Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			_
Pa	rt II Basic Plan Infori	mation—enter all requested inform				
	Name of plan	onto an requested inform	idilon		1b	Three-digit
	SOURCE DEFINED BENEFIT	PLAN				plan number
						(PN) • 001
					1c	Effective date of plan 01/01/2000
20	Diagram and add				2h	
	Pian sponsors name and addr DDISCOUNTS INC.	ress (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 13-3084325
					2c	Plan sponsor's telephone number
	ILDER ROAD					212-249-6609
MON	SEY, NY 10028				2d	Business code (see instructions) 446190
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN
	DISCOUNTS INC.	47 WILDER	ROAD	,		13-3084325
		MONSEY, N	IY 10028		3с	Administrator's telephone number
1 1	the name and/or FIN of the pla	an sponsor has changed since the la	ot roturn/ro	port filed for this plan, optor the	46	212-249-6609
		er from the last return/report. Sponso		port filed for this plan, enter the	40	EIN
		· · ·			4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	4
b	Total number of participants a	t the end of the plan year			5b	3
С		rith account balances as of the end o				
	· · · · · · · · · · · · · · · · · · ·				5c	V v. D v.
		during the plan year invested in eligith he annual examination and report of				Yes No
b		See instructions on waiver eligibility				X Yes No
		ner 6a or 6b, the plan cannot use F				
Pa	rt III Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	159159	9	220735
b	Total plan liabilities		. 7b	()	0
С	Net plan assets (subtract line	7b from line 7a)	. 7с	159159)	220735
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece		90(4)	17253		
	., .,		- · · ·			
b	• • • •	······································		75244		
_	, ,	8a(2), 8a(3), and 8b)		73244	•	92497
c d		rollovers and insurance premiums	. 60			32431
u	, ,		. 8d	30921		
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	()	
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	()	
g	Other expenses		. 8g	()	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			30921
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			61576
i	Transfers to (from) the plan (se	ee instructions)	. 8i) [

Dort IV	Dian	Charac	teristics
Part IV	Plan	Charac	`teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Characteris	tic Co	des in	the instruc	ctions:		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	unt	
а		is there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions report line 10a.)			X				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fradishonesty?			X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)		X					
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)							
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	<u>J</u>		ı				
1	ls th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				•	X	Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0040 0. 00				ш		<u> </u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in nting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day		TCa		
b	Ente	er the minimum required contribution for this plan year		[12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the pative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broken PBGC?	ught under	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ich assets or liabilities were transferred. (See instructions.)	tify the pla	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
20114	ion.	A namelty for the late or incomplete filing of this return/report will be accessed unless reco	anable ser	ıco ic	ootobl	lichod			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					able	a Sche	dule
SB o	·Śch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this restructions, in declare that it have examined this restruction of the structure of the structur							
SIGI	, F	Filed with authorized/valid electronic signature. 10/14/2010 SCOTT MAR	RIN						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

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

Single-Employer Defined Benefit Plan

Actuarial Information

Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

						·		ment to F	orm 5	5500 or 5	5500-	SF.					
For	cale	ndar p	lan year 2009	or fiscal plan y	ea	r beginning 0°	1/01/2009	9				and end	ing 12/3	1/200	19		
•	Rour	nd off	amounts to n	nearest dollar.													
•	Caut	ion: A	penalty of \$1,	,000 will be ass	es	sed for late filing o	of this repo	ort unless r	reasor	nable ca	use is	s establish	ed.				
		of pla									В	Three-dig	git				
THE	SOL	JRCE	DEFINED BE	NEFIT PLAN								plan num	ber (PN)		•	001	
~						·	00.05									(EINI)	
			ors name as s JNTS INC.	nown on line 28	a c	f Form 5500 or 55	00-SF				D	Employer	identificat	ion in	umber	(EIN)	
	,00	0000	ortro iito.								13-	-3084325					
		-fl	. V Cinala	Multiple A	_	Multiple D		F Prior yea		: V	1 400		П 404 <i>Б</i>	₂₀ Γ	1	th a.e. 500	
	ype c	or pian	: X Single	Multiple-A		Multiple-B		F Prior yea	ar pıar	ı sıze: ^	100	or fewer	101-50)0	iviore	than 500	
Pa	rt I	В	asic Inform	nation													
1	Ent	er the	valuation date	e: N	Лο	nth <u>01</u> [Day <u>01</u>	Ye	ear <u>20</u>	009	_						
2	Ass	ets:															
	а	Mark	et value										2a				159159
	b	Actu	arial value										2b				159159
3	Fur	nding t	arget/participa	ant count break	ob	wn				(1) N	umbe	er of partici	pants		(2)	Funding Targe	et
	а	For	retired particip	ants and benef	ici	aries receiving pay	ment	3a	1				0				0
	b	For	terminated ves	sted participants	s			3b)				3				269878
	С	For	active participa	ants:				_									
		(1)	Non-vested b	enefits				3c(1)								0
		(2)	Vested benef	its				3c(2	2)								35463
		(3)	Total active					3c(3)				1				35463
	d	Tota	ıl					3d	ı				4				305341
4	If th	ne plar	n is at-risk, che	eck the box and	C	omplete items (a) a	and (b)										
	а	Fund	ling target disr	egarding presc	rib	ed at-risk assumpt	tions						4a				
	b		0 0	0 0.		mptions, but disre											
						e years and disreg							4b				
5	Effe	ective	interest rate										5				6.32 %
6	Tar	get no	rmal cost										6				0
Stat	emei	nt by	Enrolled Actu	ary													
						this schedule and accom inion, each other assum											
	combin	ation, o	ffer my best estima	te of anticipated exp	erie	ence under the plan.											
5	ign	1															
Н	ERI	E													10/11/2	2010	
				Signa	tur	e of actuary					_				Date		
DAV	ID PA	AVEL													08-026	689	
				Type or pri	int	name of actuary					_		Most re	ecent	enrollm	nent number	
APS	PEN	SION	& FINANCIAL	SERVICES										5	16-228-	-8444	
				F	irr	n name					_	Te	elephone	numb	er (incl	uding area cod	e)
20 C	ROS	SWAY	/S PARK NOR NY 11797-2007	RTH, SUITE 410									•		`	5	•
****	الالار	2131,1	41 11131-200	•													
				۸۵۵	.e.	s of the firm					_						
	actua action	-	s not fully refle	ected any regul	ati	on or ruling promu	lgated un	der the sta	itute ir	n comple	eting t	his schedu	ıle, check	the b	ox and	see	

Schedule SB (Form 5500) 2009

(a) Carryover balance	(b) Prefund	a a la alama a										
	(b) Prefunding balance											
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		0										
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		0										
9 Amount remaining (Item 7 minus item 8)												
10 Interest on item 9 using prior year's actual return of		0										
11 Prior year's excess contributions to be added to prefunding balance:												
a Excess contributions (Item 38 from prior year)		0										
b Interest on (a) using prior year's effective rate of%		0										
C Total available at beginning of current plan year to add to prefunding balance		0										
d Portion of (c) to be added to prefunding balance												
12 Reduction in balances due to elections or deemed elections		0										
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)		0										
Part III Funding percentages												
14 Funding target attainment percentage	14	49.66 %										
15 Adjusted funding target attainment percentage	15	49.66 %										
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce	16	94.60 %										
current year's funding requirement		52.13 %										
		70										
Part IV Contributions and liquidity shortfalls												
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by	(c) Amou	int paid by										
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s)		oyees										
09/14/2010 17253 0												
Totals ▶ 18(b) 17253	18(c)	0										
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:												
a Contributions allocated toward unpaid minimum required contribution from prior years		0										
b Contributions made to avoid restrictions adjusted to valuation date		0										
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date		15358										
20 Quarterly contributions and liquidity shortfalls:												
a Did the plan have a "funding shortfall" for the prior year?		Yes 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) 1st (2) 2nd (3) 3rd	(4) 4t	n 0										

Pa	rt V Assumptio	ns used to determine t	funding target and ta	rget n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 5.59 %	2nd segment: 6.34 %		3rd segment: 6.54 %		N/A, full yield curve used			
	b Applicable month	(enter code)				21b	1			
22	Weighted average ret	tirement age				22	70			
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	е			
Pa	rt VI Miscellane	ous items								
24	~	nade in the non-prescribed act	•		•		· · · · · · · · · · · · · · · · · · ·			
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions re	egarding required attacl	nment	Yes X No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instruction	ons regarding required	attachment.	X Yes No			
27	, ,	or (and is using) alternative fu	9 7 11			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions f	or prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0			
29	, ,	contributions allocated toward			' '	29	0			
30		f unpaid minimum required cor				30	0			
Pai	rt VIII Minimum	required contribution	for current vear			•				
31		djusted, if applicable (see inst				31	0			
32	Amortization installme		•		Outstanding Bala	nce	Installment			
	a Net shortfall amorti	tization installment				135384	22850			
	b Waiver amortization	on installment				0	0			
33		approved for this plan year, en				33	0			
34	0 1	ment before reflecting carryove	,			34	22850			
			Carryover balance		Prefunding balar	nce	Total balance			
35	Balances used to offs	set funding requirement		7522		0	7522			
36	Additional cash requir	rement (item 34 minus item 35		36	15328					
37		ed toward minimum required co		37	15358					
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	38 30			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over it	em 37)	39	0			
40	Unpaid minimum requ	uired contribution for all years		40						

Schedule SB, line 26 - Schedule of Active Participant Data

THE SOURCE

DEFINED BENEFIT PLAN

13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Years of Credited Service

	Ur	ıder 1	1	to 4	5	to 9	10	to 14	15	to 19	20	to 24	25	to 29
Attained		Avg.		Avg.		Αvg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34														
35 to 39														
40 to 44							1							
45 to 49														
50 to 54														
55 to 59														
60 to 64														
65 to 69														
70 & up														

Years of Credited Service

Age	No.	Comp.	No.	Comp.	No.	Comp.
Attained		Avg.		Avg.		Avg.
	30	to 34	35	to 39	40	& up

Age No. Comp. No

70 & up

Schedule SB, part V - Statement of Actuarial Assumptions/Methods

THE SOURCE

DEFINED BENEFIT PLAN 13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES Years 0-5 Segment rate 1 5.590%

Years 6-20 Segment rate 2 6.340% Years over 20 Segment rate 3 6.540%

PRE-RETIREMENT MORTALITY TABLE -- None.

TURNOVER/DISABILITY-- None SALARY SCALE -- None INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT MORTALITY TABLE -- 2009 Funding Target - Combined - IRC 430(h)(3)(A).

EXPENSE LOAD -- None
COST OF LIVING None

OPTIONAL FORM 100% of retirees assumed to elect lump sum payment.

LUMP SUM -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Or

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES Years 0-5 Segment rate 1 5.240%

Years 6-20 Segment rate 2 5.690% Years over 20 Segment rate 3 5.370%

MORTALITY TABLE -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT INTEREST -- 5.000%

MORTALITY TABLE -- None.

POST-RETIREMENT INTEREST -- 5.000%

MORTALITY TABLE -- 1983 INDIVIDUAL ANNUITY male rates.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods

THE SOURCE

DEFINED BENEFIT PLAN 13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:

INTEREST --

8.000%

POST-RETIREMENT:

INTEREST --

8.000%

MORTALITY TABLE -- 1983 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

Schedule SB, line 32 - Schedule of Amortization Bases THE SOURCE

10-11-2010

DEFINED BENEFIT PLAN 13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

Type of Base	Present Value of	Date Base	Years Remaining	Amortization
	Remaining Installments	Established	Amortization Period	Installment
Shortfall	135,384	01/01/09	7	22,850

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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and en	dina	12/31/2009	<u> </u>
	Round off amounts to nearest dollar.					<u> </u>
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable ca	use is esta	blished.		
A	Name of plan			B Three-	digit	
	THE SOURCE DEFINED BENEFIT PLAN				umber (PN) 🕨	001
			ŀ	i		
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ			D Emplo	ver Identificati	on Number (EIN)
	ET-JO DISCOUNTS INC.				084325	(2)
	21 00 P100001120 11101			13-3	304323	
F	Type of plan: X Single Multiple-A Multiple-B F Prior ye	ar nlan si:	ze: X 100	or fewer	101-500	More than 500
Pai		or planton		OI ICITCI		More triair 500
1	Enter the valuation date: Month 01 Day 01	_ Year	2009			
						
2	Assets:					· · · · · · · · · · · · · · · · · · ·
	a Market value	• • • • •		• • • • •	2a	159,159_
	b Actuarial value		· · · · ·	• • • • •	2b	159,159
3	Funding target/participant count breakdown	_	(1) Num	ber of partic	ipants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a		0		0
	b For terminated vested participants	3b		3		269,878
	C For active participants:					
	(1) Non-vested benefits	3c(1)				0
	(2) Vested benefits	3c(2)	·			35,463
	(3) Total active	3c(3)		1		35,463
	d Total	3d	<u></u>	4		305,341
4	If the plan is at-risk, check the box and complete lines a and b		🔲			
	a Funding target disregarding prescribed at-risk assumptions		• • • • •	• • • • •	4a	 .
	b Funding target reflecting at-risk assumptions, but disregarding transition rule fo	r plans tha	it have bee	n		
	at-risk for fewer than five consecutive years and disregarding loading factor	• • • • •	• • • • •	• • • • •	4b	
5	Effective interest rate		• • • • •	• • • • •	5	6.32
_6	Target normal cost		• • • • •	• • • • •	6	0
Sta	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attach	ments if now is	complete and a	coursta Each ores	nhad peerimotics was	analise in
	accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the o combination, offer my best estimate of anticipated experience under the plan.	sperience of the	plan and reason	nable expectations)	and such other assur	nptions, in
97	IGN CCC					
Н	ERE				10/11/20	10
	Signature of actuary				Date	
	DAVID PAVEL				08-0268	9
	Type or print name of actuary			Most re	ecent enrollme	ent number
	APS PENSION & FINANCIAL SERVICES			(516)	228-8444	
	Firm name		-	relephone n	umber (includi	ng area code)
	20 CROSSWAYS PARK NORTH, SUITE 410					
ŭ	S WOODBURY NY 11797-2007					
	Address of the firm		·			
	e actuary has not fully reflected any regulation or ruling promulgated under the statute	in comple	eting this so	chedule, che	ck the box and	l see
instr	uctions					

Part II Begi	nning of year carryover a	nd prefunding balances		<u></u>				
			(a) Carryover balance	(b) Pre	funding	balance	
7 Balance at	beginning of prior year after a	pplicable adjustments (item 13 from	prior			_		
year)		<u></u>		17,214				0
		requirement (item 35 from prior yea		4,447	<u> </u>			
				12,767	<u> </u>			0
		Il return of <u>-41.08</u> %		(5,245)				0
	excess contributions to be ad		1					, :
		or year)				<u></u>		0
	on (a) using prior year's effect				:	-		
		plan year to add to prefunding balar			i.			_
		unding balance						
		deemed elections		0		*		_
		n 9 + item 10 + item 11d - item 12).		7,522		·		
	nding percentages		· · · · · · · · · · · · · · · · · · ·	.,,	<u> </u>			
						14	49.66	0/
15 Adjusted for	nding target attainment nerce	ntage	• • • • • • •				49.66	
		ses of determining whether carryove				+ 13	49.00	76
	=		•	-		16	04.50	
17 If the current	t value of the assets of the pl	an is less than 70 percent of the fund	dina tanant antar		• • • • •	- _ 	94.60 52.13	<u> </u>
Part IV Cone	ntributions and liquidity	an is less than 70 percent or the fund	ung target, enter	such percentage		17	52.13	<u>%</u>
								
		e plan year by employer(s) and employer						
(a) Date (MM-DD-YYYY	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by	'		ount paid by	
<u> </u>	· · · · · · · · · · · · · · · · · · ·		(IVIIVI-UU-1 T 1 1)	employer(s)		emp	loyees	
09/14/2010	17,2	53 0						
							·	
	-							
				ļ				
	_							
. =-								
			Totals ► 18(b)		,253 18((c)		
19 Discounted	employer contributions see	instructions for small plan with a val	uation date after t	he beginning of the year:				
a Contribu	tions allocated toward unpaid	minimum required contribution from	prior years		19a			0
b Contribu	tions made to avoid restriction	ns adjusted to valuation date			19b			0
C Contribut	ions allocated toward minimum re	equired contribution for current year adjus	ited to valuation dat	е	19c		15	,358
20 Quarterly co	ontributions and liquidity short	fall(s):					- 5.00 00 100.00000	
a Did the	olan have a "funding shortfail"	for the prior year?		· • • • • • • • • • • • • • • • • • • •		XYes	□No	
b If 20a is	"Yes," were required quarterly	installments for the current year ma	ide in a timely ma	nner?		Yes	X No	
		omplete the following table as applica			· ·	7.7	VALUE OF	
		Liquidity shortfall as of er		is plan year	· · ·	********		
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		
								—

Part V Assumpt	ions used to determine fo	unding target and target norm	nal cost		
21 Discount rate:					
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used
	5.59 %	6.34 %	6.54 %		
b Applicable month	(enter code)			21b	1
22 Weighted average	retirement age			22	70
23 Mortality table(s) (see instructions) X		Prescribed separate		Substitute
Part VI Miscella	neous items		-		
24 Has a change bee attachment		d actuarial assumptions for the cui	•		· · ·
25 Has a method cha		nt plan year? If "Yes," see instruct			
		ctive Participants? If "Yes," see ins			
		e funding rules, enter applicable c			<u> </u>
regarding attachm				27	
Part VIII Reconci	liation of unpaid minimus	m required contributions for	prior years		
28 Unpaid minimum (required contribution for all pr	ior years		28	0
		ward unpaid minimum required co			
(item 19a)	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		29	o
		contributions (item 28 minus item		30	0
Part VIII Minimun	n required contribution fo	or current year			
31 Target normal cos	t, adjusted, if applicable (see	instructions)		31	0
32 Amortization insta	llments:		Outstanding Balance		Installment
a Net shortfall amor	tization installment	• • • • • • • • • • • • • • • • • • • •	135,	384	22,850
bWaiver amortization	on installment	<u></u>		0	0
		r, enter the date of the ruling letter	granting the approval		=
(Month	Yea	r) and the waived a	mount	33	o
34 Total funding requ	irement before reflecting carr				
(item 31 + item 32	a + item 32b - item 33)	· · · · · · · · · · · · · · · · · · ·		34	22,850
		Carryover balance	Prefunding Balance		Total balance
35 Balances used to	offset funding requirement	7,522		0	7,522
36 Additional cash re	quirement (item 34 minus iter	n 35)		36	15,328
37 Contributions alloc	cated toward minimum require	ed contribution for current year ad	usted to valuation date		**************************************
				37	15,358
		nt year (see instructions)		38	30
		nt year (excess, if any, of item 36		39	
40 Unpaid minimum i	required contribution for all ye	ars		40	

Schedule SB, part V - Summary of Plan Provisions THE SOURCE DEFINED BENEFIT PLAN

13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

TYPE OF ENTITY S corporation.

DATES Effective-01/01/2000 Valuation-01/01/2009 Eligibility-01/01/2009 Year-end-12/31/2009

Top Heavy Years - 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None

Age at last birthday. Other ages at nearest birthday.

Entry Age For Full Funding Limitation Calculation - as of valuation date equal to or

after date of hire.

HOURS REQUIRED FOR

Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility

requirements.

New participants are not included in current year's valuation.

RETIREMENT NORMAL - Anniversary date nearest attainment of age 65, and completion of 5 years of

participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (prospective salaries)

FUNDING - 3 Highest consecutive years of participation.

ACCRUED BENEFIT - 3 Highest consecutive years of participation.

TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of service.

PLAN BENEFITS

RETIREMENT-- 2.200% of average monthly compensation multiplied by total years of service limited

to 11 years. Service prior to 01/01/1995 is excluded.

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

********************** TOP HEAVY MINIMUM BENEFITS *****************

TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to 10 yrs of participation.

2.000% actuarially adjusted for normal form of benefit.

PLAN IS SUPER TOP HEAVY

Schedule SB, part V - Summary of Plan Provisions THE SOURCE DEFINED BENEFIT PLAN 13-3084325/001

FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

NORMAL FORM Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT Present value of accrued benefits.

ACCRUED BENEFIT Pro-rata based on service (calculated as of beginning of plan year). Maximum Accrual

14 Years. Service prior to 01/01/1995 is excluded.

TERMINATION

BENEFITS 0% first year, 20% each additional year to a maximum of 100% after 6 years.

Service is calculated using all years of service except years prior to plan effective

date.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD Market value.

Schedule SB, line 22 Description of Weighted Average Retirement Age

THE SOURCE DEFINED BENEFIT PLAN
13-3084325/001

FOR THE PLAN YEAR 1/01/2009 THROUGH 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Becarity Administration Penalon Sanari Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4066 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6068(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

2009

This Form is Open to Public inspection.

(FE	Annual Report	Identification information)					
		or fiscal plan year beginning		/01/2009 and endin	9	12/31/2009		
A 1	This return/report is for:	x single-employer plan	muitipie	employer plan (not multiemploy	er)	one-participa	int plan	
	This return/report is for:	☐ first return/report	T final res	him/report		_		
		an amended relumineport	\mathbf{H}	ian year return/report (less than 1	2 manths)			
	bb	H	畄 .	dic extension		DFVC progra	am.	
י ט	Check box if (lling under:		ш.	inc excension			••••	
	'm'role'	special extension (enter descrip		4				
		ormation — enter all neorested	<u>information.</u>			So. 500 - 100 -	ή	
1 a	Name of plan				י ן	D Three-digit plan number	1	
	THE SOURCE DEFINED I	BERBFIT PLAN			L	(PN) ►	.001	
					1	C Effective date of		
						01/01/2000		
28	Plan sponsor's name and add ET-JO DISCOUNTS INC.	dress (employer, if for single-employ	et blan)			b Employer (dem) (EIN) 13–30		
	ET-JO DIBCOUNTS INC.	•			2		talephone number	
	47 WILDER ROAD				<u> </u>	(212) 249-	6609	
70	MORSEY	NY 10028			2	d Business code	(see instructions)	
		rd address (if same as plan employ	r enter Se	man	3	446190 B Administrator's	FIN	
	\$620	id adarcos (ii sains as pien diipioyi					C	
				-	3C Administrator's telephone number			
					13	C Administrators	улиристи потові	
4		plan sponsor has changed since the open of the last return. Sponsor a l		heport filed for this plan, enter th	<u> 4</u>	HD EIN		
	nance, Eur and the publishmen	iver from the sast return, operator a r	441116		4	kg PN		
5a	Total number of participants	at the beginning of the plan year .			5	a	4	
þ		at the end of the plan year				b	3	
C	Total number of participants	with account balances as of the end	of the plan	year (dalined benafit plans do no	* _	ic		
Aa		during the plan year invested in edg					X Yes No	
Ь		the annual examination and report					مارت حوارها	
_		(See instructions on walver eligibili			•		XYes No	
	If you answered "No" to elt	her 6a or 6b, thu plan cannot use	Form 5500-	SF and must instead use Form	5500.			
9	Financial Infor	mation						
7	Pien Assets and Liabilities		調整	(s) Beginning of Y	ear	(b) Kn	d of Year	
a	Total plan assets		75	159	,159		220,795	
b	Total plan liabilities		71		0		0	
C	Net plan assats (aubtract line	7b from line 7a)	70	159	,159		220,795	
8	Income, Expenses, and Tran	rsfers for this Plan Year		(a) Amount		(b)	Total	
a	Contributions received or rec		الاحتام				أأشع شيئد يعسان بأسامه ويهرين	
	(1) Employam	· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·	13	7,253			
	(2) Participants	<i></i>	· · Bet	9	0			
	(3) Others (including rollove	45)	936	· - =	0			
þ		<i></i>	· · <u>a</u>		,244		<u> </u>	
6	Total income(add lines 8a(1)), 8a(2), 6a(3), and 8b)	80				92,497	
đ	Benefits paid (including direct to provide benefits)	et rollovers and insurance premiums	I					
_	• • •	ective distributions (see instructions)	·		0,921	· 1000		
•		icave cisulousions (see insulicijons) Iera (salsiles, fees, commissions) -	54	**************************************	0		"一个"。"好好	
g	Other concress	- (4maines, 100s, EUNIMISSIONS)				1	N TO SEE SEE	
Ĭ			• •	Charles and the Contract of th		<u> - ما استار المبالخين .</u>	30,921	
n	Total expenses (add lines &d		· 81		景體		61,576	
1	Net income (lass) (subject lin		· - Bi			A CHARLES	01.5.10	
1	Transfers to (from) the plan ((Sea Instructions)			_ 0		Land State of the Contract of	

188	Plan Characteristics							
	f the plan provides parallon benefits, enter the applicable panalon LA 1G 3D							
D I	if the plan provides welfare benefits, enter the applicable wellow fo	salure codes from the l	List of Plan Characteristic	CCG98 II	1 1776 1	istructions:		
	Compliance Questions							
10	During the plan year;			Yes	No	Aı	mount	
а	Was there a fallure to transmit to the plan any participant contrib	ution within the time p	eriod described in		×			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes		HIIV	╬┼		-	*	
_	on line 10s.)	•	10	<u>b</u>	X			
c	Was the plan covered by a fidelity bond?		10	۵	×			
d	Did the clan have a loss, whather or not reimbursed by the plant or dishenesty?		•	d	х			
e	Were any fees or commissions paid to any brokers, agants, or oil insurance services or other organization that provides some or a instructions.)	ill of the benefils under		•	×			
f	Has the plan falled to provide any benefit when due under the pl		10		х			
g	Did the plan have any participant loans? (If "Yes," enter amount		 		×			 .
h				4	-	mny may you	Talifa gern	أراء المناسبة
•	2520,101-3.)		10	<u>h</u>		A		ſ
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required notice or 01-3	one of the					
	Pension Funding Compliance		- 					
11	le this a defined benefit plun subject to minimum funding require	iments? (if "Yes," see	nstructions and complete	Schedul	e 5B (Form	XYes	No
12	is this a defined contribution plan subject to the minimum fundin (If "Yes," complete 12s or 12b, 12c, 12d, and 12c below, as app	-	on 412 of the Code or sec	tion 302	of ER	IIBA?		X No
	If a waiver of the minimum funding standard for a prior year is to granting the waiver	eing amortized in this p	Month_					-
b	you completed line 12a, complete lines 3, 9, and 10 of Schedu	•	· · · · · · · · · · · · · · · · · · ·	г	125	1		
C	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this				120			
d		ter the result (anter a n	linus sign to the left of a	Γ	12d			
e	Will the minimum funding amount reported on line 12d be mat b	y the tunding deadline	?			Yas	No	□N/A
	Plan Terminations and Transfers of Asse	its						
13a	and the second s	plan year or any prior y	ear?,				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year		· ·[138			
	Were all the plan assets distributed to participants or beneficiarly of the PBGC? If during this plan year, any assets of ilabilities were transferred	· · · · · · · ·			brol	• • • •	Yes	X No
	which assets or liabilities were transferred. (See instructions.)						· , · · · · · · ·	
	13o(1) Name of plan(s):	····		1	<u>lc(2) E</u>	(s)	136(3)	PN(s)
							1	
							 	
							1	
Cauti	ion: A penalty for the late or incomplete filling of this return/rep	naznazze <u>ad lilw t</u> roc	unione resconable caus	la ost	bilah	ed.		·
SH OF	r penalises of perjury and other penaltias sat forth in the instruction r Schedule MB completed and signed by an enrolled actuary, as w , it is true, copact, and complete.	is, I declare that I have ell as the electronic ve	exemined this return/report, a	ert, includend to the	ding, if 10 besi	applicable, s of my knowl	Schedule ledge and	1
W	10/12	in last in						
	Signature of plan administrator	× 10/12/10	STEVEN TELVI		•			
	Collinearing of Armit Services (1971)	Date	Enter name of Individ	uel sign	ing 88	pian adminis	itrator	
	Bignature of employer/plan apprisor	Dete.	Photo and the second					
12.00	and militaria at ambiolombrait abounds.	Date	Enter name of individ	lual sign	ing as	employer or	<u>plan epon:</u>	BOT

Page 2-

Form 6500-8F (2009)

Schedule SB, Line 19 - Discounted Employer Contributions THE SOURCE DEFINED BENEFIT PLAN 13-3084325/001 FOR THE PLAN YEAR 01/01/2009 THROUGH 12/31/2009

CONTRIBUTIONS DISCOUNTED TO VALUATION DATE

Valuation Date 1/1/09
Effective Interest Rate 6.32%
Interest on Missed quarterly contributions 11.32%

			Quarterly	Regular	Discounted	Discounted
	Due Date	Date of	Deposit	Deposit	Quarterly	Regular
(of Quarterly	<u>Deposit</u>	<u>Amount</u>	<u>Amount</u>	<u>Deposit</u>	<u>Deposit</u>
	4/15/09	9/14/10	1,112		939	0
	7/15/09	9/14/10	1,112		950	0
	10/15/09	9/14/10	1,112		961	0
	1/15/10	9/14/10	1,112		972	0
		9/14/10		12,805	0	11,537

TOTALS 4,448 12,805 3,821 11,537

TOTAL ACTUAL CONTRIBUTIONS

17,253

TOTAL DISCOUNTED CONTRIBUTIONS

15,358