Descent service         2011           Descent service         This form is required to be field under sectors 101 and d056 of the Endployer           Presci text descent Constructions         Descent descent constructions           Presci text descent Constructions         Descent descent descent constructions           Presci text descent Constructions         Descent descent descent constructions         Descent descen		P.			eturn/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089			
Depresent of taxe         Description         Description         Description         This Form is Open to Public impediators           Part I         Annual Report Identification Information         2 complete all entries in accordance with the instructions to the Form 5508-SF.         This Form is Open to Public impediators           Part I         Annual Report Identification Information         and endrage         (2312011           A The returning on its :         and endrage interpretation in the instructions to the Form 5508-SF.         Device interpretation           B This returning on its :         and endrage interpretation inte		Internet Development						2011			
Part L         Annual Report Identification Information           For all and an unait Report Identification Information         and ending         1221/2011           A Thir return/report is for:         a single-employer plan         a numble-comployer of a long water team/report         a come-participant plan           B This return/report is         a numble detunitive of an annehod return/report         a short plan year return/report (sets fill in year return/report (sets fil	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections				SA), and sections 6057(b) and 6058(	s 6057(b) and 6058(a) of This Form is					
For calcular plan year 2011 or final plan year beginning     010/2011     andeding     1221/2011       A This returningport is for:     a single-employer plan     a numble -modyleyer plan (normatilizemployer)     a one participant plan       B This returningport is:     the first returningport     a numble -modyleyer plan (normatilizemployer)     a one participant plan       C Orteck box if filing under:     the first returningport     a bitori plan year returningport     DPVC program       Part II     Basic Plan Information—enter all requested information     1     1     DTmee-digit plan       A Name of plan     upped a detension (enter description)     DPVC program     001       Part II     Basic Plan Information—enter all requested information     1     1     DTmee-digit plan (plan, number (mployer, fl for a single-employer plan)       VESTBURY OPERATING CORPORATION     309 OLD COUNTRY ROAD     2D     Emposer's bisphone number (EN) (PLAN       Sta Plan administrator's name and address (if same as plan sponsor, enter "Same")     3b Administrator's EN     3b Administrator's EN       VESTBURY OPERATING CORPORATION     309 OLD COUNTRY ROAD     3b Administrator's EN     3c Administrator's EN       CARLE PLACE, NY 11514     Sc Administrator's name and address (if same as plan sponsor, enter "Same")     3b Administrator's EN       VESTBURY OPERATING CORPORATION     309 OLD COUNTRY ROAD     3b Administrator's EN       CARLE PLACE,	P							pection			
A       This return/report is in:       a single employer plan       a multiple employer plan (not multiemployer)       a sense-participant plan         B       This return/report is       in the first return/report       in the first return/report       a son plan year return/report (sis than 12 months)         C       Deck boilt filing under:       in the first return/report       a son plan year return/report (sis than 12 months)       DEVC program         Part LI       Basic Plan Information—entre all requested information       1b       Three-digit plan number (signal plan the plan number (signal plan number (signal plan number (signal plan the plan number (signal plan signal plan signa plan number (signal plan si						0/04/0	2011				
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C Check box if filing under:       an amended return/report       a short plan year return/report (less than 12 months)       DFVC program         Part III       Basic Plan Information—enter all requested information       1       The e-digit plan number         1a Name of plan       Ib These-digit plan number       001       1       Effective date of plan OLIVICOPERATING CORPORATION 401(K) PLAN         23 Plan agoncer's name and address, include room or suite number (employer, if for a single-employer plan)       2b Employer (less than 12 months)       001         36 OLD COUNTRY ROAD       2d Business code (see instructions)       2d Business code (see instructions)       721110         38 OLD COUNTRY ROAD       36 OLD COUNTRY ROAD       36 OLD COUNTRY ROAD       36 Administrator's name and address (if same as plan sponsor, enter 'Same')       3b Administrator's ENN       2d Business code (see instructions)         33 Plan administrator's name and address (if same as plan sponsor, enter 'Same')       3b Administrator's ENN       3b Administrator's ENN         4 If the name andor EIN of the plan sponsor has changed since the lost return/report filed for this plan, enter the rates file administrator's telephone number (stelepans at the edge) in geal or administrator is telephone administrator is the edge of the plan year       5a       2d Administrator is telephone administrator is the edge of the plan year         4 If the name ando		·		•			a one-particip	bant plan			
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Part III       Basic Plan Information—enter al requested information         14       Name of plan         WESTBURY OPERATING CORPORATION 401(K) PLAN       1b         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b       Employer Identification Number         2c       Sponsor's teges 2000         2d Plan administrator's name and address; (f same as plan sponsor, enter "Same")       3b         3a       Plan administrator's name and address; (f same as plan sponsor, enter "Same")       3b         3a       Plan administrator's name and address; (f same as plan sponsor, enter "Same")       3b         3a       Plan administrator's teghone number       Store 2010         3a       Plan administrator's teghone number       Store 2010         3b       Administrator's teghone number       Store 2010         3c       Concentrator's administrator's teghone number       Store 2010         3c       If the name andor EIN of the plan number	-					onths)					
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2a. Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (ENV)         389 OLD COUNTRY ROAD CARLE PLACE, NY 11514       2c Sponsor's telephone number 516 887-5000         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number 516 887-5000         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN 72110         3b Administrator's Table plan number form the last return/report filed for this plan, enter the asponsor's name       3b Administrator's EIN 758 Total number of participants at the edginning of the plan year.         5a Total number of participants at the edginning of the plan year.       5a 5c       5a 7c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yes       No 5c         7a Address of the plan's assets during the plan and report of an independent qualified public accountant (ICPA) under 39 CFR 320, 104-48 (See instructions.).       Yes       No 7a         7a Addressets and Liabilities       7a       348540       354076         7a Addresset (subtract line 7b from line 7a)       7c       348540       354076         7a Addresset (subtract line 7b from line 7a)       7c       348540       354076         7a Addresset (subtract line 7b from line 7a)       7c       348540       354076					_		(PN) 🕨	001			
WESTBURY OPERATING CORPORATION     Intervention     Intervent						1c		•			
369 OLD COUNTRY ROAD CARLE PLACE, NY 11514       2c Sponsor's telephone number 516-997-5000         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTBURY OPERATING CORPORATION       3de OLD COUNTRY ROAD CARLE PLACE, NY 11514       3b Administrator's telephone number 516-997-5000         4       If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number 516-997-5000         5a Total number of participants at the beginning of the plan year.       5a       2c         5a Total number of participants at the end of the plan year.       5a       2c         6 Were all of the plan sacets during the plan year invested in eligible assets? (See instructions.)       If yea answerd 'No' to other 6a or 6b, the plan waver eligibility and conditions.)       If yea answerd 'No' to other 6a or 6b, the plan year         7 Plan Assets and Llabilities       7a       348540       354076         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) End of Year         7 Total plan assets (ubtract line 7a)       7a       348540       354076         7 Total plan assets       7a       348540       354076         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) End of Year         7 Total plan assets       3a(3)       31949       364076				mployer, if	for a single-employer plan)	2b					
369 OLD COUNTRY ROAD CARLE PLACE, NY 11514       516-897-5000         33 Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTBURY OPERATING CORPORATION       38b OLD COUNTRY ROAD CARLE PLACE, NY 11514       3b Administrator's EIN 11-2352641         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number 56b 05-0500         5a Total number of participants at the beginning of the plan year.       5a       2         5a Total number of participants at the end of the plan year.       5a       2         6a Wree al of the plan's assets during the plan year invested in eligible assets? (See instructions).       Si Yes [] No 4ry you answered "No' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes [] No 4ry you answered "No' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III [] Financial Information       7a       348540       364076         7a       348540       364076       364076         7a       348540       364076         7b Iaplan liabilities       7b       7c <th>VVES</th> <th>TBURY OPERATING CORPOR</th> <th>RATION</th> <th></th> <th></th> <th></th> <th></th> <th></th>	VVES	TBURY OPERATING CORPOR	RATION								
339 DD COUNTRY ROAD CARLE PLACE, NY 11514       2d Business code (see instructions) 721110         33 Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTBURY OPERATING CORPORATION       360 OLD COUNTRY ROAD CARLE PLACE, NY 11514       3b Administrator's EN instrator's Elephone number 516-997-6000         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's Elephone number 516-997-6000         5a Total number of participants at the end of the plan year       5a       2c         5b       11       5c       5c         64 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Si Yes   No       No they could a set of the plan set of the plan year invested in eligible assets? (See instructions).       Si Yes   No         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7 Total plan assets (subtract in F2).       7c       348540       354076         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (c) Partill Financial Information       7c       348540       354076         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (c) Total plan liabilities       7c       348540       354076						2c					
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CARLE PLACE, NY 11514       3C Administrator's telephone number 516-397-5000         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3C       Administrator's telephone number 516-397-5000         5a       Total number of participants at the beginning of the plan year.       5a       2a       2c         b       Total number of participants at the end of the plan year.       5a       2a       2c         5a       7at       Number of participants at the end of the plan year.       5a       2c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Memory of participants with account balances as of the end of conditions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Yes       No         9       Yes       Into       Yes       No       Yes       No         f you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part HIII       Financial Information       Yes       No         7       Plan Assets (subtract line 7b from line 7a).       7c       348540       354076       Sa         8						3b	Administrator's	EIN			
name, EIN, and the plan number from the last return/report.       4C       PN         5a       Total number of participants at the beginning of the plan year.       5a       2a         5a       Total number of participants at the end of the plan year.       5b       11         c       Number of participants at the end of the plan year.       5b       11         c       Number of participants at the end of the plan year.       5c       5b         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         fv you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         fv you claiming a waiver of the plan year invested in eligible assets?       (See instructions.)       Yes       No         fv you claiming a waiver of the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information       Yes       No         7       Plan Assets and Liabilities       7a       348540       354076       354076         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       21         8	WEO					3c	Administrator's	elephone number			
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 2         b Total number of participants at the end of the plan year       5b 1         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes Not an waiver of the annual examination and report of an independent qualified public accountant (IOPA)         winder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X Yes Not answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III Financial Information       7a 348540         7 Plan Assets and Liabilities       7a 348540         a Total plan issets (subtract line 7b from line 7a)       7c         7 A the plan issets (subtract line 7b from line 7a)       7c         7 A the plan issets (subtract line 7b from line 7a)       7c         3 (a) Others (including rollovers)       8a(2)         3 (b) Other income (loss)       8a(2)         3 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         4 Contributions reviewed provides salaries, fees, commissions)       8f         8 Other income (loss)       8d         9 Other income (loss)       8d	4			ast return/	report filed for this plan, enter the	4b	EIN				
5a       Total number of participants at the beginning of the plan year       5a       22         b       Total number of participants at the end of the plan year       5b       11         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         mider 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan iabilities       7a       348540       354076         5       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         (2) Participants       8a(2)       31949       (3) Others (including rollovers)       8a(3)       31949         (3) Others (including rollovers)       8a(3)       100022       21927       21927         Cotal income (add lines 8a(1), 8a(2), 8a(3),	2		per from the last return/report.			40	DN				
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c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sc       Sc         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         t       you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         Part III       Financial Information       7a       348540       354076         b       Total plan assets       7a       348540       354076         b       Total plan assets (subtract line 7b from line 7a)       7c       348540       354076         8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       31949         (3)       Others (including rollovers)       8a(2)       31949         (3)       Other sea(including direct rollovers and insurance premiums to provide benefits paid (including direct rollovers and insurance premiums to provide benefits)       8a       10022					-						
complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Complete this item)       Image: Complete this item)         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Complete this item)       Image: Complete this item)         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Complete this item)       Image: Complete this item)         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Complete this item)       Image: Complete this item)         c       Mode: 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Image: Complete this item is independent qualified public accountant (IQPA)       Image: Complete this item is independent qualified public accountant (IQPA)         Part III       Financial Information       To       Image: Complete this instead use Form 5500.         Part III       Financial Information       To       Image: Complete this instead use Form 5500.         7       Plan Assets and Liabilities       To       Image: Complete this instead use Form 5500.         7       Plan assets (subtract line 7b from line 7a)       Tc       348540       354076         8					-	30		10			
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Wes Structions on waiver eligibility and conditions.)       Xes Yes No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       348540       354076         b Total plan liabilities       7b	6a							X Yes No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       348540       354076         b       Total plan liabilities       7b       7c       348540       354076         c       Net plan assets (subtract line 7b from line 7a)       7c       348540       354076         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2)       Participants       8a(2)       31949       (3) Others (including rollovers)       8a(3)       0         (3)       Other income (loss)       8a (b)       40022       21927       0       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       21927         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       40006       375         g       Other expenses       8g       375       375       375       375         g </th <th>b</th> <th colspan="5"></th> <th>X Yes 🗌 No</th>	b						X Yes 🗌 No				
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       348540       354076         b       Total plan liabilities       7b											
aTotal plan assets7a348540354076bTotal plan liabilities7b	Pa	rt III Financial Informa	ation			1					
aTotal plan liabilities	7	Plan Assets and Liabilities									
CNet plan assets (subtract line 7b from line 7a)	a				348540	_	354076				
Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2) Participants       8a(2)       31949       (a) Amount       (b) Total         (3) Others (including rollovers)       8a(3)       (b) Total       (c) Total income (loss)       (c) Total income (loss)       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21927         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12010       21927         e Certain deemed and/or corrective distributions (see instructions)       8e       40066       375         g Other expenses       8g       375       375         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       16391	_	•			249540		254076				
a Contributions received or receivable from:       (1) Employers       8a(1)         (2) Participants       8a(2)       31949         (3) Others (including rollovers)       8a(3)       10022         b Other income (loss)       8b       -10022         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21927         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12010         e Certain deemed and/or corrective distributions (see instructions)       8e       4006         f Administrative service providers (salaries, fees, commissions)       8f       375         g Other expenses       8g       16391         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16391		•		. 7c							
(1) EmployersBa(1)(2) ParticipantsBa(2)(3) Others (including rollovers)Ba(3)(3) Others (including rollovers)Ba(3)(4) Other income (loss)Bb(1) Employers (add lines 8a(1), 8a(2), 8a(3), and 8b)Bc(5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)Bc(7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)Bc(8) Denefits paid (including direct rollovers and insurance premiums to provide benefits)Bd(1) E Certain deemed and/or corrective distributions (see instructions)Be(1) Administrative service providers (salaries, fees, commissions)Bf(7) Other expensesBg(8) Other expenses (add lines 8d, 8e, 8f, and 8g)Bh	-				(a) Amount		(b) Total				
(1) Functional field for the second strict of the second stric	a			. 8a(1)							
b       Other income (loss)       8b       -10022         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21927         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12010         e       Certain deemed and/or corrective distributions (see instructions)       8e       4006         f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses       8g       16391         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16391		(2) Participants		. 8a(2)	31949						
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21927         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12010         e       Certain deemed and/or corrective distributions (see instructions)       8e       4006         f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses       8g       16391         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16391		(3) Others (including rollovers)	)	. 8a(3)							
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12010         e       Certain deemed and/or corrective distributions (see instructions)       8e       4006         f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses	b	Other income (loss)		. 8b	-10022						
to provide benefits)       8d       12010         e       Certain deemed and/or corrective distributions (see instructions)       8e       4006         f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses       8g       16391         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16391				. 8c				21927			
e       Certain deemed and/or corrective distributions (see instructions)       8e       4006         f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses	d			8d	12010						
f       Administrative service providers (salaries, fees, commissions)       8f       375         g       Other expenses	е	• •			4006						
g         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         16391	f				375						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g										
Nationame (loce) (subtract line 9b) from line 9c)								16391			
i Net income (loss) (subtract line 8h from line 8c)	i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				5536			
j Transfers to (from) the plan (see instructions)	j		,	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## Part IV Plan Characteristics

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

## 2E 2F 2G 2J 2T 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		Amour	nt	
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	10a					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
C	Was the plan covered by a fidelity bond?	10c	Х				2	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)			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		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							
Part	VI Pension Funding Compliance				•			
11								
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a 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</li></ul>							g	
b								
С								
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	res 🗙 No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)								
13c(1) Name of plan(s):				13c(2) EIN(s)			c <b>(3)</b> F	PN(s)
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								
Onde	ה פרומותים טי פרומוץ מות טתופו פרומותים סברוטות זה תופ והסנוטנוטווס, דטפטמופ נוומרו המעפ examined (הוס ופנו	ann/16	JUIL, II	iciuuin	y, ii appiica	ue, a c		JUIE

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.	05/16/2012	JEANNE CORBO
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