q |
| 0 | Бд | Active participants | B |
| | | Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | 9 |
| 573 | 9 | Total number of participants at the beginning of the plan year | 9 |
| N | 40 b | Sponsor's name | e |
| N | a d4 bns | 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 the plan number from the last return/report: | 4 |
| | | | |
| 100 Itol,a telephone | 3C Administra number 954-975-27 | 30 NW 16TH TERRACE 9RT LAUDERDALE, FL 33309-1518 | |
| | 714891-69 | | |
| NI3 stor | entainimbA dE | Plan administrator's name and address (if same as plan sponsor, enter "Same") | 6 £ |
| | | Form 5500 (2010) | |

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

5E 5L 5G 51 5K 3D

61

•2

| General assets of the sponsor | (4) | General assets of the sponsor | (4) |
|--|------------|--|---------|
| X Trust | (2) | Trust | (2) |
| Code section 412(e)(3) insurance contracts | (z) | Code section 412(e)(3) insurance contracts | (z) |
| Insurance | (L) | Insurance | (1) |
| nefit arrangement (check all that apply) | 9b Plan be | unding arrangement (check all that apply) | nt nel9 |

| | | Information) - signed by the plan actuary | | (9) | 9 | (Financial Transaction Schedules) | |
|-----------|-------|---|---|----------------|-----|--------------------------------------|--|
| (2) | Π | SB (Single-Employer Defined Benefit Plan Actuarial (Single-Employer Defined Benefit Plan Actuarial | | H (a) | - | (DFE/Participating Plan Information) | |
| | | actuary | | X (9) | С | (Service Provider Information) | |
| | | Purchase Plan Actuarial Information) - signed by the plan | | (3) | Α. | (Insurance Information) | |
| (Z) | Π | MB (Multiemployer Defined Benefit Plan and Certain Money | | (z) | 1 | (nsl9 llsm2 – noitsmrotni lsionsni9) | |
| (1) | X | R (Retirement Plan Information) | | X (L) | Н | (Financial Information) | |
| ioizna9 B | ISC I | səinbər | q | General Schedu | Səj | | |
| | | | | | | | |

| | | C | | (| | |
|--------------------------------------|--|---|---|---|--|--|
| noite | scompens: | ures on eligible indirec | solosib u | me and EIN or address of person who provided yo | nen netra (d) | |
| | | | | | | |
| | | | | | | |
| tion | ssnaqmoo t: | ures on eligible indirec | solosib u | ve and EIN or address of person who provided yo | (b) Enter nar | |
| | | | | | | |
| | | | | | | |
| | | | | f | | |
| uoi | r combeuza, | ure on eligible indirect | solosib ud | me and EIN or address of person who provided yo | (b) Enter na | |
| | | | | | 1648840 | |
| | | | | е гго | BERVICES | |
| noit | scompense | ures on eligible indirec | solosib u | we and EIN or address of person who provided yo | (b) Enter nar | |
| оN 🗌 səy 🕅 | ·····(su | efinitions and conditio required disclosures f | ions for d iding fhe | rer you are excluding a person from the remainder han received the required disclosures (see instruct the name and EIN or address of each person prov isstion. Complete as many entries as needed (see | direct compensation for which the p you answered line 1a "Yes," enter | |
| | | | noitesi | ceiving Only Eligible Indirect Compen | nformation on Persons Red | |
| t hiw noitizon's position with t | the plan or | plan received the requ | which the | rdance with the instructions, to report the information of an econne of anything else of monetary value) in conne received only eligible indirect compensation for winclude that person when completing the remainded the termainded termatic termainded the termainded termatic termainded termatic termatic termainded termainde | r more in total compensation (i.e., m an during the plan year. If a person | |
| | | | | rmation (see instructions) | nt I Service Provider Info | |
| | | | | | | |
| (NIE) | nedmuN nc | Employer Identificatio 59-1684144 | a | ne 2a of Form 5500 | lan sponsor's name as shown on lin E CORPORATION | |
| | States - | | | | | |
| | 4 | plan number (PN) Three-digit | я | TSUAT DNA NAJA SƏN | ane of plan E PROFIT SHARING & 401K SAVIN | |
| 100 | 12010 | - | | 0102/10/10 pinningar bear bear bear bear bear bear bear be | slendar plan year 2010 or fiscal pla | |
| 100 | aftis Security Administration This Form is Open to Public Inspection | | | | Pepartment of Labor popose Benefits Security Administration Pension Benefit Guaranty Corporation | |
| Inspection. | 7 sidT | | Retirement Income Security Act of 1974 (ERISA). | | | |
| orm is Open to Public Inspection. | i sint | .(ASI) | | | Department of the Treasury Internal Revenue Service | |
| Inspection. | 7 sidT | of the Employee (ASI). | 401 noit: | Service Provider Info This schedule is required to be filed under sec Retirement Income Security Act of | | |

Page 2-1

Schedule C (Form 5500) 2010

ί

1

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Schedule C (Form 5500) 2010

1

66 99 67

BROKER

Page 3

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

| (h) Did the service provider give you a formula instead of an amount or an amount or an amount? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element answered "Yes" to element | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider compensation? (sources other than plan or plan sponsor) | (d) Enter direct compensation paid by the plan. If none, enter -0 | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Service Code(s) |
|---|--|--|--|---|---|----------------------------------|
| | | | | иел ногріис | aab htime yajnate 2 | 26-4310632 |
| | | address (see instructions) | a) Enter name and EIN or | :) | | |
| No D Sey | 0 | Пои Вгеу | П ом 🕅 гэү | 5834 | КЕСОКD КЕЕРЕR | 27 63 60 15 37 64 26 |
| (h) Did the service provider give you a formula instead of an amount or an amount or shimated amount? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (d) Enter direct compensation paid by the plan. If none, enter -0-, | (C) Relationship to organization, or person known to be a party-in-interest | (d) Service Code(s) |
| | | | | VICES LLC | YAAS NAJ9 JANOITU | 02-0488491 |
| | | address (see instructions) | a) Enter name and EIN or | 2) | | |
| (suonan nsul a | ac) . Inset many any grund many | au una uonisod iiau io ueid a | | ທ ແດນວອນແດວ ແມ (ອກເຊ | | |

| 0N [] S9Y | | □ on □ səλ | 🗌 on 📋 səy | | |
|--|---|--|--|---|----------------------------------|
| (h) Did the service providet give you a formula instead of an amount or an amount or estimated amount? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (b) Service Code(s) |

(a) Enter name and EIN or address (see instructions)

ON Sey

0

Yes 🛛 No 🏹

Yes 🛛 No 🕅

17807

(f). If none, enter -0-.

Page **4-**

c

ź

| □ oN □ səY | | □ on □ səy | □ oN □ səy | | | |
|--|---|--|--|---|---|----------------------------------|
| (h) Did the service provider give you a formula instead of an amount or an amount or estimated amount? | (g) Enter total indirect compensation received by aervice provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider compensation? (sources other than plan or plan sponsor) | (d) Enter direct compensation paid by the plan. If none, enter -0 | (c) Relationship to organization, or person known to be a party-in-interest | (b) Service Code(s) |
| | | | | | | |
| | | address (see instructions) | a) Enter name and EIN or |) | | |
| □ oN □ səY | | 🗌 оң 📋 сәд | [] ON [] SƏJ | | | |
| (h) Did the service provider give you a formula instead of an amount or an amount or estimated amount? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider compensation? (sources other than plan or plan sponsor) | (d) Enter direct compensation paid by the plan. If none, enter -0 | (c) Relationship to organization, or person known to be a party-in-interest | (s)əboD Service Code(s) |
| | | | | | | |
| 24// 10 PM 10 PM 10 PM | | address (see instructions) | a) Enter name and EIN or | 2) | | |
| [] on [] səy | | □ on □ səλ | П оИ 🗍 гэү | | | |
| (h) Did the service provider give you a formula instead of an amount or an amount or stimated amount? | | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (d) Enter direct compensation paid by the plan. If none, enter -0 | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Service Code(s) |
| | | | | | | |
| | | address (see instructions) | a) Enter name and EIN or | 2) | | |
| | | | | | | |

686 **2-**

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| mpensation, including any re service provider's eligibility e indirect compensation. | (e) Describe the indirect co formula used to determine the for or the amount of the | (b) Enter name and EIN (address) of source of indirect compensation |
|--|--|---|
| | | |
| (c) Enter amount of indirect compensation | (b) Service Codes (b) | (a) Enter service provider name as it appears on line 2 |
| | | |
| mpensation, including any ne service provider's eligibility e indirect compensation. | | (d) Enter name and EIN (address) of source of indirect compensation |
| | (| |
| (c) Enter amount of indirect compensation | (b) Service Codes (see instructions) | (a) Enter service provider name as it appears on line 2 |
| | | 02-0488491 |
| | SNOISSIWWOO | NIG INSTITUTIONAL PLAN SERVICES LLC |
| mpensation, including any le service provider's eligibility i indirect compensation. | Cescribe the indirect conformation of the indirect conformation of the formation of the smount of the indirect control of the smount of the indirect control on t | (d) Enter name and EIN (address) of source of indirect compensation |
| | | |
| 20821 | 66 99 6† | YENRAR HTIMS YENRAFS NAERON |
| (c) Enter amount of indirect compensation | (b) Service Codes) (see instructions) | (a) Enter service provider name as it appears on line 2 |

I

Schedule C (Form 5500) 2010

C

1

ь^{зде} **е-**

| brovide | Service Code(s) | instructions) |
|--|--|--|
| (c) Describe the information that the service provider failed or refused t | (b) Nature of | (a) Enter name and EIN or address of service provider (see |
| | | |
| | | |
| | | |
| | | |
| | | |
| provide | Service (s)eboD | instructions) |
| (c) Describe the information that the service provider failed or refused t | (b) Nature of | (a) Enter name and EIN or address of service provider (see |
| | | |
| | | |
| | | |
| | | |
| | | |
| provide | Service Code(s) | (suoitonteni |
| (c) Describe the information that the service provider failed or refused t | to sture of | (3) Enter name and EIN or address of service provider (see |
| | | |
| | | |
| | | |
| | | |
| | (c)0000 | |
| provide | Service Code(s) | instructions) |
| (c) Describe the information that the service provider failed or refused to | fo Sture of | (a) Enter name and EIN or address of service provider (see |
| | | |
| | | |
| | | |
| | | |
| | | |
| anus d | (s)anoo | |
| brovide | Service Code(s) | (snotiourtani |
| | | (a) Enter name and EIN or address of service provider (see instructions) |
| | Service | |
| (c) Describe the information that the service provider failed or refused to provide | Service | |
| | Service | |
| | Service | |
| | (b) Nature of Service | |
| provide (c) Describe the information that the service provider failed or refused to | Service Code(s) (b) Nature of Service | instructions) (a) Enter name and EIN or address of service provider (see |
| (c) Describe the information that the service provider failed or refused to | Code(s) | (a) Enter name and EIN or address of service provider (see instructions) (a) Enter name and EIN or address of service provider (see |
| provide (c) Describe the information that the service provider failed or refused to | (b) Nature of Service Code(s) (b) Nature of Service | this Schedule. (a) Enter name and EIN or address of service provider (see instructions) (a) Enter name and EIN or address of service provider (see |

Schedule C (Form 5500) 2010

7

i

Page 7-Г

| b Address: | e Telephone: |
|--|--------------|
| c Position: | |
| a Name: | p ein: |
| Part III Termination Information on Accountants and Enrolled Actuaries (complete as many entries as needed) | istructions) |

| Seas: | e Telephone: |
|-----------|---------------|
| Position: | |
| .emeN | ;NI3 q |
| | |

:noitenslqx3

Explanation:

р Э B

| Address: | 6 Telephone: |
|-------------|---------------------|
| : Position: | |
| :emeN I | P EIN: |

:noitenslqx∃

| :ssənbbA k |
|------------|
| Position: |
| :emeV t |
| |

:noitenslqx3

| d Address: | G Telephone: |
|-------------|--------------|
| c Position: | |
| :emeN B | p EIN; |

. 3

Explanation:

| 2 (0088 mro3) D slubs 2230.v | eus | | ons for Form 5500. | the instruction | əəs 's | nedmuN i | B Contro | MO b | or Paperwork Reduction Act Notice an |
|---------------------------------|-------------------------|-----------------------------------|---|-----------------------|--------------|------------------------------|----------------|---------|--|
| 0 | | | at end of year (see instru at end of year (see instru | 103-15 IE | ə | С | Entity | | EIN-PN 04-0025081-555 |
| | | | YNA9MOD TS | | | | | | ni bəteil ytitnə to rosnoqs to əmsN 🕻 |
| | | | | EMENT 2040 | | | | -15 IE | 8 Name of MTIA, CCT, PSA, or 103 |
| 0 | | | at end of year (see instru at end of year (see instru | | ə | С | Entity | | EIN-PN 04-0025081-556 |
| | | 10 129 1 | 22 AITM di tagagtai 30 gi | Ilex sello(| | 5 | Mital | - CLEAR | Name of sponsor of entity listed in |
| | | | ST COMPANY | | 101110-0410 | and the second second second | 1992-1996 | 3897.5 | |
| | no stano singebili n | 1 | | EMENT 2030 | ANT: | A TOT RE | | 121. | I Name of MTIA, CCT, PSA, or 103- |
| 0 | | | at end of year (see instru at end of year (see instru | | ə | С | Entity Code | р | EIN-PN 04-0025081-557 |
| | | | УИАЯМОЭ Та | NNK & TRUS | 48 T∃ | аяте з | TAT2 | :(8) | Name of sponsor of entity listed in |
| | | | c | MENT 2020 | 3AIT3 | ая тот и | /DSS 🗄 | 31 Z IE | I Name of MTIA, CCT, PSA, or 103- |
| 0 | | | at end of year (see instru | | ə | С | Entity code | р | 853-1802500-40 NG-NE : |
| | | | УИАЯМОЭ Та | אא & דפטפ | A8 T3 | азяте з | TAT2 | :(e) | ni bestel vitine of entity listed in |
| | | | C | MENT 2010 | аянт | я төт к | ass : | 12 IE | I Name of MTIA, CCT, PSA, or 103- |
| 0 | | | ie of interest in MTIA, CC | | ə | С | Entity | р | EIN-PN 04-0025081-466 |
| | | | YNA9MOD Ta | ,NK & TRUS | A8 T3 | азяте з | TAT2 | :(e) | Name of sponsor of entity listed in |
| | | | | UE FUND | IAV E | ALBAT2 / | /9SS :: | 15 IE | Name of MTIA, CCT, PSA, or 103- |
| 0 | | | e of interest in MTIA, CC ⁻ at end of year (see instruc | | ə | Э | Entity code | p | EIN-PN 04-0025081-520 |
| | | | YNA9MOD T | | | | | | Name of sponsor of entity listed in |
| | | | | AP INDEX H | (0, 00, 000) | | | 15 IE | Name of MTIA, CCT, PSA, or 103- |
| 0 | ing interaction and the | | at end of year (see instruc | 103-15 IE | 60 S 20 | S. 110 | epoo | | EIN-PN 04-0025081-075 |
| | | D. ASP. of | e of interest in MTIA, CC | Dollar valu | Ð | 2 | Entity | | Name of sponsor of entity listed in |
| | | | YNAPMOD Ta | 7205-1776 - J 1207-0 | 2 - 75.25% | | | | |
| | | | | 이 학생님께서는 동안은 날았는 것이다. | A | ACT MALE IN LAST 1 | A | | Name of MTIA, CCT, PSA, or 103- |
| (* | ens and DFEs | upleted by pl | | | | | | | art I Information on inter |
| | 4 | t14891-69 | | | | | | | |
| oer (EIN) | lmuN noitsofitnet | D Employer lo | | (| 2200 | mo I form | sS ənil nu | o umo | VE CORPORTION |
| A Charles | | | | | | | | | |
| 100 | | tigib-əəndT B dmun nslq | | | TS | ир тви | А ИАЈЧ | SON | NAR of plan NAR PROFIT SHARING & 401K SAVI |
| | 0102/18 | | e | 0102/10 | 0/10 | 6uinn | igəd 169 | k uejo | or calendar plan year 2010 or fiscal p |
| s Open to Public pection. | | | | | | | | | |
| olidua ot non0 a | i ano i di t | | chment to Form 5500. | oette ne se (| elia · | • | | | Department of Labor Employee Benefits Security Administration |
| 010 | 5 | | a under section 104 of th ASIAE) 4701 to 15A (ERISA | | | | os sirtT | | Department of the Treasury Internal Revenue Service |
| 0110-0110 | OWB NG | | | - | | | | | (Form 5500) |
| | | noit | g Plan Informa | cipatin | itra | FE/P | D | | SCHEDULE D |
| | | | | | | | | | ۰. ۱ |
| | | | | | | | | | * |
| | | | | | | | | | 1 |

| с еіи-ы | d Entity code | ə | Dollsr value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|--|--------------------|------------|--|
| b Name of sponsor of entity listed in | (9): | | |
| a Name of MTIA, CCT, PSA, or 103- | -12 IE: | | |
| с еім-ри | d Entity | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| b Name of sponsor of entity listed in | (3): | | |
| a Name of MTIA, CCT, PSA, or 103- | -12 IE: | | |
| C EIN-PN | d Entity code | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| h Name of sponsor of entity listed in | (e): | | |
| A Name of MTIA, CCT, PSA, or 103- | :12 IE: | | |
| C EIN-PN | d Entity code | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| D Name of sponsor of entity listed in | :(ɐ) | | |
| A Name of MTIA, CCT, PSA, or 103- | :12 IE: | at Alerand | |
| Nd-NIE C | d Entity code | ə | Dollar value of intereat in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| ni betail yithe to reare of entity listed in | :(ɐ) | | |
| B Name of MTIA, CCT, PSA, or 103- | :31 St- | | |
| Nd-NI3 C | d Entity code | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| ni betail yitine to react of entity listed in | :(e) | | |
| B Name of MTIA, CCT, PSA, or 103- | :31 SI | | |
| Nd-NI3 3 | d Entity code | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| ni betail yitne of sponsor of entity listed in | :(8): | | |
| I Name of MTIA, CCT, PSA, or 103- | 12 IE: | | |
| NG-NI3 3 | d Entity code | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| Name of sponsor of entity listed in | :(8) | | |
| I Name of MTIA, CCT, PSA, or 103- | 12 IE: | | |
| Nd-NI3 3 | d Entity | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| Name of sponsor of entity listed in | :(9): | | |
| I Name of MTIA, CCT, PSA, or 103- | 12 IE: | | |
| EIN-PN 04-0025081-554 | d Entity C | ə | Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|) Name of sponsor of entity listed in | (s): (s): | A8 T3 | NK & TRUST COMPANY |
| Name of MTIA, CCT, PSA, or 103- | 12 IE: SSGA TGT RE | аяіта. | WENT INC |
| Schedule D (Form 5500) 20 | 010 | | Page 2- |
| * 1 | | | |

| C EIN-PN | Name of plan sponsor | ~ |
|----------|---|---------|
| | Plan name ************************************ | |
| | | |
| | plan sponsor | |
| C EIN-PN | lo ame V | q |
| | Plan name | e |
| | blan sponsor | |
| C EIN-PN | of the of | |
| | Plan name | 9 |
| | blan sponsor | |
| C EIN-PN | to amsN | |
| | Plan name | 9 |
| | bjsu sbousot | |
| C EIN-PN | Name of | |
| - | Plan name | е —— |
| | bjan sponsor | |
| C EIN-PN | Vame of | |
| | Plan name | е |
| | bjan sponsor | |
| C EIN-PN | Vame of | |
| | Plan name | 8 |
| | bjan sponsor | i. |
| C EIN-PN | Name of | |
| | Plan name | е |
| | bjan sponsor | |
| C EIN-PN | Vame of | |
| | Plan name | . 6 |
| | bjsu sbousot | |
| C EIN-bN | Vame of | |
| | aman asia | |
| | ojau sbousot | 1 |
| C EIN-PN | | |
| | amen nal ^c | 1 6 |
| C EIN-PN | Name of Dian sponsor | i Ja |
| | olan name | |
| | Complete as many entries as needed to report all participating plans) | |
| | rt II Information on Participating Plans (to be completed by DFEs) | Pa |
| | Schedule D (Form 5500) 2010 | |
| | х х | |

| 10(12) 37844 | (15) Other | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| ny general account (unallocated | isqmos esitisni ni bled sbrut of tunkv (14) contracts) | | | | | | | | | |
| 2902899 (cl)2) 9882082 | nəmteəvni bərətsigər ni teərətni of ulaV (51) (2011) | | | | | | | | | |
| 1111ii seitina | e fnemtsevni St-E01 ni teretin to euleV (St) | | | | | | | | | |
| ent accounts | mtsevni teurt natesn ni teeretin to eulsV (↑↑) | | | | | | | | | |
| (01)or | (10) Value of interest in pooled separate acc | | | | | | | | | |
| rets | (9) Value of interest in common/collective tr | | | | | | | | | |
| | (8) Participant loans | | | | | | | | | |
| | (7) Loans (other than to participants). | | | | | | | | | |
| Yest 1 | (6) Real estate (other than employer real pr | | | | | | | | | |
| | (5) Partnership/joint venture interests | | | | | | | | | |
| | (B) Common | | | | | | | | | |
| | (A) Preferred | | | | | | | | | |
| | | | | | | | | | | |
| | (4) Corporate stocks (other than employer s | | | | | | | | | |
| | | | | | | | | | | |
| | (A) Preferred | | | | | | | | | |
| | (2) U.S. Government securities. (3) Corporate debt instruments (other than e | | | | | | | | | |
| | (fisogeb to | | | | | | | | | |
| | C General investments: (1) Interest-bearing cash (include money magnetic) | | | | | | | | | |
| | (3) Other | | | | | | | | | |
| | (2) Participant contributions | | | | | | | | | |
| 0720 | (1) Employer contributions | | | | | | | | | |
| | | | | | | | | | | |
| | Total noninterest-bearing cash. B Receivables (less allowance for doubtful according to the second sec | | | | | | | | | |
| | | | | | | | | | | |
| (a) Beginning of Year (b) End of Year | and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. Assets | | | | | | | | | |
| the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. R ad fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable alue of that portion of an insurance contract which guarantees, during this plan year, to pay a specific do to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1 to the nearest dollar. | the value of the plan's interest in a commingle lines 1c(9) through 1c(14). Do not enter the vi benefit at a future date. Round off amounts | | | | | | | | | |
| ++1+891-69 | | | | | | | | | | |
| orm 5500 D Employer Identification Number (EIN) | DME CORPORATION DME CORPORATION | | | | | | | | | |
| | | | | | | | | | | |
| bisn number (PN) | TRURT DAM VALUE & 401K SAVINGS PLAN AND TRUST DME PROFIT SHARING & 401K SAVINGS PLAN AND TRUST | | | | | | | | | |
| TRUAT QNA V | neig to amen A | | | | | | | | | |
| tigib-sent B Three-digit | For calendar plan year 2010 or fiscal plan year be A Name of plan | | | | | | | | | |
| Inspection Inspecting Inspecting Inspecting Inspecting Inspecting Inspecting | N 174 - 125 - 1 | | | | | | | | | |
| File as an attachment to Form 5500. File as an attachment to Form 5500. AND TRUST AND AND AND AND | For calendar plan year 2010 or fiscal plan year be | | | | | | | | | |
| ment Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). | For calendar plan year 2010 or fiscal plan year be Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation | | | | | | | | | |
| ment Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). | For calendar plan year 2010 or fiscal plan year be Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation | | | | | | | | | |
| bisn number (PN) | | | | | | | | | | |

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

(15) Other

2 1

37844

0

| | | | . Contributions: |
|---|--|--------------------------------|--|
| lstoT (d) | tnuomA (s) | | Jucome |
| s) or separately maintained I 103-12 IEs do not complete | rses of the plan, including any trust(est dollar. MTIAs, CCTs, PSAs, and | neqxe bris en Isen ent ot s | Plan income, expenses, and changes in net assets for the year. Include all incor fund(s) and any payments/receipts to/from insurance carriers. Round off amoun lines 2a, 2b(1)(E), 2e, 2f, and 2g. |
| | | | art II Income and Expense Statement |
| 0 | 9669126 | 11 | │ Net assets (subtract line 1k from line 1f) |
| | | | zteszA teN |
| 504610 | 0 | 18 | Totol ([theuont gt senil ni struoms lis bbs) seitilideil listor المنافعة المنافعة المنافعة المنافعة المنافعة ال |
| 504610 | | ۱۱ | Other liabilities |
| | | 11 | Acquisition indebtedness in the second se |
| | | 41 | |
| | | 6, | Benefit claims payable |
| | | | Liabilities |
| 504610 | 9669126 | 11 | |
| | | əĻ | Buildings and other property used in plan operation |
| | | 1q(2) | (2) Employer real property |
| | | (L)br | (1) Employer securities |
| (b) End of Year | (a) Beginning of Year | | ⊐ Employer-related investments: |
| | e 2 | 6e9 | Schedule H (Form 5500) 2010 |
| | (1997) 1 | | $(G_{k} \cap M_{k}) = (G_{k}) (G_{k} \cap M_{k}) = (G_{k} \cap M_{k} \cap M_{k}) = (G_{k} \cap M_{$ |
| | | | · · · · |

| letoT (d) | tnuomA (s) | 1 | Jncome | |
|-----------|--|-------------------------------------|---|---|
| | | | Contributions: | e |
| | 961621 | (A)(f)62 | (1) Received or receivable in cash from: (A) Employers | |
| | 784817 | (B)(1)62 | B) Participants | |
| | 3342 | (D)(1)62 | (C) Others (including rollovers) | |
| | | 29(2) | (2) Noncash contributions | |
| 895028 | | 58(3) | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | |
| | | | Earnings on investments: | q |
| | | (A)(r)dS | (1) Interest: (A) Interest-bearing cash (including money market accounts and | |
| | | · | certificates of deposit) | |
| | | | (B) U.S. Government securities | |
| | | | (C) Corporate debt instruments | |
| | | and the second second second second | (D) Loans (other than to participants) | |
| | 06921 | | (E) Participant loans | |
| | | | (F) Other | |
| 06921 | | 10/10/10 | (G) Total interest. Add lines 2b(1)(A) through (F) | |
| | | 10/10/40 | (2) Dividends: (A) Preferred stock | |
| | 750077 | 10/10/40 | (B) Common stock | |
| 190611 | 115064 | 5p(5)(D) 5p(5)(C) | (C) Registered investment company shares (e.g. mutual funds) | |
| 112064 | | 10/10 | (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | |
| | | | (3) Kents | |
| | | 10/10/40 | (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | |
| 0 | And the second s | 1011111 | (G) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result. | |

| Za | 26533 | (L)92 | Pirectly to anticipants or beneficiaries including direct rollowers | |
|-------------------------------|------------|---------------|---|----|
| | | | Benefit payment and payments to provide benefits: | ə |
| | | | səsuədx⊒ | |
| 5131471 | | pz | Total income. Add all income amounts in column (b) and enter total | р |
| -3235 | | 2C | Other income | Э |
| 209628 | | (01)dS | (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds). |) |
| | | SP(8) | (9) Net investment gain (loss) from 103-12 investment entities | |
| | | (8)qz | (8) Wet investment gain (loss) from master trust investment accounts | |
| | | (<u></u>)qz | (7) Net investment gain (loss) from pooled separate accounts | |
| 534714 | | 5P(e) | (6) Net investment gain (loss) from common/collective trusts | |
| 0 | | 5P(2)(C) | (C) Total unrealized appreciation of assets. (A)(5)(A) and (B). | |
| A Sector Sector Sector Sector | | SP(2)(B) | (B) Other | |
| | | (A)(8)dS | (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | Sb |
| lstoT (d) | finomA (s) | | | |

| | | | Net Income and Reconciliation |
|---------|------------------|--------------|---|
| 191955 | Provide a second | 5] | J Total expenses. Add all expense amounts in column (b) and enter total |
| 5834 | | Si(5) | (5) Total administrative expenses. Add lines 2i(1) through (4). |
| | 5834 | Si(4) | (4) Other |
| | 144-14 | Si(3) | (3) Investment advisory and management fees |
| | | Si(S) | (2) Contract administrator fees |
| | | | i Administrative expenses: (1) Professional fees |
| | | ЧZ | h Interest expense. |
| | Star Starte | 50 | g Certain deemed distributions of participant loans (see instructions) |
| | | 51 | f Corrective distributions (see instructions) |
| 6633327 | | 2e(4) | (4) Total benefit payments. Add lines 2e(1) through (3) |
| | 1. Sell. | 5e(3) | (3) Other |
| | | 2e(2) | (2) To insurance carriers for the provision of benefits. |
| | 2223327 | (1) Se(1) | (1) Directly to participants or beneficiaries, including direct rollovers |
| | | | |

| 11592302 | 51(2) | (2) From this plan |
|---------------------|-------------|---|
| 3 | (1)12 | nslq zirt) o⊺ (r) |
| 10. 10. B. B. B. B. | STATISTICS. | Transfers of assets: |
| 0163731 | SK | K Net income (loss). Subtract line 2j from line 2d. |

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.

| e 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. | чт р |
|--|--------------|
| (1) Name: CHERRY, BEKAERT & HOLLAND LLP (2) 10 (2) EIN: 56-0574444 | |
| ter the name and EIN of the accounting firm) below: | c Eu |
| the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? | p D!q |
| (1) Unqualified (2) Qualified (3) X Disclaimer (4) Adverse | |
| e attached opinion of an independent qualified public accountant for this plan is (see instructions): | HT 6 |
| 1901/02 | 1110 |

Schedule H (Form 5500) 2010

1

ż

Page 4-1

Γ

| | | | | | 4 | |
|--------|--|----------------|--------------------|---------------|------------------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ят, | NA19 (K) PLAN COMPANIES PROFI STINGARD C | | 60-91 | 503 | | 100 |
| | (s)name of plan(s) | | | 2P(3) EIN | (s) | (s)NG (5)d3 |
| qg | ול, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), transferred. (See instructions.) | itnebi , | ify the pla | idw of (s)ni | ich assets or liabil | ities were |
| 29 | 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 | səY 🛛 | °N 🗌 | nuomA | :41 | 0 |
| | of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | u† | х | | Sec. | |
| u | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one | 1 | | dise with | | |
| ա | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | m4 | x | Manag | | |
| I | | 41 | | × | ÷. | |
| к | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4K | x | int contracts | | a allow |
| 1 | see instructions for format requirements.) | 4] | ur te faire se | N N | | |
| ۱ | 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 | | | × | | |
| | and see instructions for format requirements.) | 41 | | x | | |
| 1 | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, | 47 | | (Anteriories) | | |
| y | 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? | 47 | | X | | |
| | established market nor set by an independent third party appraiser? | 64 | | x | | |
| 6 | Did the plan hold any assets whose current value was neither readily determinable on an | | 04,578,6 | | 19 (1. N. A. 19 (1. 19 | |
| ï | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by traud or dishonesty? | 14 | Columnation of the | x | | |
| , a | Was this plan covered by a fidelity bond? | 94 | V | ALC: NOT SHE | | 000009 |
| | cµecked.) | p 1 | X | | | |
| | reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is | 0.0000 | | X | | |
| р | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions | 70 | A. Carl | West and | C. Start | |
| Э | 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.) | | | × | | |
| | checked.) | 4P | | x | | |
| ~ | eccured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is | | | | | |
| q | until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 64 | Service and | | | |
| e | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures up to the test of test of the test of test of test of the test of test | | | x | | |
| 2 | During the plan year: | | SOY | ON | nomA | ju |
| t | CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4 103-12 IEs also do not complete 4j and 4I. MTIAs also do not complete 4I. | -, 49, 4 | 4P, 4K, 4I | n, 4n, or 5. | | |
| | t IV Compliance Questions | 14 (M) | | | | |

| Schedule R (Form 5500) 2016. v.092308. | Form 5500. | e and OMB Control Numbers, see the instructions for | nvork Reduction Act Notic | For Pape |
|---|-----------------------------|---|---|-------------------|
| | | at is not readily tradable on an established securities man | | |
| | | n of "back-to-back" loan.) | | |
| | | ling exempt loan with the employer as lender, is such loan | | q |
| | | elerred stock? | | 11 g |
| oN səY | tamexe vns vsgen of bes | ities or proceeds from the sale of unallocated securities u | | 10 Were |
| temal Revenue Code, | a) or 4975(e)(7) of the In | uctions). If this is not a plan described under Section 409(| | Vi heq |
| on Doth Not Not |] Increase | plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate | that increased or decreased | year |
| | | | stnembnemA | Part III |
| A/N 0 0N 89Y 0 | ninistrator agree | b or a class ruling letter, does the plan sponsor or plan adr | matic approval for the change | autor |
| A/N ON SeY O | | nes s and 9. reported on line 6c be met by the funding deadline? | u completed line 6c, skip li he minimum funding amount | |
| 99 | | of a negative amount) | | |
| | | from the amount in line 6a. Enter the result | | |
| 99 | | by the employer to the plan for this plan year | Inter the amount contributed | a d |
| 89 | | ontribution for this plan year | | |
| is schedule. | ete the remainder of th | te lines 3, 9, and 10 of Schedule MB and do not compl | u completed line 5, comple | It yo |
| Day Year | ate: Month | g standard for a prior year is being amortized in this ter the date of the ruling letter granting the waiver. | | |
| | | lan, go to line 8. | d fitened beniteb s zi nslq (| it the |
| ∀/N | (q)(S).5 | election under Code section 412(d)(2) or ERISA section 302(| | |
| | | (his Part) | ERISA section 302, skip | |
| IS of the Internal Revenue Code or | itements of section of 41 | OD (If the plan is not subject to the minimum funding requ | Funding Informati | Patl |
| 3 | | eceased) whose benefits were distributed in a single sum, | | |
| | | a stock bonus plans, skip line 3. | t-sharing plans, ESOPs, an | Profi |
| - | | | (s): 04-3581074 | NIE |
| | | | rs who paid the greatest dolls | |
| more than two, enter EINs of the two | ciaries during the year (if | biological percention of the plan to participants or benefic | | |
| 0 | ədî ni bəñ | property other than in cash or the forms of property specif | value of distributions paid in Ictions | |
| i i | | only to payments of benefits during the plan year. | nces to distributions relate | IIA referen |
| | | | Distributions | Part I |
| 84144 | 91-69 | | NOITARO | ME CORF |
| er Identification Number (EIN) | D Employe | ne 2a of Form 5500 | nil no nworts as shown on lin | |
| | () | | | |
| | דארפפ-d plan nu (PN) | TSUAT DNA NAJ9 SĐ | tisid NIVAS XI04 & ∂NIAAHS TI | Mame o ME PROF |
| 01/2010 | Europe auto | an year beginning 01/01/2010 | lar plan year 2010 or fiscal pl | |
| Inspection. | | File as an attachment to Form 55 | Benefit Guaranty Corporation | noisna9 |
| This Form is Open to Public | _ | 6058(a) of the Internal Revenue Code (the | Department of Labor Benefits Security Administration | Employee |
| 01.07 | noitoes bns (ASIA | This schedule is required to be filed under section 10 Employee Retirement Income Security Act of 1974 (E | partment of the Treasury rtemal Revenue Service | Del |
| 2010 | | nan v in volgens poly v in in vit stat till. | (Form 5500) |) |
| OMB No. 1210-0110 | noiti | Retirement Plan Informa | СНЕDЛГЕ В | S |
| | d | | | |
| | | | 8 | |
| | | | 1 | 2 |

| (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Hourly Original Origina | |
|---|-------|
| Contribution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) | ə |
| Date collective bargaining agreement, expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Day Year | p |
| EIN C Dollar amount contributed by employer | q |
| Name of contributing employer | 8 |
| (2) Base unit measure: Hourty Weekly Unit of production Other (specify): | |
| and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year Vear Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, | 9 |
| Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box | р |
| EIN contributed by employer | q |
| Name of contributing employer | 8 |
| Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Horit of production Other (specify): | ə |
| | • |
| Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day | р |
| EIN contributed by employer | q |
| Name of contributing employer | 8 |
| complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: 	Hourly | |
| Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, | 9 |
| Date collective bargaining agreement, employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | р |
| EIN Collar amount contributed by employer | q |
| Name of contributing employer | 8 |
| complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify): | |
| Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, | ə |
| Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | р |
| EIN C Dollar amount contributed by employer | q |
| Name of contributing employer | 8 |
| complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourity Weekly Unit of production Other (specify): | |
| Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, | Ð |
| Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | р |
| EIN contributed by employer | q |
| Name of contributing employer | e |
| er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers. | |
| Additional Information for Multiemployer Defined Benefit Pension Plans | V had |
| Schedule R (Form 5500) 2010 Page 2-h | 4 |
| | |
| · · · · · · · · · · · · · · · · · · · | 1 |

η.

č

| | | | :(/ | pecifi | Other (s | noit | enub ba | Modifie | 1 0 | duration | Velue | Maca | u | duratio | ective o | #3 | | |
|---|------------|-----------|----------------|---------|------------|-----------|----------|---------------------------|--------|-----------|--------------|-----------|-----------|---------|-----------|----------|------------|----|
| | | | | | | - | Ś | (d) 91 ma | eti et | calcula | ot bəs | n sev | asure / | səm no | t duratio | Mpa | э | |
| 21 years or more | 21 years | -81 🗌 | 15-18 years | | | | | | | -9 years | | | | | 3 years | | | |
| | | | | :tdə | gh-yield d | | | | ni be | combine | edt to | o noite | siub ap | averag | edt eb | Prov | q | |
| % :ueu | 410 % | :6 | Real Estate | % | :Jde | eld De | (-dQiH | % | | ie Debt: | | | | | | Stoc | | |
| | | | | | | | | | | se blad | stessi | e nelo | i to api | rcenta | eq edt . | Ente | B | |
| | | | | | (ɔ) yɓ | a) (proug | s) smət | i ətəlqmo | oo 'ə |) or mor | 1,000 | si stn | eqioihe | r of ps | əquinu | lstot 9 | lf fµ | 61 |
| | | | | | | | | | | | | | | | | | | |
| s regarding supplemental | | | | | | | | | | | | | | | | | | |
| of liabilities to such participants | theg ni to | əlorlw ni | ear consist (i | v nela | and of the | e ent to | se uel | d ert the p | oun s | eficiarie | ir ben | ient thei | o string | lioihed | t of seif | lidsil v | ns 1 | 81 |
| ensI9 noi | ens fi | Benef | r Defined | οιολε | lultiemp | M bns | oyer | lqm∃-e | ոցն | for Si | noit | emie | ofnl lnfc | enoit | ibbA | | V The | Р |
| Π | | | | | | | | | 11112 | ette ne s | p non | | 20.01 | | | uauuai | ddne | |
| and see instructions regarding | хоа хээн | | | | | | | | | | | | | | | | | 71 |
| selbrerer cooliensteel coo bee | | | | | | | | | | | | | | | | | | 24 |
| | 49 | | l or estimated | | | | | | | | | | | | | | | |
| | 16a | | | | | | | d əy) bu | | | | | ac. | | | | - | |
| | -57 | | bjsu Xest; | ດິບເດລະ | oaud aun f | งับมาก ม | eid aui | WOII MA | וווסני | M OUM 9 | ເລໂດທ | duua / | iue ou i | cabecu | | OUBUI | | 91 |
| | | | | | | | | | | | | | | | | | | 91 |
| | 120 | | | | | | Vear | nela pri | pəpa | and proc | əs əy | t for t | əquinu | i pnibr | 1002911 | the cc | q. | |
| | 15a | | 1 | an yea | slq tnemu | o adt gn | libecedi | a vlately p | ອພພ | i year i | ye bis | t for t | əquinu | ı Guipı | nespor | the co | 9 | |
| | | | ~ | | | | | | | alan yea | | | | | | | | |
| | ike su | sm of no | itegildo na b | yer ha | olqma on | flehad | әѕоцм | no nelq : | r the | əpun st | licipar | heq to | mber c | nu əy | t to otte | r the r | ∋tn∃ | 91 |
| | 140 | | | | | | | | | | I | isəy r | ielq en | ibecedi | couq bi | әѕ әц | . ว | |
| | 140 | •••••• | | | | | ····· | nan year | eut p | the curr | 6uibə | brece | diately | əmmi | an year | ilq ərī | q. | |
| | 149 | | | | | | | | | ••••• | | | | 164 | rrent ye | no əyj | . е | |
| | | | | | | | | | | | | | | | :101 | tripant | peq | |
| | adt | ployer of | er as an emp | Moldm | e by an e | bem əre | əm suoi | itudintnoo | o ou | e peµsı | soym | no st | nsqibit | of bar | Jəquini | r the r | Ente | 14 |
| | | oloyer of | er as an emp | νοία | e pì su e | bem əre | ew snoi | tin <mark>d</mark> intnoc | o ou | lisriad e | soym | uo st | neqioit | of par | | | | 14 |