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 accor	dance wit	h the instructions to the Form 5500	O-SF.					
	Tompress Promptes								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan				
		report							
Part II Annual Report Identification Information 12/31/2010 and ending 12/31/2010									
Part I Annual Report Identification Information and ending 1231/2010			□ pp./c						
C		1	extension		☐ DFVC program				
	special extension (enter description)	on)							
Pa	art II Basic Plan Information—enter all requested inform	nation							
	·			1b	<u> </u>				
PEG.	ASUS CLEANING CORP. PROFIT SHARING PLAN		. 001						
			4.	\ /					
				10	•				
22	Plan enancer's name and address (employer if for single employer	r plan)		2h					
		piari)		20	10 1005015				
				2c					
					716-886-3407				
DOI	ALO, NT 14205-1733			2d					
		. "0	"	26					
PEG	Plan administrator's name and address (if same as Plan sponsor, e		∋″)	30					
	BUFFALO, N	NY 14209-1	733	3c	Administrator's telephone number				
	, ,		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso		4						
	Total acceptance for a state and a state of the state of	 							
		s at the beginning of the plan year							
b	Total number of participants at the end of the plan year		5b	0					
С	·		•	5 0	0				
					Д □				
			,		res [] No				
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ions.)	-A)	X Yes ☐ No				
Pa									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a			0				
b	Total plan liabilities		185	,	0				
C			216669)	0				
		70	(a) Amount		(b) Total				
_			(a) Amount		(b) Total				
ű		. 8a(1)	C						
	(2) Participants	. 8a(2)	C						
	(3) Others (including rollovers)		C						
b		` '	27217	-					
_	,				27217				
_	1 \ 0	. 8d	235472						
е		8e	0						
f			8414						
g	Other expenses		C						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				243886				
i	Net income (loss) (subtract line 8h from line 8c)				-216669				
i	Transfers to (from) the plan (see instructions)		C						
		· XI							

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Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เธาเอเเษอ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2A

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	ine instr	uctions	:	
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					30000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re 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.)	10e		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.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
1	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•		Yes	X No
12		0))						! 	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	□ INO
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ntion o	and 6		o doto (f the le		~~
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-							
lf y	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co	ontrol		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN							PN(s)		
			+				_		
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	<u> </u>		
Inde B o	r per r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/	urn/rep	oort, ir	cludin	g, if app	,		
	F	true, correct, and complete. illed with authorized/valid electronic signature. 09/14/2011 ANNE CHERNEY	Y						
SIGI	N								

SIGN	Filed with authorized/valid electronic signature.	09/14/2011	ANNE CHERNEY
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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Department of Labor Employee Benefits Security Administration Penalon Benefit 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 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

	Annual Report Identification Information	07 /07	/2010 and and a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12/21/2070					
	the calendar plan year 2010 or fiscal plan year beginning		1/2010 and ending	.,	12/31/2010					
	This return/report is for:	•	nployer plan (not multlemploye	;;	one-participa	nt pian				
В	This return/report is for:	final retum	•							
	an amendad retum/report	short plan	year return/report (less than 12	? months)	_					
C	Check box if filing under: x Form 5558	automatic	extension		DFVC progra	m				
	apecial extension (enter description)								
P	art Basic Plan Information enter all requested infor	malion.				-				
1a	Name of plan			11	Three-digit					
	Pegasus Cleaning Corp. Profit Sharing Plan				plan number (PN). ►	001				
				10	Effective date o	1				
		····			01/01/1992					
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)	•	21	Employer Identi					
	Pegasus Cleaning Corp.			2	(EIN) 16-13	esess telephone number				
	1410-1412 MAIN ST			•	(716) 886-3					
770	BUFFALO NY 14209-1733			20	Business code	(see instructions)				
3a	BUFFALO NY 14209-1733 Plan administrator's name and address (if same as plan employer, er	tor "Sama"	<u> </u>	21	561720 3 Administrator's	EIM				
-	Same	Kei Geille	,	"	y Administrators	C(1)4				
					A A J . 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	rata de la constante de la con				
				31	S Administrators	telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsors	it retum/rep : Name	ort filed for this plan, enter the	41	b EIN					
				4	PN					
5a	The state of the s			5		59				
þ	Total number of participants at the end of the plan year			. 5	b	0				
C	Total number of participants with account balances as of the end of the complete this item)	ne plan yea	r (defined benefit plans do not	5	.	0				
6a	Were all of the plan's assets during the plan year invested in eligible									
	Are you claiming a walver of the annual examination and report of an	independe	nt qualified public accountant (IQPA)						
	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility and	d conditions	5.)			XYes No				
HO.	If you answered "No" to either 6s or 6b, the plan cannot use Form	n 0500-8F	and must instead use Form a	500.	· · · · · · · · · · · · · · · · · · ·					
7	Plan Assets and Liabilities		1 (-)			1				
a					(D) End	of Year				
b	Total plan assets	• 7a	216,			0				
	* * * * * * * * * * * * * * * * * * * *	. 7b	1	185		0				
$\frac{2}{c}$	Net plan assets (subtract line 7b from line 7a)	. 7c	216,	669	· · · · · · · · · · · · · · · · · · ·	. 0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	30	(b)	Total				
a	Contributions received or receivable from: (1) Employers	. 8a(1)		o 🌡						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	. 8a(3)		0						
b	Other Income (loss)	. 8b	27,	217						
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. Bc				27,217				
d	Benefits paid (including direct rollovers and insurance premiums			ā						
_	to provide benefits)	• <u>8d</u>	235,	100						
e	Certain deemed and/or corrective distributions (see instructions)	· 8e								
T	Administrative service providers (ealaries, fees, commissions)	- 18	8,	414						
g	Other expenses	- 8g		O A						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- <u>8h</u>				243,886				
ļ	Net income (loss) (subtract line 8h from line 8c).	. 81				(216,669)				
Ť	Transfers to (from) the plan (see instructions)	. 8j		0						
FC	r Paperwork Reduction Act Notice and OMB Control Numbers, see	the instru	ctions for Form 8500-SF.		F	orm \$500-SF (2010)				

	Form 5500-SF 2010	Page	2-	<u> </u>		_				
ra i	V Plan Characteristics									
Na I	the plan provides pension banefits, enter the applicable pension feature	codes from the List o	f Plan Ch	aracter	istic (odes	in the i	nstructions	:	,,,,,,,,,,,,,
	9m 93									
b t	the plan provides welfare benefits, enter the applicable welfare feature of	codes from the rist of	Man Cha	RCDOIN	ibi: Ci	Jues II	E CHICA HER	an delicine.		
Pan	V Compliance Questions		·········	,		<u> </u>				
10		· · · · · · · · · · · · · · · · · · ·				Yes	No	i	Amount	
iv a	During the plan year: Was there a failure to transmit to the plan any participant contribution w	vithin the time period d	escribed	in			x			
	on CED 2510 3-1022 (See instructions and DOI 's Voluntary Fiduciary C	Correction Program)			10a	—				
D	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	1101 III Cloud (I Alisacuc	a e e		10b		x			
_	Was the plan covered by a fidelity bond?			11. 11.	10c	X				30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit	y bond, that was caus	ed by frau	ıd						
•	or dishonesty?	· · · · · · ·			10d		X			
6	Were any fees or commisions paid to any brokers, agents, or other per	sons by an Insurance	carrier,							
	insurance services or other organization that provides some or all of the		lan? (See		100	<u> </u>	x			
f	Instructions.)				101		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y				10g		X			
h	If this is an individual account plan, was there a blackout period? (See						1		ra Park	
	2520.101-3.)			• •	10h	-	X	in the	r e	
i	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	quired notice or one o	f the	<u></u>	101	<u> </u>				
Par	Vi Pension Funding Compliance									
11	is this a defined benefit plan subject to minimum funding requirements 5500))	? (if "Yes," see instruc	and	compl	ete S	chedu	ie SB (I	Form	Ye	s X No
12	is this a defined contribution plan subject to the minimum funding requ	irements of section 41	2 of the C	Code o	r secti	ion 30	2 of ER	19A7 .	. ☐Y∈	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
a	If a walver of the minimum funding standard for a prior year is being ar	nortized in this plan y	eer, see Ir	ıstructi Mo	ола, а	ınd er	ter the	date of the	letter rullr	ng
IF.	granting the waiver	(Form 5500), and sk	ip to line	. <u> </u>	140 1		. 54			
b	Enter the minimum required contribution for this plan year					. [12b			
C	Enter the amount contributed by the employer to the plan for this plan					. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus					12d			
e						, .		Yes	□No	□N/A
A District	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?			•				, KY	38 No
	if "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year					13a	ļ		0
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another pl	an, or bro	ught u	nder t	he co	ntrol		ian.	
	of the PBGC? If during this plan year, any assets or liabilities were transferred from the	hie alan ta anniher nis	n/s) kien	i i i	nlani	a) to	• •		• (X) Ye	98 ∐No
C	which assets or liabilities were transferred. (See instructions.)	ing platt to situate ple	mile), men	in y in o	Present					
	13c(1) Name of plan(s):						13c(2) (EIN(s)	13c	(3) PN(s)
					Ì					
					-					
Cauf	ion: A penalty for the late or incomplete filling of this return/report w	riii be assessed unie	ss reaso	nable (ause	is es	tabilsh	ed.	,L	
Unde	or penalties of pariury and other penalties set forth in the instructions, i do	eclare that I have exa	mined this	retum	/repo	rt, Ind	uding, l	f applicable	a Sched	ule
SB o	r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, comest and complete.	the electronic version	of this rei	(urn/re	port, a	ind to	the bea	ot of my kn	owiedge a	na .
	MIMICAL	9-12-11	K	al	20	Ŧ	<u> </u>	Con	1000	<u> </u>
	Signature of plan administrator	Date	Enter na	ne of i	ndlvld	ual el	ning a	pian adm	Inistrator	
	Signature of employer/plan sponsor	Date	Enter nat	ne of i	ndivid	ual si	nino a	s employer	or plan sn	onsor