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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance wit	h the instructions to the Form 550	0-SF.				
		entification Information							
For	calendar plan year 2010 or fiscal	plan year beginning 09/01/201	0	and ending 0	8/31/2	2011			
Α.	his return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	his return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
		special extension (enter description	on)			_			
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan	enter an requested intern	idilon		1b	Three-digit			
	ASTEX CORPORATION PENS	ION PLAN				plan number 002			
						(PN) • 002			
					1c	Effective date of plan 09/01/2009			
22	Dian ananar'a nama and addra	as (ampleyer if for single ampleyer	· nlon\		2h				
	ASTEX CORPORATION	ss (employer, if for single-employer	pian)		20	Employer Identification Number (EIN) 13-3965071			
					2c	Plan sponsor's telephone number			
	VEST 40TH STREET YORK, NY 10018					212-302-4984			
					2d	Business code (see instructions) 423990			
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Same	÷")	3b	Administrator's EIN			
FAN	ASTEX CORPORATION	222 WEST 4 NEW YORK	IOTH STRE	ET		13-3965071			
		NEW TORK	, 141 10010	•	3с	Administrator's telephone number 212-302-4984			
1 1	the name and/or FIN of the plan	n sponsor has changed since the la	ot roturn/ro	port filed for this plan, optor the	4b EIN				
		from the last return/report. Sponso		port filed for this plan, enter the	40	EIN			
					4c	PN			
5a	Total number of participants at t	the beginning of the plan year			5a	14			
b	Total number of participants at t	the end of the plan year			5b	15			
С		h account balances as of the end o		•					
	•				5c	N v D v.			
	•	. , ,		(See instructions.)		^ Yes No			
D				ndent qualified public accountant (IQI ions.)		Yes No			
				SF and must instead use Form 55					
Pa	rt III Financial Informa	tion							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	100083	3	164371			
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7b	o from line 7a)	. 7с	100083	3	164371			
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receiv		0-(4)	63205	5				
	.,								
	• •				_				
L	,		1083						
b	` '	(-(0) 0-(0) (0)	1000	_	64288				
Ч С		a(2), 8a(3), and 8b)bllovers and insurance premiums	8c			04200			
d	to provide benefits)	•	. 8d						
е	Certain deemed and/or corrective	ve distributions (see instructions)	. 8e						
f	Administrative service providers	s (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)				0			
i	Net income (loss) (subtract line	8h from line 8c)	8i			64288			
j	Transfers to (from) the plan (see	e instructions)	. 8i						

Form 5500-SF 2010	Page 2-
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Part IV	Plan	Charac	teristics

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

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

art	٧	Compliance Questions	· <u> </u>	_		_		_
0	Dur	ing the plan year:		Yes	No		Amount	
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 ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, arance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						No
2	ls ti	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?	Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan year		-	120			
a		tract 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						
}a	Has	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	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13c(3)	PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	<u> </u>	
nde B or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re _l	port, ir	ncludin	g, if appl		

SIGN	Filed with authorized/valid electronic signature.	03/12/2012	RICHARD HANSANG YOO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/12/2012	RICHARD HANSANG YOO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								ment to Form	5500 or	5500-SF.						
For	caler	ndar p	an year 2010	or fiscal plan y	ear	beginning 09	9/01/2010			an	d endin	g 08/31/2	2011			
•	Roun	d off	amounts to n	nearest dollar.												
•	Cauti	ion: A	penalty of \$1	,000 will be ass	es	sed for late filing o	of this repo	ort unless reas	onable ca	ause is esta	ablished					
		of pla		N PENSION PI	LAI	N					B Three-digit plan number (PN)					
										•						
C F	lan s	ponso	r's name as s	hown on line 2a	a o	f Form 5500 or 550	00-SF			D Emp	loyer Id	entificatio	n Nu	ımber ((EIN)	
FAN	TAS	TEX C	ORPORATIO	N						13-3965	5071				` '	
Εī	E Type of plan: Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-										101-500	0 More than 500				
Pa	rt I	В	asic Inform	nation												
1			valuation date		Лοι	nth <u>08</u> [Day <u>31</u>	Year	2011	_						
2	Ass	ets:														
	а	Mark	et value									2a				101166
	b	Actua	arial value									2b				101166
3	Fun	ding t	arget/participa	ant count break	dov	vn			(1) N	lumber of p	participa	ints		(2)	Funding Targe	et .
	а	For r	etired particip	ants and benef	icia	aries receiving pay	ment	3a				0				0
	b	For t	erminated ves	sted participants	s			3b				0				0
	С	For a	active participa	ants:												
		(1)	Non-vested b	enefits				3c(1)								87708
		(2)	Vested benef	its				3c(2)	1							21927
		(3)	Total active					3c(3)				15				109635
	d	Tota	l									15				109635
4	If th	e plan	is at-risk, che	eck the box and	СС	mplete items (a) a	and (b)			П						
	а	Fund	ing target disr	egarding presc	rib	ed at-risk assumpt	tions					4a				
	b		0 0	0 0.		mptions, but disre						4b				
		at-ris	k for fewer th	an five consecu	ıtiv	e years and disreg	garding loa	ading factor								
5	Effe	ective i	nterest rate									5				4.38 %
6	Tar	get no	rmal cost									6				56903
	To the laccorda	best of nance with ation, of	n applicable law ar	information supplied	opi	this schedule and accominion, each other assumpence under the plan.										
	IGN ERI												1	11/17/2	2011	
				Signa	tur	e of actuary								Date		
HUN	G-HS	SUN C	HENG											11-067	724	
ALLI	ED C	ONSL	JLTANTS, INC	,, ,	int	name of actuary						Most rec		enrollm 9-670-	ent number -0188	
			HIGHWAY, L A 91773		irm	n name					Tele	ephone nu	ımbe	er (inclu	uding area cod	le)
				Addı	es	s of the firm				_						
If the	actu	arv ha	s not fully rofly	acted any regul	ativ	on or ruling promu	laated und	der the statuto	in comple	ating this s	chedulo	check th	a ho	v and	200	\neg
instru		•	S not rully relie	Joica arry regul	uul	on or running profitu	igatou unt	aci ino statute	iii compi	omig tillo S	oricaule	, oncor in	0000	m and	000	Ш

age	2-	1

Schedule SB (Form 5500) 2010

Pa	art II	Begin	ning of year	carryove	er and prefunding	balance	es							
			-	-				(a) (Carryover balance	9	(b) Prefunding balance			
7		_	•		cable adjustments (Item					0			0	
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from	prior year))			0			0	
9	Amount	remainii	ng (Item 7 minus i	tem 8)						0	0			
10	Interest	on item	9 using prior year	's actual re	turn of1.08_%					0	0			
11					d to prefunding balance:									
	a Exce	ess contr	ributions (Item 38	from prior	year)								64	
	b Inter	est on (a	a) using prior year	's effective	rate of								0	
					year to add to prefunding								64	
	d Porti	on of (c)	to be added to p	refunding b	alance								0	
12	12 Reduction in balances due to elections or deemed elections												0	
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – it	tem 12)				0			0	
P	art III	Fun	ding percenta	ages										
14	Funding	target a	ttainment percent	age								14	92.28 %	
15					je							15	92.28 %	
16	-				of determining whether	-		-				16	100.00 %	
17	If the cu	rrent val	ue of the assets of	f the plan i	s less than 70 percent of	f the fundi	ng targe	et, enter s	such percentage			17	%	
P	art IV	Con	tributions an	d liauidi	tv shortfalls									
18	Contribu			•	ear by employer(s) and	employees	s:							
	(a) Date)	(b) Amount p	aid by	(c) Amount paid by		(a) Dat		(b) Amount p		(0	-	nt paid by	
,	1M-DD-Y	/YY)	employer		employees		M-DD-Y	-YYYY) employer(s)			employees			
- 11	/10/2011			63205		0								
						Tota	ls ▶	18(b)		63205	18(c)		0	
10	Diagona			:				. ,	 		10(0)			
19					tructions for small plan w imum required contributi					19a			0	
										19b			0	
					djusted to valuation date					19c			62680	
20					uired contribution for curre	eni year au	justea to	valuation	i date	190			02000	
20		=	outions and liquiditate a "funding sh	-	he prior year?					L			Yes X No	
	b If 20a	is "Yes,	" were required q	uarterly ins	tallments for the current	year mad	e in a tir	mely mar	nner?			<u> </u>	Yes No	
				-	ete the following table as	-							<u> </u>	
				<u> </u>	Liquidity shortfall as o			of this pla	an year					
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	1	

Pa	rt V Assumption	ns used to determine f	unding target and tar	get n	ormal cost							
21	Discount rate:											
	a Segment rates:	1st segment: 2.11 %	2nd segment: 5.31 %		3rd segment: 6.32 %		N/A, full yield curve used					
	b Applicable month	(enter code)				21b						
22	Weighted average ret	tirement age				22	65					
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	ribed - separate	Substitut	e					
Pa	rt VI Miscellaned	ous items										
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
25												
		e been made for the current plants	•									
26	· · · · · · · · · · · · · · · · · · ·	provide a Schedule of Active	•			attacnment	Yes No					
		or (and is using) alternative fur		27								
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributi	ions f	or prior years							
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0					
29	' '	contributions allocated toward	•		' '	29	0					
30	· ·	funpaid minimum required cor				30	0					
Pa	rt VIII Minimum	required contribution	or current vear									
31		djusted, if applicable (see insti				31	56903					
32	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	,		Outstanding Bala	ince	Installment					
	a Net shortfall amorti	ization installment			<u> </u>	8469	1344					
	b Waiver amortizatio	on installment				0	0					
33		approved for this plan year, en Day Year				33						
34	• .	ment before reflecting carryove				34	58247					
			Carryover balance		Prefunding balar	nce	Total balance					
35	Balances used to offs	set funding requirement		0		0	0					
36	Additional cash requir	rement (item 34 minus item 35		36	58247							
37		ed toward minimum required co	•	•		37	62680					
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	4433					
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39	0					
40	Unpaid minimum requ	uired contribution for all years.		40								

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

P	Part I Annual Report Identification Information									
For	the calendar plan year 2010 or fiscal plan year beginning	09/01	/2010	and ending	08,	/31/2011				
A	This return/report is for: x single-employer plan	multiple-en	nployer plan (no	ot multiemployer)		one-participar	nt plan			
В	This return/report is for: first return/report	final return	report							
6	an amended return/report	short plan	ear return/repo	ort (less than 12 month	ıs)					
С	Check box if filing under: Form 5558	automatic e	extension		Г	DFVC progra	m			
	special extension (enter description)				_					
P	art II Basic Plan Information enter all requested inform	nation								
_	Name of plan	nauon.			1b T	hree-digit				
	•				р	lan number	002			
	Fantastex Corporation Pension Plan					PN) ► Effective date of				
						9/01/2009	pian			
2a	Plan sponsor's name and address (employer, if for single-employer pla	an)				- a.76377 II	ication Number			
	Fantastex Corporation					EIN) 13-396				
	222 WEST 40TH STREET					an sponsors t (212) 302-4	elephone number 984			
TTO	NEW YORK NY 10018					Business code (see instructions)			
$\frac{3}{3a}$		ter "Same"				dministrator's (EIN			
	Same	,								
					3c A	Administrator's t	elephone number			
							•			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this	nlan enter the	4b ⊟					
_	name, EIN and the plan number from the last return/report. Sponsor's	Name	of the to the	pian, enter the	4c F					
=					5a	10	14			
5a b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5b		15			
C	Total number of participants at the end of the plan year				0.5					
_	complete this item)				5c					
	Were all of the plan's assets during the plan year invested in eligible a	•					X Yes No			
b	Are you claiming a waiver of the annual examination and report of an iunder 29 CFR 2520.104-46? (See instructions on waiver eligibility and			ic accountant (IQPA)		40 940 GO N	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form									
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year			
а	Total plan assets	7a		100,083			164,371			
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		100,083			164,371			
8	Income, Expenses, and Transfers for this Plan Year		(;	a) Amount		(b)	Гotal			
a	Contributions received or receivable from:			63 305						
	(1) Employers	8a(1)		63,205						
	(2) Participants	8a(2)								
b	(3) Others (including rollovers)	8a(3) 8b		1,083						
	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64,288			
c d	Benefits paid (including direct rollovers and insurance premiums	00	1110 DC- 0		MER		11 15 15 15 15 15 15 15 15 15 15 15 15 1			
	to provide benefits)	8d	ř.		angi					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions) .	8f			74.0					
g	Other expenses	8g			u i i					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i	Net income (loss) (subtract line 8h from line 8c)	8i					64,288			
i.	Transfers to (from) the plan (see instructions)	8i								

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COLL	ออบน	-3r	ZUIL	,

SIGN

HERE Signature of employer/plan sponsor

	Form 5500-SF 2010	Page Z-		-				
Pa	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from t	ne List of Plan Character	istic (Codes	in the i	nstructions:		
h	1A 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
D	If the plan provides welfare benefits, enter the applicable welfare readure codes from the	ELIST OF FIAH CHARACTERS	stile O	oucs ii	T (TIC III	otractions.		
Pa	nrt V Compliance Questions							
10	During the plan year:			Yes	No	Am	ount	
	Was there a failure to transmit to the plan any participant contribution within the time	period described in	400		x			
ŀ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pro Were there any nonexempt transactions with any party-in-interest? (Do not include tr	gram)	10a					
•	on line 10a.)		10b		х			
(Was the plan covered by a fidelity bond?		10c		x			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that w	as caused by fraud			v			
	or dishonesty?		10d		х			
•	Were any fees or commissions paid to any brokers, agents, or other persons by an ins	surance carrier,						
	insurance services or other organization that provides some or all of the benefits und instructions.)	er the plant (See	10e		х			_
f			10f		х			
ç	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .		10g		х			
ł	1 If this is an individual account plan, was there a blackout period? (See instructions ar 2520.101-3.)	nd 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice of exceptions to providing the notice applied under 29 CFR 2520.101-3	r one of the	10i					SH MO
Pa	rt VI Pension Funding Compliance							_
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," sec 5500))						X Yes N	_
12	Is this a defined contribution plan subject to the minimum funding requirements of se (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ction 412 of the Code or	secti	on 302	of ER	ISA?	Yes XN	0
â	If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver	plan year, see instruction	ns, a	nd ent	er the o	date of the let	ter ruling ear	_
I	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to line 13.		_				_
ı	Enter the minimum required contribution for this plan year				12b			_
	Enter the amount contributed by the employer to the plan for this plan year			•	12c			
(Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)		• 90	· ·	12d	Yes [□No □N/	
Name and	Will the minimum funding amount reported on line 12d be met by the funding deadline	e?	· (*)			Lies [_
	rt VII Plan Terminations and Transfers of Assets		_				Yes XN	
13	a Has a resolution to terminate the plan been adopted during the plan year or any prior if "Yes," enter the amount of any plan assets that reverted to the employer this year			· . Ľ	13a		Latines in the second	_
-	Were all the plan assets distributed to participants or beneficiaries, transferred to and		der th	e cont	(6,65,65,111)			_
	of the PBGC?				. *	6 30 9 •	Yes XN	ю
-	which assets or liabilities were transferred. (See instructions.)			4.	3c(2) E	INI/o)	13c(3) PN(s)	9
_	13c(1) Name of plan(s):			- 1)C(2) L	111(5)	130(3)114(3)	0
	m J							
	20 M							
Cau	ition: A penalty for the late or incomplete filing of this return/report will be assesse	d unless reasonable ca	ause	is esta	ablishe	d.		
SB	ler penalties of perjury and other penalties set forth in the instructions, I declare that I ha or Schedule MB completed and signed by an enrolled actuary, as well as the electronic	ve examined this return/version of this return/repo	eport ort, ar	t, inclu nd to th	ding, if ne best	applicable, a [.] of my knowle	Schedule edge and	
130	ef, it is true, correct, and complete.	D- Intoward was	77.570	VOC				
	IGN CONTRACTOR OF THE PROPERTY	Enter name of inc			ing as	nlan administ	rator	
We	13/0/	RICHARD HANS				Piari administ	iatoi	
C	IGN 7181	- INTOINED HAME	75 77 A C	100				

Date

Enter name of individual signing as employer or plan sponsor

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

FANTASTEX CORPORATION

PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2010 THROUGH 08/31/2011

FUNDING METHOD

As prescribed in IRC Section 430.

INTEREST RATES

Segment rate 1 2.110% Years 0-5 Years 6-20 Segment rate 2 5.310% Years over 20 Segment rate 3 6.320%

PRE-RETIREMENT

MORTALITY TABLE --None. TURNOVER/DISABILITY-- None SALARY SCALE --INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT

2010 Funding Target - Combined - IRC 430(h)(3)(A). MORTALITY TABLE --

EXPENSE LOAD --

None

COST OF LIVING None OPTIONAL FORM

100% of retirees assumed to elect lump sum payment.

LUMP SUM --

2010 Applicable Mortality Table for 417(e) (Unisex).

0r

Actuarial Equivalence

417(e)

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

INTEREST RATES

Segment rate 1 2.610% Years 0-5 Segment rate 2 4.410% Years 6-20

Years over 20 Segment rate 3 5.050%

MORTALITY TABLE -- 2010 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT

INTEREST --

5.000%

MORTALITY TABLE --

None.

POST-RETIREMENT

INTEREST --

5.000%

MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods FANTASTEX CORPORATION PENSION PLAN

13-3965071/002

FOR THE PLAN YEAR 09/01/2010 THROUGH 08/31/2011

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

PRE-RETIREMENT:

INTEREST -- 8.500%

POST-RETIREMENT:

INTEREST --

8.500%

MORTALITY TABLE -- 1984 UNISEX TABLE.

PERMISSIVELY AGGREGATED PLANS: Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

Schedule SB, part V - Summary of Plan Provisions FANTASTEX CORPORATION PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2010 THROUGH 08/31/2011

TYPE OF ENTITY

Corporation.

DATES

Effective-09/01/2009 Valuation-08/31/2011 Eligibility-08/31/2011 Year-end-08/31/2011

ELIGIBILITY

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

Age at last birthday.

Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

PLAN ENTRY - September 1 or March 1 immediately following satisfaction of eligibility

requirements.

RETIREMENT

NORMAL - Upon attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years.

ACCRUED BENEFIT - 3 Highest consecutive years.

PLAN BENEFITS

RETIREMENT--

TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification. The Monthly Benefit shall be offset by the monthly benefit provided by the account balance under the defined contribution plan maintained by the Employer.

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

Minimum benefit - None

Maximum benefit - None

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

FCORPDBP

Schedule SB, part V - Summary of Plan Provisions FANTASTEX CORPORATION PENSION PLAN 13-3965071/002 FOR THE PLAN YEAR 09/01/2010 THROUGH 08/31/2011

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

Unit Accrual based upon Participant Classification(calculated as of end of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to 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)).

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.

FCORPDBP

Schedule SB, line 32 - Schedule of Amortization Bases FANTASTEX CORPORATION

11-17-2011

PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2010 THROUGH 08/31/2011

Type of Base		nt Value of g Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	# ₁	8,469	08/31/11	7	1,344

Plan Name: FANTASTEX CORPORATION PENSION PLAN EIN / PN: 13-3965071 / 002 2010 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 08/31/2011 Valuation Date: 08/31/2011

			Prior Year Amou	nts	Prior Year Amounts	1100	Current Year Amounts	ıts	TAKE SHEET
				Adjusted	Late Quarterly	10000			Adjusted
Date	Contribution	Amount	Interest Rate	Amount	Amount	Interest Rate	Other	Interest Rate	Amount
11/10/2011	63,205						63,205	4.38%	62,680
Total	63,205	ā.			9		63,205		62,680

Attachment to 2010 Form 5500 Schedule SB, Line 22- Description of Weighted Average Retirement Age

Plan Name: Fantastex Corporation Pension Plan

EIN: <u>13-3965071</u>

S

Plan Sponsor's Name: Fantastex Corporation

PN: <u>002</u>

The weighted average retirement age is equal to the normal retirement age of 65

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Every active pan participants are assumed to retire at age 65.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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 2010

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 08/31/2011 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan B Three-digit Fantastex Corporation Pension Plan plan number (PN) 002 C Plan sponsor's name as shown on line 2e of Form 5500 or 5500-EZ D Employer Identification Number (EIN) Fantastax Corporation 13-3965071 X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 E Type of plan: More than 500 Partil Basic Information Enter the valuation date: Month _ 80 Day Year 2011 2 Assets: a Market value 2a 101,166 b Actuarial value 101,166 3 Funding target/participant count breakdown (1) Number of participants (2) Funding Target a For retired participants and beneficiaries receiving payment . 3**a** b For terminated vested participants 3b 0 0 C For active participants: (1) Non-vested benefits 3c(1) 87,708 (2) Vested benefits . . 3c(2) 21,927 (3) Total active . 3c(3) 15 109,635 Total 15 109,635 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 for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b 5 Effective interest rate . . 5 4.38 Target normal cost 6 56,903 Statement by Enrolled Actuary SIGN HERE Signature of actuary HUNG-HSUN CHENG 11-06724 Type or print name of actuary Most recent enrollment number ALLIED CONSULTANTS, INC. (909) 670-0188 Firm name Telephone number (including area code) 190 E. ARROW HIGHWAY, UNIT D US SAN DIMAS CA 91773 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

For Paperwork Reduction Act Notice and CMB Control Numbers, see the Instructions for Form 5500 or \$500-SF.

Schedule SB (Form 5500) 2010 V.082308.1

Part II Beginn	ning of year carryover a	nd prefunding balances							
Contraction of the Contraction o		W. C.	(a) Carryover balance	(b) Pre	funding	balance		
7 Balance at be	ginning of prior year after a	pplicable adjustments (item 13 from p	prior						
vear)				0			0		
		requirement (item 35 from prior year	7	0					
				0			0		
10 Interest on ite	m 9 using prior year's actua	I return of1.08_%		0			0		
	cess contributions to be ad		(PEN						
,		or year)					64		
		ive rate of4.79 %					0		
		plan year to add to prefunding balan					64		
		unding balance					0		
		deemed elections		0			0		
	CONTRACTOR OF THE STREET	n 9 + item 10 + item 11d - item 12).		0			0		
	ding percentages	To the state of th			e e				
						14	92.28 %		
		ntage				15	92.28 %		
		ses of determining whether carryove				1	32120 //		
•	0. 0	ses of determining whether carryove		-		16	100.00 %		
		an is less than 70 percent of the fund				17	%		
	tributions and liquidity		ing target, enter	such percentage		1.7	70		
		plan year by employer(s) and employer	ovees.						
-				(b) Amount paid by		(a) A m	ount paid by		
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	employer(s)			oloyees		
11/10/2011	63,2		(
11/10/2011	03,2	03							
-		<u> </u>							
-									
			Totals ▶ 18(b	63	, 205 18(AI .			
10 Discounted as					, 203 [10[-)			
		instructions for small plan with a value		T.	19a		C		
		minimum required contribution from		1					
					19b		62,680		
		quired contribution for current year adjus	ted to valuation da	le I	190	PH TO	62,680		
•	tributions and liquidity short	1 /					X No		
	n have a "funding shortfall"				****	Yes	200000000000000000000000000000000000000		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									
c If 20a is "Y	c If 20a is "Yes," see instructions and complete the following table as applicable:								
-	(0) 4-4	Liquidity shortfall as of er			781	44b			
9	(1) 1st	(2) 2nd	(3) 3rd	1	(4)	4th			

Part V Assumpt	ions used to determine fo	unding target and target norn	nal cost		
21 Discount rate:					
a Segment rates:					N/A, full yield curve used
,	2.11 %	- 5.31 %	6.32 %		
b Applicable month	(enter code)	KONGREK KOKOKO K. KOKOKO K. KOKO	OR E 1000 B R 1000 B E	21b	
22 Weighted average		energia e energia de energia e energia de		22	65
23 Mortality table(s) (see instructions) X	Prescribed combined	Prescribed separate		Substitute
The Control of the Co	neous items				
24 Has a change bee	n made in the non-prescribed	actuarial assumptions for the cur	rent plan year? If "Yes," see	e insti	
attachment					
		nt plan year? If "Yes," see instruct			
26 Is the plan require	d to provide a Schedule of Ad	ctive Participants? If "Yes," see ins	structions regarding required	atta	chment Yes X No
27 If the plan is eligib	le for (and is using) alternativ	e funding rules, enter applicable c	ode and see instructions		
regarding attachm				27	
Part VII Reconci	liation of unpaid minimu	m required contributions for	prior years		
		ior years		28	0
29 Discounted emplo					
		#13#15# 3# #1_#13#15# # #1_#13#15# # #2		29	0
30 Remaining amour	nt of unpaid minimum required	d contributions (item 28 minus iter	n 29)	30	0
Part VIII Minimur	n required contribution fe	or current year			
31 Target normal cos	t, adjusted, if applicable (see	instructions)		31	56,903
32 Amortization insta	Ilments:		Outstanding Balance		Installment
a Net shortfall amor	tization installment		8,	469	1,344
bWaiver amortization	on installment			0	0
		r, enter the date of the ruling letter	granting the approval		
(Month		r) and the waived a		33	
34 Total funding requ	irement before reflecting carr	yover/prefunding balances			
(item 31 + item 32	ta + item 32b - item 33)			34	58,247
		Carryover balance	Prefunding Balance		Total balance
35 Balances used to	offset funding requirement	0		0	0
36 Additional cash re	quirement (item 34 minus iter	m 35)	AND AND ADDRESS OF A PARTIES AND ADDRESS OF A	36	58,247
37 Contributions allo	cated toward minimum require	ed contribution for current year ad	justed to valuation date		
(item 19c)			*** * * * *** * * * * ***	37	62,680
		nt year (see instructions)		38	4,433
		nt year (excess, if any, of item 36		39	
		ars		40	
The state of the s	***************************************				