	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		Plan ctions 104 and 4065 of the Employ	20	2010			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public			
P	ension Benefit Guaranty Corporation			n the instructions to the Form 55	Inspection			
-		entification Information			10/04/			
For	calendar plan year 2010 or fisca	7		and ending	12/31/2			
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan		
B -	This return/report is for:	first return/report	final retur	•				
		an amended return/report	short plan	year return/report (less than 12 m	onths)	_		
C	Check box if filing under:	Form 5558		extension		DFVC program		
		special extension (enter descriptio	,					
-		nation—enter all requested informa	ation		16	Thursday diata		
	Name of plan SOURCE DEFINED BENEFIT F	PLAN			ai	Three-digit plan number		
The SOURCE DEFINED BENEFIT FLAN						(PN) ► 001		
					1c	Effective date of plan 01/01/2000		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 13-3084325		
ET-JO DISCOUNTS INC.					2c	Plan sponsor's telephone number 212-249-6609		
1414 THIRD AVENUE NEW YORK, NY 10028					2d	Business code (see instructions) 446190		
3a ET-J	Plan administrator's name and O DISCOUNTS INC.	address (if same as Plan sponsor, er ET-JO DISCO	nter "Same	e") C.	3b	Administrator's EIN 13-3084325		
		1414 THIRD NEW YORK,		i	3c	Administrator's telephone number 212-249-6609		
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		10			
52	Total number of participants at	the beginning of the plan year			-	PN3		
b		the end of the plan year			vu	0		
		th account balances as of the end of			5b			
	complete this item)				5c			
6a Were all of the plan's assets during the plan year invested in eligibl			e assets?	(See instructions.)		Xes No		
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No		
		er 6a or 6b, the plan cannot use Fo		,				
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	22073	5	0		
b	Total plan liabilities		7b		0	0		
C	Net plan assets (subtract line 7	b from line 7a)	7c	22073	5	0		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei (1) Employers	vable from:	8a(1)		0			
	., .,		8a(2)		0			
)	8a(3)		0			
b	Other income (loss)		8b	-3244	7			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			-32447		
d		ollovers and insurance premiums	يە 0	18497	9			
•		ive distributions (see instructions)	8d		0			
e f		s (salaries, fees, commissions)	8e 8f	330	_			
g	•		8g		0			
9 h	•	Be, 8f, and 8g)	oy 8h			188288		
i		e 8h from line 8c)				-220735		
j	() ()	e instructions)			0			

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 11 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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		Х				
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				
e	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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•					Yes	X No
lf b c d Part 13a b c	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 instruct granting the waiver	ctions, th of a 	and e	nter th Day 12b 12c 12d 13a ntrol	e date of	f the let Year		N/A No 0
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (establi	shed.	I		

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.	10/15/2011	SCOTT MARIN						
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						

Page 2-

UC 	10/13/2011 15:57P FRU 10/13/2011 18:12	1: THE SUURCE 5162288457	21247	29180 APS PEN	TO:15 SIUN & FINANC	16228	38457 P.2/4 PAGE 03/05)			
	Form 5500-SF	Short Form Annual	Return Benef	/Report of it Plan	f Small Emplo	yee	OMB Nos. 1210- 1210-				
	Internet Rovenue Service	This form is required to be	filed under sections 104 and 4065 of the Employee				2010				
6	Department of Lebor imployee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Securi Intern Complete all entries in acc	al Revenue	Code (the Cod	•).		This Form is Open to Public Inspection	3			
	Annual Report I	Centification Information	OT GALLCE M	um the Motruc	Dons to the Form 5	00-SF.					
	r the calendar plan year 2010 or		01/	01/2010	and ending	1	2/31/2010	<u> </u>			
A		x single-employer plan	multiple	employer plan	(not multiamployer)		one-participant plan				
B	This return/report is for:	first return/report	🔀 final reti	um/report							
_	Ĺ	an amended return/report	🔲 short pla	an year return/re	port (less than 12 mor	iths)					
C	Check box if filing under:	x Farm 5558		lic extension			DFVC program				
Meth		special extension (enter descripti					-				
	Name of plan	mation enter all requested in	formation.								
	•					16	Three-digit plan number				
	THE SCURCE DEFINED AT	NEFIT PLAN					(PN) > 001				
_						10	Effective date of plan				
2a		ss (employer, if for single-employer	pian)			26	01/01/2000 Employer Identification Number				
	ET-JO DISCOUNTS INC.		•			L	(EIN) 13-3084325				
	ET-JO DISCOUNTS INC.					20	Plan sponsor's telephone number				
US	1414 THIRD AVENCE NEW YORK	NY 10028				2d	(212) 249-6609 Business code (see instructions)				
3a		iddress (if same as plan employer, i	Bater "Ŝemo			<u> </u>	446190	_			
	Sane	··· (·· -····· p +····p.a.p.a.		•)		30	Administrator's EIN				
						20	Asteriation de de la terra de la companya de				
						54	Administrator's telephone number				
4	If the name and/or EIN of the pla	in sponsor has changed since the la	st returnire	nort filed for this	dian enter the	46	CIN				
	name, EIN and the plan number	from the test return/report. Sponsor	's Name		pran, cinzi dig	40					
Sa	Total number of participants at th	e baginning of the plan year			· · · · · · · · · · · · · · · · · · ·	40 5a					
D	Total number of participants at th	le end of the plan year				5b	3	-			
C	Total number of participants with	account balances as of the and of t	ina nian una	ur (defined here)	lit plans do not						
à	Were all of the plan's assets duri	ng the plan year invested in eligible	assets? (Ex			<u>5c</u>		_			
þ	An you chiming a watter of the :	SBRUE AVERIANIAN and seven at su				• • •	· · · · XYes No				
	mines to ALL COTA IDA401 (20	e instructions on wriver eligibility an Sa or 6b, the plan cannot use For	nd condition:	5.)	'	• • •	••••• XYes No				
Р¥́З	Financial Informa	an out out out have compared the con	m 5500-51-	and must insta	ad use Form 5500.						
,	Plan Assets and Liabilities		1.10	d (-) P-	-2	<u> </u>					
4	Total plan assets		. 71		ginning of Year	· {	' (b) End of Year	-			
b	Total plan llabilities		76	<u></u>	220,735	┥┈ー	0				
Ċ	Net plan assets (subtract line 7b f	rom line 7a)	. 7c		220,735	+	0				
	income, Expenses, and Transfers			19) Amount		(h) Tetal	_			
	Contributions received or receivat	le from:				1000	(b) Total	30			
	(1) Employers		·			e lize	C. S. Martin, J. S. Martin, C. S.	10) 10)			
	(3) Others (including rollovers)	• • • • • • • • • • • • • •	, <u>5a(2)</u>		0						
	Oliter income (loss)		, <u>Ja(3)</u> . 85		0	目的に					
	fotal income(add lines 8a(1), 8a(2), 8a(3), and 6b)	8c		(32,447)	2010 1.2	and the second	Ŧ			
	Senefits pald (including direct rollo o provide penefits)	vers and insurance premiums		an an Marin an Indiana	NART TON'T IN STATISTICS AND	2002	(32,447)	â			
	Destain deemed and/or corrective (• • • • • • • • • • • • • • •	<u></u> 8d		184,979	가다가 가 Ne Cart	· · · · · · · · · · · · · · · · · · ·				
. ,	Administrative service providers (si	alerizations (266 instructions) , , Sieries feet commissions)			0			ίς Γ			
	Other expenses		87 89		3,309						
1	'otal expenses (add lines 8d, 8e, 8	l, and 80)			D C	包括建設		1			
	let income (loss) (subtract line Bh		8h 81			<u> </u>	188,288	-			
T	ransfers to (from) the plan (see in:	structions)	81	Collins & Silar S			(220,735)	ñ			
or F	aperwork Reduction Act Notice	and ONB Control Numbers, see (ine instruct	ions for Form	0	ية. باللو		Š.			

form 5500-SF (2010) v.092308.1 2124729180 T0:15162288457

Page 2-[

Form 5500-9F 2010	
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Plan Characteristics

 Dat
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:

 1A
 1X
 3D

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

Part Compliance Questi	
STRANS Assessment and a second	
· ::::::::::::::::::::::::::::::::::::	ORS.

10	During the plan year:		t.	1			
	• • •	r	Yes	No		Amount	
-	Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiductary Correction Program)	10a		x	1		
b	Were there any nonexampt transactions with any party-in-interest? (Do not include transactions reported	· ["""			╄───		
	an line (Qa,)	. 106		x	1		
c	Was the plan covered by a fidelity bond?.	10c		x	1	· · · · · · · · ·	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	·			<u> </u>		
	Of dishanesky?	· 10d		x			
e			-				
	Instance services or other organization that provides some or all of the benefite under the place? (See				{		
E	manucoons.)	<u>, 10ə</u>		X			
f	Has the plan failed to provide any benefit when due under the plan?	• 10f		х			
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	· 10g	x				Û
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					1 2 10 3 1
1	If 10h was answered "Yes," check the box if you either provided the regularit patce of one of the				1	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	-1. at 0. 21
	exceptions to providing the notice applied under 29 CFR 2520.101-3	. 101					
	Will Pension Funding Compliance					A 120 F 81 F 11	واستري فالبر بماله
11	ts this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 	lote Sci	iadule	\$B (F	iomi	Yeş	
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cade of	r samia	• 762 ·	- <u>4 - 4</u>		. Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	n AčtriA		oi sirti		• (10,110
a	If a waiver of the minimum funding standard for a prior year is being amorized in this plan year, see instruction	ona, an	d ente	r the d	ale of the !		
lf y	granting the waiver	ກເກ		Day,		Year	
ь	Enter the minimum required contribution for this plan year			12b			
c	Enter the amount contributed by the employer to the plan for this plan year	• • •		20			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	••••		2¢			
		• • •	1				
Pala	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• • •	<u></u>		Yes	-No]N/A
		. <u>.</u>					
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	••	· –		• • • •	💹 Yes	No
b			• 1			*	٥
D D	Were all the plan easets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PEGC?	der the i	control	t		_	
	if during this plan year, any assets or liabilities were transferred from this plan to enother plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) (D	•••	• • • •	XYes	∐ No
13	lo(1) Name of plan(s):		43=/	2) EIN		-	
			. 196[[10]	130(3) P	TN(5)
						<u> </u>	
						ĺ	
Caution	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is a	Hatabili	ished.		<u> </u>	
Under p SB or S	enables of perivary and other penalties set forth in the instructions, I declare that I have examined this returning checkle MB completed and signed by an enmiled actuary as well as the electronic ended to be a set of the set of t					Schedule	
ocilef, ii	the second s				- y the second s	MBC 8110	
NE ON	10/13/11 STEVEN TELVI	· · ·					
	Signature of plan administrator Date Date Enter name of Indi		ianico	Se nie			
			Stour (F			ettor	
1122	Signature of employer/plan sponsor Date Enter name of Indi						
ور من مرد م	g signature of employer/plan sponsor Data Enter name of Indi	viduai e	gning	as em	ployer or p	lan sponsor	r