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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

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

P	art I	Annual Repor	t Identificatio	n Information	on					
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
Α	This retu	urn/report is for:	x single-emp	loyer plan	n	nultiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:					inal retur	n/report		_	
an amended return/report short plan							year return/report (less than 12 n	onths)		
							extension		DFVC program	
	OHOOK D	ox ii iiiiig dilder.	님	ension (enter de	ш					
D.	art II	Basic Plan Infe		,		,				_
	Name o		Officiation—em	er an requested	ı ırııormat	1011		1b	Three-digit	
		AY USA INC 401K I	PLAN						plan number 001	
									(PN) •	
								1c	Effective date of plan	
2-	D:	 		.,,				26	04/01/1998	
		onsor's name and a AY USA INC	aaress (employer	, if for single-en	npioyer pi	ian)		20	Employer Identification Number (EIN) 11-3219360	
								2c	Plan sponsor's telephone number	r
	5004 VETERANS MEMORIAL HIGHWAY HOLBROOK, NY 11741-0000								631-218-2130	
.02	Britoori	, 141 111 11 0000						2d	Business code (see instructions) 339900	
3a	Plan ad	Iministrator's name a	and address (if sa	me as Plan sno	nsor ent	er "Same	<u>a</u> ")	3b	Administrator's EIN	
DAT	A DISPL	dministrator's name a .AY USA INC	and address (ii sa	5004	VETERA BROOK, N	NS MEM	ORIAL HIGHWAY		11-3219360	
				TIOLL	SKOOK, I	NI 11741	1-0000	3с	Administrator's telephone number 631-218-2130	r
1	If the ne	ma and/or FINI of the	nlan ananaar ha	a changed sing	o the lest	roturn/ro	nort filed for this plan, onter the	4 h		
		IN, and the plan nur					port filed for this plan, enter the	40	EIN	
	•				<u> </u>			4c	PN	
5a	Total n	umber of participant	s at the beginning	of the plan yea	ar			5a		9
b	Total n	umber of participant	s at the end of the	e plan year				5b		8
C							rear (defined benefit plans do not			8
_		•		•	•		(See instructions.)dent qualified public accountant (I		Yes [] N	10
D							ons.)		X Yes N	Ю
	If you			he plan canno	t use For	m 5500-	SF and must instead use Form	500.		
Pa	rt III	Financial Info	rmation					ı		
7	Plan A	ssets and Liabilities					(a) Beginning of Year		(b) End of Year	
		lan assets			-	7a	2673		32311	
b	Total p	lan liabilities				7b		54	38	
С	Net pla	an assets (subtract li	ne 7b from line 7a	ı)		7c	2658	14	32273	2
8		e, Expenses, and Tra		an Year	_		(a) Amount		(b) Total	
а		outions received or re				8a(1)	164	36		
		articipants				8a(2)	169	17		
	` ,	hers (including rollov				8a(3)				
b		ncome (loss)	,			8b	387	17		
C		ncome (add lines 8a)			 	8c			7207	0
d		ts paid (including dire				<u> </u>				
-		ride benefits)				8d	142	02		
е	Certain	n deemed and/or cor	rective distribution	ns (see instructi	ions)	8e				
f	Admini	strative service prov	riders (salaries, fe	es, commission	ns)	8f	9	50		
g	Other e	expenses				8g				
h	Total e	expenses (add lines 8	8d, 8e, 8f, and 8g))		8h			1515	
i	Net inc	come (loss) (subtract	line 8h from line	8c)		8i			5691	8
i	Transfe	ers to (from) the plar	n (see instructions	s)		8j				

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 3D	acteris	tic Co	des in th	ne instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Coc	les in the	e instructions:
ırt	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
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		35000
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		Х	
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		33991
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			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 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.)	e or se	ction 3	02 of EF	RISA? Yes No

If you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter	r the minimum required contribution for this plan year	12b			
C Enter	r the amount contributed by the employer to the plan for this plan year	12c			
	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 negative amount)				
	he minimum funding amount reported on line 12d be met by the 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 year or any prior year?

130(2) EIN(5)	130(3) PN(5)
1	I
1	I
	 [
1	I

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.	03/29/2011	PENSION FILERS				
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				

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2010

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OMB Nos. 1210-0110 1210-0089

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

	art I Ann	ual Repo	rt Identification Information	n					
For			0 or fiscal plan year beginning		01/01/2010	and ending	12	/31/2010	
Α	This return/repor	rt is for:	x single-employer plan	☐ multi	iple-employer plan ((not multiemployer)		one-participa	ent plan
В	This return/repor	rt is for:	first return/report	☐ final	return/report		_		
	•		an amended return/report	H	•	port (less than 12 mont	ns)		
_	Check box if filin		Form 5558	=	matic extension	port floor than 12 mone	.о,	DEVC progra	nm
_	Check box if film	g under.	H		made extension		L	T DE AC brodie	2111
_	1AI		special extension (enter descrip						
		<u>ic Plan In</u>	formation enter all requested	informatio	n.	<u> </u>	1 46 .		1
та	Name of plan							Fhree-digit blan number	
	DATA DISPL	AY USA I	NC 401K PLAN					PN) ►	001
								Effective date o	f plan
		· ···						04/01/1998	
4a	DATA DISPL		ddress (employer, if for single-employe	er plan)				±mployer identi EIN) 11−32	ification Number
	DAIR DISFL	MI OSM I	140						telephone number
	5004 VETER	CANS MEMO	RIAL HIGHWAY					(631) 218-	2130
US	HOLBROOK		NY 11741-0000						(see instructions)
3a		ator's name a	and address (If same as plan employer	enter "Sa	ame"ì			339900 Administrator's	FIN
	SAME		,	,	,				
							30	\ dministrators	telephone number
							30 /	administrator s	telephone namber
									
4			ne plan sponsor has changed since the mber from the last return/report. Spons			plan, enter the	4b i		
		are preserves					4c F	PN	
5a			s at the beginning of the plan year .				5a		9
b			s at the end of the plan year				<u>5b</u>		8
С			s with account balances as of the end o				5c		8
6a			s during the plan year invested in eligib					·	X Yes No
ь			f the annual examination and report of						
			? (See instructions on waiver eligibility		,				X Yes No
_			ither 6a or 6b, the plan cannot use F	orm 5500)-SF and must inst	ead use Form 5500.			
-		ncial Info	ormation	1.750	(a) [1		
7_	Plan Assets an			1 40%	(a) E	Beginning of Year	+	(b) End	of Year
a	Total plan asse			• -	7a	267,368			323,116
b	Total plan liabil	ili e s .		· •	7b	1,554	+		384
<u> </u>	Net plan assets	s (subtract lin	ne 7b from line 7a)		7c	265,814	_		322,732
8			nsfers for this Plan Year		<u> </u>	(a) Amount		(b)	Total
а	Contributions re (1) Employers		ceivable from:		n(1)	16,436		198	
	(1) Employers (2) Participant					16,917			
	(3) Others (inc		ore)		(2)	10,31,			*
b	Other income (ers)		8b	38,717	-		
C	•), 8a(2), 8a(3), and 8b)		8c			<u> </u>	72.070
ď		-	et rollovers and insurance premiums	· ''	BC ,		808		72,070
	to provide bene	_	· · · · · · · · · · · · · · · · · · ·		8d	14,202			
е	Certain deemed	d and/or corr	ective distributions (see instructions)		8e		X.44		
f	Administrative s	service provi	ders (salaries, fees, commissions) .		8f	950	7	-it v as casilating, sa	
g	Other expenses	s			8g		\neg	4.54 (1)	
h	Total expenses	(add lines 8	d, 8e, 8f, and 8g)		8h				15,152
i		•	ne 8h from line 8c)		Bi I			*	56,918
i		•	(see instructions)		Bi -	.*X_000000000000000000000000000000000000	 	• • • • • • • • • • • • • • • • • • • •	. %

Pai	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension featur	re codes from the List	of Plan Characteris	tic Co	des in	the ins	structions:						
h	2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
	If the plant provides wellare benefits, enter the applicable workers reading	COOCO NOM INC LISE O	That offarosoffor										
Pa	t V Compliance Questions												
10	During the plan year:				Yes	No	Ar	nount					
а				40-		x							
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (December 2015).			10a									
_	on line 10a.)			10b		х							
c	Was the plan covered by a fidelity bond?			10c	x				35,000				
d			sed by fraud				_						
	or dishonesty?		• • • • •	10d		X							
е													
	insurance services or other organization that provides some or all of the instructions.)			10e		х							
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	х				33,991				
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29 C	FR										
	2520.101-3.)			10h		х			bole (* 5. ×)				
1	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			10i	İ								
Pai	tVI Pension Funding Compliance												
11	Is this a defined benefit plan subject to minimum funding requirements							□ves	X No				
40	5500))								X No				
12	Is this a defined contribution plan subject to the minimum funding required (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		12 of the Code of Se	ecuon	302 0	I ERIO	A: • •		AIN				
а			ear see instructions	t and	enter	the da	te of the lette	r nulina					
	granting the waiver		Moni					ear					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and sk	tip to line 13.		г	401-							
b						12b 12c							
c	Enter the amount contributed by the employer to the plan for this plan				. -	120							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		-		.	12d							
е	Will the minimum funding amount reported on line 12d be met by the fi	unding deadline?					Yes [No	□N/A				
Par	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 year?			٠			Yes	X No				
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year		•		13a							
b		nsferred to another pl	an, or brought unde	r the	contro	I			-				
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from the	his plan to another pla	n(s) identify the old	en(s)	to .			Yes	X No				
	which assets or liabilities were transferred. (See instructions.)		(+),	(-)									
	13c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)				
								<u> </u>					
Caus	ion: A penalty for the late or incomplete filing of this return/report w	/ill be assessed unia	ss reasonable cau	se is	estah	lished							
	er penalties of perjury and other penalties set forth in the instructions, I de							chedule					
SB o	B 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												
belie	f, it is true, correct, and complete.	Ta/a-1	1										
	IN mill I hu	3/23/11											
HE	RE Signature of then administrator	Date	Enter name of ind	ividua	al signi	ng as p	olan administ	rator					
	in mily hu	3/23/11											
HE	HERE Signature of employer/plan sponsor Date Enter name of i						me of individual signing as employer or plan sponsor						

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