Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

For	art I Annual Report Identification Information				
	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α .	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В.	This return/report is for: first return/report	final retur	n/report		_
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descripti	_			
Pa	art II Basic Plan Information—enter all requested inform				
	Name of plan	ialion		1b	Three-digit
	IOR NEWS / PRIME TIME 401(K) PLAN				plan number 001
	.,				(PN) •
				1c	Effective date of plan 01/01/2008
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number
	ASSOCIATES, INC.				(EIN) 11-2981328
	FESTYLES SOUTH COUNTRY ROAD			2c	Plan sponsor's telephone number 631-286-0058
	PORT, NY 11713-2549			2d	Business code (see instructions)
					511110
3a	Plan administrator's name and address (if same as Plan sponsor, ASSOCIATES, INC. 146 SOUTH	enter "Same	(POAD	3b	Administrator's EIN 11-2981328
ror.	BELLPORT			30	Administrator's telephone number
				30	631-286-0058
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan number from the last return/report. Spons	or's name		10	PN
5a	Total number of participants at the beginning of the plan year			5a	17
	Total number of participants at the end of the plan year				0
C	Total number of participants with account balances as of the end of			5b	
C	complete this item)		•	5с	0
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Furt III Financial Information	-orm 5500-	SF and must instead use Form 55	υυ.	
7	Plan Assets and Liabilities				
٠.	Tarrioscio and Edomico		(a) Reginning of Year		(b) End of Year
а	Total plan assets	7a	(a) Beginning of Year	1	(b) End of Year
	Total plan liabilities			1	
b	Total plan liabilities	7b			
b	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	198504 198504		0
b	Total plan liabilities	7b	198504		0
b c 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7b	198504 198504		0
b c 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c 8a(1)	198504 198504		0
b c 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2)	198504 198504 (a) Amount	1	0
8 a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3)	198504 198504	1	(b) Total
8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3)	198504 198504 (a) Amount	1	0
b c 8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	198504 198504 (a) Amount	1	(b) Total
b c 8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	198504 (a) Amount	1	(b) Total
b c 8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	198504 (a) Amount	1	(b) Total
b c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	198504 (a) Amount	1	(b) Total
b c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d	198504 (a) Amount	1	(b) Total
b c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8f	198504 (a) Amount	1	(b) Total

	Form 5500-SF 2010 Page 2-							
a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 2F 2G 2J 3D	cterist	ic Co	des in	the instructions:			
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	c Cod	les in t	he instructions:			
art	V Compliance Questions			T				
)	During the plan year:		Yes	No	Amount			
	, , , , , , , , , , , , , , , , , , , ,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has 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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
ırt	VI Pension Funding Compliance							
ĺ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				_ _			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 0 If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

12c

12d

Yes

No

N/A

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control X Yes No

of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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

C Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

Plan Terminations and Transfers of Assets

Part VII

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
		1
		1
		•

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/08/2011	FRANK TROTTA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 Internal Revenue Code (the Code).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

v.092308.1

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information 12/31/2010 For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending single-employer plan one-participant plan multiple-employer plan (not multiemployer) A This return/report is for: first return/report final return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number Senior News / Prime Time 401(k) Plan 001 (PN) 🕨 1C Effective date of plan 01/01/2008 Plan sponsor's name and address (employer, if for single-employer plan) FCT Associates, Inc. 2b Employer Identification Number (EIN) 11-2981328 Plan sponsor's telephone number 50 Lifestyles (631) 286-0058 146 South Country Road Business code (see instructions) 511110 NY 11713-2549 Bellport 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 17 5a Total number of participants at the beginning of the plan year 5a 0 b Total number of participants at the end of the plan year...... Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 198,504 7a a Total plan assets...... 7b Total plan liabilities..... 198,504 Net plan assets (subtract line 7b from line 7a)..... 7с (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 6,264 8b Other income (loss)..... 6,264 8с Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 204,768 b8 to provide benefits)..... 8e Certain deemed and/or corrective distributions (see Instructions) ... 8f Administrative service providers (salaries, fees, commissions)...... 8g Other expenses..... 204,768 8h Total expenses (add lines 8d, 8e, 8f, and 8g)..... (198,504)8i Net income (loss) (subtract line 8h from line 8c)..... Transfers to (from) the plan (see instructions)..... Form 5500-SF (2010) For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

_			
Form	5500.	SF.	2010

Signature of employer/plan sponsor

Par	140040000								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	ist of Plan Charac	teristic	Codes	in th	e instruction	ns:	
Part	V Compliance Questions								
10	During the plan year:			Y	es N	lo	А	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		х			
b									
C	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	-	·	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	e benefits under the	e plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan? $\boldsymbol{.}$			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		x			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)		9 CFR	10h		x			
ì	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.			10i		0.000			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding req	uirements of section	1 412 of the Code	or secti	on 302	of E	RISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а	If a waiver of the minimum funding standard for a prior year is being a		n year, see instruct	tions, a	nd ente	er the	e date of the	letter ru	ling
	granting the waiver,							'ear	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M				_				
b	Enter the minimum required contribution for this plan year		t		12	2b		-	
C	Enter the amount contributed by the employer to the plan for this plan	year			12	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				12	≧d		,	_
е	Will the minimum funding amount reported on line 12d be met by the t	funding deadline?					Yes	No _	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		<u></u>			X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the empl	lover this vear			1	3a			C
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to another	plan, or brought u	nder th		rol 		X Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan(s	s) to			r	
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed a	ınless reasonable	e cause	is es	tabli:	shed.	1	
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well at it is true, correct, and complete	declare that I have	examined this retu	rn/repoi	rt, inclu	uding	, if applicab	le, a Sch nowledge	edule and
		1/22/11	Frank Trott	:a	·		-		
SIGI HER	<u> </u>	'}'''	Enter name of inc		ejanin	10 SE	nlan admin	istrator	
	Signature of plan administrator	Date	Enter name of m	uiviuudi	aigiiii	ıy as	Piari aumin	ISH BLUI	
SIGI	200								
HER	Signature of employer/plan sponsor	Date _	Enter name of in-	dividual	signin	ıg as	employer o	r plan sp	onsor