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Description         I - Complete all entropy of the second and a with the instructions to the Form 5500-SF.         Inspection           Part II         Annual Report Identification Information         and ending         12031/2011           Proceeding Dynamic View Part Information Information         and ending         12031/2011           Annual Report Identification Information         and ending         12031/2011           Annual Report Identification Information         and ending         12031/2011           Annual Report Identification Information         and ending         12031/2011           Consider Annual Report Identification Information         and ending of the Information         and ending of the Information           B         The return/leport Identification Number (employer, If for a single-employer plan)         Device of plan           If B Mane of plan         Ib Three-dgt         Device Information           If B Mane of plan         Ib Three-dgt         Device Information           If B Mane of plan         Ib Three-dgt         Device Information           If B Mane of plan         Device Information         Ib Three-dgt         Device Information           If B Mane of plan         Device Information         Ib Three-dgt         Device Information           If B Mane Of plan         Device Information         Ib Three-dgt         Device Information			Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058(	of				
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B       This return/report       an amended return/report       a short plan year return/report       DFVC program         1       A Name of plan       Ib       There-digit       DFVC program       001         1       A Name of plan       There-digit       DFVC program       001         1       There-digit       DFVC program       001       DFVC program         2       Part III       Basice Plan Information—enter all requested information       10       There-digit         1       There-digit       DFVC program       001       12       Effective 2 all of Digits         2       Part III       Basice Plan address; include room or suite number (employer, if for a single employer plan)       001       12       Effective 2 all of Digits         1       Address address; include room or suite number (employer, if for a single employer plan)       22       Sponsort number       22/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	-			1	and ending 12	2/31/2	2011			
B       This return/report       In the first return/report       In the first return/report         C       Check box if filing under:       In a mendod return/report       In some division       IPVC program         Part III       Basic Plan Information—enter all requested information       Inter-edult       Inter-edult       Inter-edult         10       These return/report       Inter-edult       Inter-edult       Inter-edult       Inter-edult         24       Plan approach       Status       Inter-edult       Inter-edult       Inter-edult         25       Seporal's talgobane number       Inter-edult       Inter-edult       Inter-edult       Inter-edult         26       Bencholdwark, SIN LTD       Inter-edult       <	Α	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan		
C Check bax if fling under:       Form 5558       ispecial automation (enter description)         Part II       Basic Plan Information—enter all requested information       1b       Three-digt plan number (employer, if for a single employer plan)         CHERRY STIX 401(K) PLAN       001       1c       Effective data of plan 0.0101/1009         Za Plan sponsor's name and address: include room or sule number (employer, if for a single employer plan)       2b       Employer (employer)         407 BROADDWAY, SUITE 1503       2c       Sponsor's talephone number (EIN)       2c       Sponsor's talephone number (EIN)         407 BROADDWAY, SUITE 1503       1c       Effective data of plan 0.0101/1009       2d       East 2d=5100         Address STIX LTD       1c       Figure data of plan 0.0101/1009       2d       Sponsor's talephone number 2.022-0100         4d/ BROADDWAY, SUITE 1503       3c       Administrator's name and address (if same as plan sponsor, enter 'Same')       3b       Administrator's talephone number 2.022-0100         5a       Team automatic effort in the plan number form the last return/report filed for this plan, enter the name and ordir EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 2.02-0100       3b       Administrator's talephone number 2.022-0100         6a       Were all of the plan's assets during the plan year.       5a       5a       6c       32         6a<		· ·	the first return/report	the final r	eturn/report					
Image: Character and address include room or suite number (employer, if for a single-employer plan)       Ib Three-digit plan number (PN)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (CIN) 13323386         2a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (CIN) 13323386         3a Plan administrator's name and address (if same as plan sponsor, enter TSmet')       3b Administrator's telephone number 243203         3a Plan administrator's name and address (if same as plan sponsor, enter TSmet')       3b Administrator's telephone number 243203         3a Plan administrator's name and address (if same as plan sponsor, tax, changed since the last return/report filed for this plan, enter the name end/or EIN of the plan sponsor has, changed since the last return/report filed for this plan, enter the name. Plan address for the last return/report filed for this plan, enter the name. Plan address the baginning of the plan year.       3c Plan sases during the plan year invested in aligble assets? (See instructions).       If Yes IN CID         4c PN       5a Total number of participants at the baginning of the plan year.       5b       63         5a Total number of participants at the end of the plan year.       5b       63         6a Were all of the plan's assets during the plan year invested in alighbe assets? (See instructions).       If Yes IN No         70 Plan Assets during the plan year invested in alighbe assets?       7a		· [	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	)			
Part II       Basic Plan Informationenter all requested information         1a Name of plan       1b Three-digit plan number (PN) & 001         CHERRY STIX.401(N) PLAN       1b Effective date of plan (CPN) & 001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 13-203386         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer (dentification Number (EIN) 13-203386         3d Plan administrator's name and address (if same as plan sponsor, enter YSeme*)       3b Administrator's name and address (if same as plan sponsor, enter YSeme*)         407 BROADWAY, SUITE 1503       3b Administrator's name and address (if same as plan sponsor, enter YSeme*)         4107 BROADWAY, SUITE 1503       3b Administrator's name and address (if same as plan sponsor, enter YSeme*)         4107 BROADWAY, SUITE 1503       3b Administrator's telephone number 212-221-6100         4 If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the 135 Total number of participants at the beginning of the plan year       5a 70         5a Total number of participants at the edgin year       5a       70         5a Total number of participants with a store on walver eligible assets? (See instructions)       Q Yes No       No         6a Were all of the plan year invested in eligible assets? (See instructions)       Q Yes No       No	C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	ım		
1a Name of plan CHERRY STIX 401(k) PLAN       1b True-digit (PN) 1       1b True-digit (PN) 1       1b True-digit (PN) 1       1b True-digit (PN) 1       1c Effective date of plan 0101/1999         2a Plan sponeor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (EN) 15.292306         1407 BROADWAY, SUITE 1903 NEW YORK, NY 10015       2c Sponeor's telephone number 24/221-100       2d Business code (see Instructions) 44/3 Plan administrator's name and address (if same as plan sponeor, enter "Same") 14/37 BROADWAY, SUITE 1903 NEW YORK, NY 10016       3b Administrator's telephone number 21/2221-6100         3d Plan administrator's name and address (if same as plan sponeor, enter "Same") 14/37 BROADWAY, SUITE 1903 NEW YORK, NY 10016       3b Administrator's telephone number 21/2223966         3d Plan administrator's name and address (if same as plan sponeor, enter "Same") 14/37 BROADWAY, SUITE 1003 NEW YORK, NY 10018       3b Administrator's telephone number 21/2223966         4 If the name and/or EIN of the plan sponeor has changed since the last return/report.       3b Administrator's telephone number 21/222396         5a Total number of participants with account biasnees as of the end of the plan year (defined benefit plans do not complete this item)       5a 70         5a Total number of participants with account biasnees as of the end or water eligibia adcorditors).       P Yes No         7a Ware all of the plan's sasets during the plan varier or water eligibia add conditors).       P Yes No       No         7b Total plan liabil		_	special extension (enter descriptio	n)			_			
CHERRY STD 401(k) PLAN     plan number (Pk)     001       2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) CHERRY STD, CLTD     2b Employer (derification Number (EN)     2c Sponsor's telephone number (2N)       407 BROADWAY, SUTE 1503 NEW YORK, NY 10015     2c Sponsor's telephone number (2N)     2c Sponsor's telephone number (2N)       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 1407 BROADWAY, SUTE 1503 NEW YORK, NY 10015     3b Administrator's lephone number 212:221-9100       4d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's name     3c Administrator's lephone number 212:221-9100       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's casets during the plan number for the last return/report filed for this plan, enter the a Sponsor's casets during the plan year     5a     70       5a Total number of participants at the beginning of the plan year     5a     32       6a Wore all of the plan seasets during the plan year     5a     32       6a Wore all of the plan seasets during the plan year invested in eligible assets? (See instructions.)	Pa	rt II Basic Plan Inform	<b>nation</b> —enter all requested information	ation						
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It c         Effective date of plan OND11999           2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CHERKY STIX LTD         2b         Employer Identification Number (EN) 13-223-386           1407 BROADWAY, SUITE 1503 NEW YORK, NY 10018         2d         Busines code (cee instructions) 1407 BROADWAY, SUITE 1503 NEW YORK, NY 10018         2d         Busines code (cee instructions) 1407 BROADWAY, SUITE 1503 NEW YORK, NY 10018         2d         Busines code (cee instructions) 1407 BROADWAY, SUITE 1503 NEW YORK, NY 10018         3b         Administrator's taleptone number 212-221-5100           3a Plan administrator's file plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the islan terturn/report filed for this plan, enter the name, EN, and the plan number from the plan year         3b         Administrator's taleptone number 212-221-5100           5a Total number of participants at the end of the plan year         5a         70           5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)         Si Yes         No           4 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).         Si Yes         No           4 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).         Si Yes         No           7 Plan Assets and Liabilities         (a) Beginning of Year         (b) End of	CHEF	RRY STIX 401(K) PLAN					•	001		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single employer plan)       2b Employer Identification Number (EN)         407 BROADWAY, SUTE 1503 NEW YORK, NY 10018       2c Sponsor's telephone number (212-221-5100         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 1407 BROADWAY, SUTE 1503 NEW YORK, NY 10018       3b Administrator's file 15-2822-3866         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 1407 BROADWAY, SUTE 1503 NEW YORK, NY 10018       3b Administrator's telephone number 212-221-5100         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, EN, and the plan number from the last return/report.       4c PN 5a Total number of participants at the beginning of the plan year.         5 Total number of participants at the beginning of the plan year.       5a       70         5 Total number of participants at the plan year invested in eligible assets? (See instructions).       § Yes No         6 Were ail of the plan year invested in eligible assets? (See instructions).       § Yes No         7 Plan Assets and Liabilities       7a       1328933         7 Total plan assets       7b       1328933         7 Plan Assets and Liabilities       7a       1328933         8 Income, Expense, and Transfers for this Plan Year       (a) Amount       (b) Total         7 Plan Assets (subtract line 7b from line 7a)       7c       13289						1c	( )			
CHERRY STIX LTD       (E(N)       13-3292386         1407 BROADWAY, SUITE 1503       2C       Sponsor's telephone number         212:22:21-5100       2d       Business code (see instructions)         32 A Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         32 C Hen administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         32 C Hen administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         32 C Administrator's telephone number       212:221:5100       3c         32 C Administrator's telephone number       212:221:5100       3c         34 D Total number of participants at the beginning of the plan year.       5a       70         54 Total number of participants at the edginning of the plan year.       5a       3c         55 C       3c       70         56 d       62       32         66 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.)       Image: Plan Same         7 Y Plan Assets and Liabilities       1a       1a       1a         7 Y Plan Assets and Liabilities       7a       1a       1a         7 Y Plan Assets and Liabilities       7a       1a       1a      <								•		
1407 BROADWAY, SUITE 1503       Image: Construction of the second s			ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b				
1407 BROADWAY SUITE 1503       212:221-5100         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same')       3b Administrator's lelephone number         -HERRY STIX LTD       1407 BROADWAY, SUITE 1503       3b Administrator's lelephone number         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 for the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report filed for this plan, enter the name, end/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, end/or of participants at the end of the plan year.       5a         5a Total number of participants at the end of the plan year.       5a       5a         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Yes Ne       Yes Ne         7a       12028033       1372579         7a       12028033       1372579         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7b       7c       1328933       1372579         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7c       1328933       1372579         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7c       1328933 <th></th> <th></th> <th></th> <th></th> <th></th> <th>20</th> <th>(=)</th> <th></th>						20	(=)			
NEW YORK, NY 10018     2d Business code (see instructions) 424300       3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 1407 BKOADWAY 3UTE 1503 NEW YORK, WY 10018     3b Administrator's EIN 132823366       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 EIN 212221-5100       5a Total number of participants at the beginning of the plan year.     5a     70       5b Total number of participants at the od of the plan year.     5a     63       c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this liem).     Yes [] No       b A Adver all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes [] No       h Are you adming a waiver of the annual examination and report of an independent qualified public accountant ((CPA) under 20 EFR 2520.104-46? (See instructions on waiver eligibility and conditions.)     Yes [] No       T Plan Assets and Liabilities     (a) Beginning of Year 1 Total plan assets.     (b) End of Year 7 total plan assets.       7 Plan Assets and Liabilities     (a) Amount 8a(2)     1322579       8 Income, Expenses, and Transfers for this Plan Year 4 Contributions received or creceivable from: (1) Employers.     8a(3) (3) Others (including rollovers).     8a(3) (3) Others (including rollovers).     8a(4) (6) End of Year (1) Employers.       9 Income (eadd lines 8a(1), 8a(2), 8a(3), and 8b) (2) Other incloquent	1407	BROADWAY SUITE 1503				20				
CHERRY STIX LTD       140' BRADWAY, SUITE 1503         13-2923366         3c Administrator's telephone number 212-221-5100         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.       4b EIN         4c PN         5a Total number of participants at the end of the plan year.       5a         5b 633         C Number of participants at the end of the plan year.         5c 3a         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       E Yes D         6 No Hyou calimities a waiver of the annual examination and report of an independent qualified public accountant (IQPA)         Were D         Vere D						2d		,		
NEW YORK, NY 10018       3C       Administrator's telephone number 212-221-5100         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsors name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       70         5b       5a       5a       70         5c       3c       3c       Number of participants at the end of the plan year.       5b       63         5c       3c       4c       PN       5c       3c         5c       3c       3c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5b       63         5c       3c       3c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         fry unawered Wo' to either 6a or 6b, the plan cannot use Form S500-SF and must instead use Form S500.       Pert III       Tinancial Information         7       Plan Assets and Liabilities       7a       1328933       1372579         5       total plan liabilities.       7b <td< th=""><th></th><th></th><th></th><th></th><th></th><th>3b</th><th></th><th></th></td<>						3b				
amme, EIN, and the plan number from the last return/report.     4c     PN       a Sponsor's name     5a     701       b Total number of participants at the beginning of the plan year     5a     701       b Total number of participants at the end of the plan year     5a     701       c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     32       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       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       7 total plan assets (subtract line 7b from line 7a)     7c     1328933     1372579       b Total plan labilities     7a     1328933     1372579       c Net plan assets (subtract line 7b from line 7a)     7c     1328933     1372579       b Total plan liabilities     7a     1328933     1372579       c Net plan assets (subtract line 7b from line 7a)     7c     1328933     1372579       b Other income (loss)     8a(1)     6     43(1)   <	-					3c				
a Sponsor's name         4c         PN           5a         Total number of participants at the beginning of the plan year	4			ast return/i	report filed for this plan, enter the	4b	EIN			
5a       Total number of participants at the beginning of the plan year	а		ber from the last return/report.			4c	PN			
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Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       IVes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       IVes       No         inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       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       1328933       1372579         b       Total plan isabilities.       7b       7c       1328933       1372579         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       8a(2)       82200         (3)       Others (including rollovers)       8b       -32896       49304         b       Denotifies paid (including direct rollovers and insurance premiums to provide benefits)       8d       49304         b       Contributions (see instructions)       8e       6568       49304         b       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	С			• •	-			32		
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)	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       1328933       1372579         b       Total plan assets (subtract line 7b from line 7a).       7c       1328933       1372579         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (2)       Part including rollovers)       8a(2)       82200         (3)       Other income (loss)       8b       -32896         c       Total paid (including dilect rollovers and insurance premiums to provide benefits)       8d       49304         9       Benefits paid (including dilect rollovers (seal insurance premiums to provide sealies, fees, commissions)       8f       5658         9       Other expenses       8g       5658       5658         9       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       5658         i       Net income (loss) (subtract line 8h from line 8c)       8i       43646 <th>-</th> <th>Are you claiming a waiver of th</th> <th>ne annual examination and report of a</th> <th>an indeper</th> <th>ndent qualified public accountant (IQF</th> <th>PA)</th> <th></th> <th></th>	-	Are you claiming a waiver of th	ne annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)				
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a13289331372579bTotal plan liabilities7b								X Yes No		
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       1328933       1372579         b       Total plan liabilities       7b       1328933       1372579         c       Net plan assets (subtract line 7b from line 7a)       7c       1328933       1372579         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (a) Amount       (b) Total         (2)       Participants       8a(2)       82200         (3)       Others (including rollovers)       8a(3)       3         b       Others (including dinect rollovers and insurance premiums to provide benefits)       8c       49304         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       5658         g       Other expenses       8g       5658         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       5658         i       Net income (loss) (subtract line 8h from line 8c)       8i       43646	Pa			5500-	SF and must mistead use Form 550	<i>i</i> 0.				
a Yoar plan lassed       7a         b Total plan liabilities	7				(a) Beginning of Year		(b) End	of Year		
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	1328933			1372579		
8       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)       82200       (a) Amount       (b) Total         (3)       Others (including rollovers)       8a(3)       5658       5658         b       Other income (loss)       8b       -32896       49304         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49304         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       5658         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8f       5658         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       43646	b	Total plan liabilities		7b						
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(2)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         -32896       49304         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         a Certain deemed and/or corrective distributions (see instructions)       8e         a Certain deemed and/or corrective distributions (see instructions)       8e         a Administrative service providers (salaries, fees, commissions)       8f         c Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         b Net income (loss) (subtract line 8h from line 8c)       8h	C	Net plan assets (subtract line 7	7b from line 7a)	7c	1328933			1372579		
(1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)b Other income (loss)8b-3289649304c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cc Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cd Benefits paid (including direct rollovers and insurance premiums to provide benefits)8de Certain deemed and/or corrective distributions (see instructions)8ef Administrative service providers (salaries, fees, commissions)8fg Other expenses8gh Total expenses (add lines 8d, 8e, 8f, and 8g)8hi Net income (loss) (subtract line 8h from line 8c)8i	-				(a) Amount		(b) 1	otal		
(2) Participants       8a(2)       82200         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -32896         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49304         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       49304         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       5658         g Other expenses       8g       5658         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       43646	а			8a(1)						
(3) Others (including rollovers)8a(3)b Other income (loss)8b-32896c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c49304d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d49304e Certain deemed and/or corrective distributions (see instructions)8e6f Administrative service providers (salaries, fees, commissions)8f5658g Other expenses8g5658h Total expenses (add lines 8d, 8e, 8f, and 8g)8h5658i Net income (loss) (subtract line 8h from line 8c)8i43646					82200					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       49304         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       49304         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       5658         g       Other expenses       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       5658         i       Net income (loss) (subtract line 8h from line 8c)       8i       43646										
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-32896					
to provide benefits)       8d         e       8d         e       8e         f       Administrative service providers (salaries, fees, commissions)       8f       5658         g       Other expenses       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       5658         i       Net income (loss) (subtract line 8h from line 8c)       8i       43646	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				49304		
e       Certain deemed and/or corrective distributions (see instructions)	d			24						
f       Administrative service providers (salaries, fees, commissions)       8f       5658         g       Other expenses	Δ									
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         5658           i         Net income (loss) (subtract line 8h from line 8c)         8i         43646	f		, , ,		5658					
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         5658           i         Net income (loss) (subtract line 8h from line 8c)         8i         43646	a	•	· · · · · · · · · · · · · · · · · · ·							
i Net income (loss) (subtract line 8h from line 8c)		•						5658		
j Transfers to (from) the plan (see instructions)	i		· · · · · · · · · · · · · · · · · · ·			43646				
	j	Transfers to (from) the plan (se	ee instructions)	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 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	V	Compliance Questions								
10	D	uring the plan year:		Yes	No		Am	ount		
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X					
С	v	Vas the plan covered by a fidelity bond?	10c	Х					100000	0
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	in	lere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X					
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					11578	1
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11										
lf y b c d	(If If gr You Er Er Su	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- anting the waiver	th of a	, and e	nter th Day 12b 12c 12d	ne date o	f the le	ar	uling	
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	۱ <u> </u>
Part	VI	I Plan Terminations and Transfers of Assets								
13a	H	as a resolution to terminate the plan been adopted in any plan year?			۱	/es X	No			
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b c	<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li> <li>c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to</li> </ul>									
-		hich assets or liabilities were transferred. (See instructions.)	- 0.0							
1	3c	(1) Name of plan(s):		13	c(2) El	N(s)		13c(3	<b>8)</b> PN(s)	
Caut	ior	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			Astabl	ished				
		anotice of participand other penalties set forth in the instructions. I declare that I have examined this rate					icable	0.00	adula	

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.	06/15/2012	DAVID APPERMAN			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	06/15/2012	DAVID APPERMAN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

Form 5500-SF		Short Form Annual Return/Report of Small Employe Benefit Plan				OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee				2011			
Department of Labor Retirement Income Securi			t of 1974 (EF	RISA), and sections 6057(b) and 605 e Code (the Code).	This Form is Open to Public				
Pen	sion Benefit Guaranty Corporation			th the instructions to the Form 550	0-SE	Inspection			
Par		entification Information							
For ca	alendar pian year 2011 or fiscal		01/01/2	2011 and ending		12731/2011			
	is return/report is for:	a single-employer plan	a multip	e-employer plan (not multiemployer)		a one-participant plan			
B Th	is return/report is;	the first return/report	the final.	return/report					
	Ľ	an amended return/report	a short pl	an year return/report (less than 12 m	ionths)	·			
C Ch	neck box if filing under:	Form 5558	automati	c extension		DFVC program			
<u> </u>		special extension (enter descrip							
Part		ation-enter all requested infor	mation						
	ameofplan herry Stix 401(K) P	lan			115	Three-digit plan number			
L1	merry burk for(n) P	1911				(PN) ▶ 001			
					1c	Effective date of plan			
2a D	an sponsor's name and address	s; include room or suite number	(omeles	f for a single construct of the		01/01/1999			
	herry Stix LTD	a, notice rount of suite number	(empioyer, r	nor a single-employer plan)		Employer Identification Number (EIN) 13-2923366			
					L	Sponsor's telephone number			
1,	407 Broadway, Suite	1502				(212) 221-5100			
	aw York	1903		NY 10018	2d	Business code (see instructions) 424300			
3a Pla	an administrator's name and ad	ldress (if same as plan sponsor,	enter "Samr		3b	Administrator's EIN			
Sa	ame								
					3C	Administrator's telephone number			
4 If	the name and/or EIN of the plar	n sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	EIN			
	ame, EIN, and the plan number consor's name	from the last return/report.			A -				
		e beginning of the plan year			4c				
					5a	70			
		unt balances as of the end of the			5b	63			
	omplete this item)	in balances as of the end of the		denned benerk plans do hot	5c	32			
6a w	Vere all of the plan's assets duri	ng the plan year invested in elig	ible assets?	(See instructions.)		X Yes No			
b Ar	re you claiming a waiver of the a oder 29 CER 2520 104-462 (See	annual examination and report o	f an indepen v ead condit	ident qualified public accountant (IQI ions.)	PA)				
If	you answered "No" to either	a manufactoria più walver engibiliti	Y and conditi	una, j					
	you unotion du no citile.	6a or 6b, the plan cannot use	- Form 5500-	SF and must instead use Form 55t					
Part	III Financial Informati		Form 5500-	SF and must instead use Form 550	<u>)</u> 0.				
Part	III Financial Informati an Assets and Liabilities		Form 5500-	(a) Beginning of Year	20.	(b) End of Year			
Part   7 Pla	III Financial Informati an Assets and Liabilities		Form 5500-	······································	20.				
Partl 7 Pli a To b To	III Financial Informati an Assets and Liabilities otal plan assets	on	Form 5500-	(a) Beginning of Year 1 , 328 , 93	3	(b) End of Year 1,372,579			
Part   7 Pli a To b To c Ne	III Financial Informati an Assets and Liabilities otal plan assets otal plan liabilities et plan assets (subtract line 7b f	on īrom line 7a)	Form 5500-	(a) Beginning of Year	3	(b) End of Year			
Part I 7 Pla a To b To c Ne 3 Inc	III Financial Informati an Assets and Liabilities otal plan assets atal plan liabilities et plan assets (subtract line 7b f come, Expenses, and Transfers	on from line 7a) s for this Pfan Year	Form 5500-	(a) Beginning of Year 1 , 328 , 93	3	(b) End of Year 1,372,579			
Part   7 Pla a To b To c Ne 3 Inc a Co	III Financial Informati an Assets and Liabilities otal plan assets	on from line 7a) s for this Plan Year ble from:	Form 5500- 7a 7b 7c	(a) Beginning of Year 1,328,93 1,328,93	3	(b) End of Year 1, 372, 579 1, 372, 579			
Part   7 Pik a To b To c Ne 3 Inc a Co (1)	III Financial Informati an Assets and Liabilities otal plan assets	ion from line 7a) s for this Pfan Year ble from:	Form 5500- 7a 7b 7c 8a(1)	(a) Beginning of Year 1,328,93 1,328,93 (a) Amount	3	(b) End of Year 1, 372, 579 1, 372, 579			
Part   7 Pik a To b To c Ne 3 Inc a Co (1) (2)	III Financial Informati an Assets and Liabilities bal plan assets at plan liabilities et plan assets (subtract line 7b f come, Expenses, and Transfers partributions received or receivat Employers	on from line 7a) s for this Pîan Year ble from:	Form 5500- 72 75 76 76 8a(1) 8a(2)	(a) Beginning of Year 1,328,93 1,328,93	3	(b) End of Year 1, 372, 579 1, 372, 579			
Part   7 Pla a To b To c Ne 3 Inc a Co (1) (2) (3)	III         Financial Informati           an Assets and Liabilities         bala plan assets           btal plan liabilities         bala plan liabilities           btal plan assets (subtract line 7b f           come, Expenses, and Transfers           phribulions received or receivat           Participants           Others (including rollovers)	ion from line 7a) s for this Pfan Year ble from:	Form 5500- 72 75 76 76 76 82 82 82 82 82 82 82 82 82 82 82 82 82	(a) Beginning of Year 1,328,93 1,328,93 (a) Amount 82,20	3	(b) End of Year 1, 372, 579 1, 372, 579			
Part I           7         Pla           a         To           b         To           c         Ne           3         Inc.           a         Co           (1)         (2)           (3)         D	III         Financial Informati           an Assets and Liabilities         bala plan assets           btal plan assets         sets and Liabilities           btal plan liabilities         bala plan liabilities           btal plan assets (subtract line 7b f           come, Expenses, and Transfers           philotions received or receivat           Participants           Others (including rollovers)           her income (loss)	on from line 7a) s for this Přan Year ble from:	Form 5500- 72 75 76 76 76 76 88(1) 88(2) 88(3) 88	(a) Beginning of Year 1,328,93 1,328,93 (a) Amount	3	(b) End of Year 1, 372, 579 1, 372, 579			
Part I           7         Pli           a         To           b         To           c         Ne           3         Inc           a         Co           3         Inc           3         Inc           4         Co           (1)         (2)           (3)         D           b         Otil           c         To           d         Be	III         Financial Informatian Assets and Liabilities           an Assets and Liabilities         bala plan assets           btal plan liabilities         bala plan liabilities           btal plan assets (subtract line 7b f           come, Expenses, and Transfers           philopyers           b Employers           b Participants           b Others (including rollovers)           b at income (add lines 8a(1), 8a(           enfits paid (including direct rolice)	on from line 7a) s for this Přan Year ble from: (2), 8a(3), and 8b) overs and insurance premiums	Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	3	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total			
Part I           7         Pli           a         To           b         To           c         Ne           3         Inc           a         Co           a         Co           a         Co           (1)         (2)           (3)         Dott           c         To           d         Be           to         To	III         Financial Informatian Assets and Liabilities           an Assets and Liabilities         and plan assets           atal plan liabilities         and plan liabilities           atal plan assets (subtract line 7b f           come, Expenses, and Transfers           antributions received or receivate           Participants           Participants           and the income (loss)           and the income (add lines 8a(1), 8a(           provide benefits)	on from line 7a) a for this Pian Year ble from: (2), 8a(3), and 8b) overs and insurance premiums	Form 5500- 72 75 76 76 76 88 76 76 76 88 76 88 10 10 10 10 10 10 10 10 10 10	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	3	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total			
Part I           7         Pla           a         To           b         To           c         Ne           3         Inc           a         Co           3         Inc           a         Co           (1)         (2)           (3)         Dott           b         Ott           c         To           d         Be           to         Co	III         Financial Informati           an Assets and Liabilities         an Assets and Liabilities           atal plan assets         an Assets and Liabilities           atal plan assets         an Assets           atal plan liabilities         an Assets           atal plan assets (subtract line 7b f         f           come, Expenses, and Transfers         f           problems         an Participants           Participants         f           others (including rollovers)         her income (loss)           atal income (add lines 8a(1), 8a(f         f           provide benefits)         an deemed and/or corrective	on from line 7a) a for this Plan Year ble from: (2), 8a(3), and 8b) overs and insurance premiums distributions (see instructions)	Form 5500- 72 72 75 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8e 8e	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	20. 3 3 3 0 0	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total			
Part I           7         Plata           a         To           b         To           c         Ne           3         Income           a         Co           (1)         (2)           (2)         Co           b         Otil           c         To           d         Be           to         Co           f         Add	III         Financial Informati           an Assets and Liabilities         and Assets and Liabilities           atal plan assets         and assets           atal plan assets         and assets           atal plan liabilities         and assets           atal plan assets         subtract line 7b f           come, Expenses, and Transfers         and transfers           antributions received or receivate         and transfers           Participants         and transfers           Others (including rollovers)         and transfers           her income (loss)         and transfers           atal income (add lines 8a(1), 8a(and transfers)         and transfers           provide benefits)         and/or corrective           annistrative service providers (strain deemed and/or corrective         and transfers	on from line 7a) a for this Pfan Year ble from: (2), 8a(3), and 8b) overs and insurance premiums distributions (see instructions) salaries, fees, commissions)	Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	20. 3 3 3 0 0	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total			
Part I           7         Pla           7         Pla           7         Pla           a         To           b         To           c         Ne           3         Inc           a         Co           a         Co           a         Co           a         Co           a         Co           a         Co           (1)         (2)           (2)         (3)           b         Otil           c         To           d         Be           to         Co           f         Add           g         Otil	III         Financial Informati           an Assets and Liabilities         and Assets and Liabilities           atal plan assets         and assets           atal plan liabilities         and assets           atal plan liabilities         and assets           atal plan assets (subtract line 7b f         f           come, Expenses, and Transfers         f           participants         and assets           Participants         f           others (including rollovers)         f           her income (loss)         f           atal income (add lines 8a(1), 8a(1), 8a(1))         f           provide benefits)         f           atal income and/or corrective         f           atal income service providers (s         f	on from line 7a) a for this Pfan Year ble from: (2), Ba(3), and Bb) overs and insurance premiums distributions (see instructions) salaries, fees, commissions)	Form 5500- 72 72 75 76 76 76 76 76 76 76 88 (1) 88 (1) 88 (2) 88 (3) 80 80 80 80 80 80 80 80 80 80	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	20. 3 3 3 0 0	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total 49, 304			
Part I           7         Plata           7         Plata           7         Plata           8         To           b         To           c         Ne           3         Income           a         Co           (1)         (2)           (2)         (3)           b         Ottl           c         To           d         Be           to         To           g         Ottl           h         To	III         Financial Informati           an Assets and Liabilities         and Assets and Liabilities           atal plan assets         and assets           atal plan liabilities         and assets           atal plan liabilities         and assets           atal plan assets (subtract line 7b f           come, Expenses, and Transfers           participants           and there income (loss)           bal income (add lines 8a(1), 8a(           provide benefits)           and deemed and/or corrective           ministrative service providers (s           her expenses (add lines 8d, 8e, 8d)	from line 7a) for this Pfan Year ble from: (2), 8a(3), and 8b) overs and insurance premiums distributions (see instructions) salaries, fees, commissions) 8f, and 8g)	Form 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8d 8c 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	20. 3 3 3 0 0	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total 49, 304 5, 658			
Part 7 Piki a To b To c Ne 3 Incc 3 Incc 4 (1) (2) (3) b Ott 6 C 6 C 6 C 6 C 6 C 6 C 7 Ott 6 To 0 C 7 Ott 7 No 6 C 8 Ott 7 No 7 Ott 7 No 7 Ott 7 No 7 Ott 7 No 7 Ott 7 O	III         Financial Informati           an Assets and Liabilities         and Assets and Liabilities           atal plan assets         and assets           atal plan liabilities         and assets           atal plan liabilities         and assets           atal plan assets (subtract line 7b f           come, Expenses, and Transfers           participants           and there income (loss)           bal income (add lines 8a(1), 8a(           provide benefits)           and deemed and/or corrective           ministrative service providers (s           her expenses (add lines 8d, 8e, 8d)	from line 7a) from line 7a) s for this Pfan Year ble from: (2), 8a(3), and 8b) overs and insurance premiums distributions (see instructions) salaries, fees, commissions) 8f, and 8g) from line 8c)	Form 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8c 8c 8c 8d 8c 8c 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d	(a) Beginning of Year 1, 328, 93 1, 328, 93 (a) Amount 82, 20 (32, 896	20. 3 3 3 0 0	(b) End of Year 1, 372, 579 1, 372, 579 (b) Total 49, 304			

Form 5500-SF 2	'U'	1	1
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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 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		<u></u>							
10	During the plan year:			Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			3	x					
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		5	x						
С	Was the plan covered by a fidelity bond?		= X			1,000,000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		1	x						
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	rance carrier, pe plan? (See		x						
f	Has the plan failed to provide any benefit when due under the plan? .		10	F	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		x I			115,781			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and 2	29 CFR		х					
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the							
Part	VI Pension Funding Compliance				doma ano an					
11										
12	Is this a defined contribution plan subject to the minimum funding req						Yes X No			
а	<ul> <li>(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>									
lfy	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
þ	Enter the minimum required contribution for this plan year	-			12b					
С	Enter the amount contributed by the employer to the plan for this plan	,		12¢						
đ										
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?				Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					'es X No				
	if "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year		13a						
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to another	plan, or brought unde	r the co	ntrol		Yes X No			
с	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)									
1;	3c(1) Name of plan(s);			13c(2) EIN(s)			13c(3) 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 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.										
	The la	6/15/17	David Apperma							
SIGN HERE		Sala and a second		ndividual signing as plan administrator						
	ADJOG UL	Date (			ning as	pian admini	strator			
SIGN HERE		Q	David Apperma							
E O GRE	Signature of employer/plan sponsor	Date	Enter name of individ	ual sigr	ning as	employer or	r plan sponsor			

## Authorization Letter Regarding Electronic Filing of Form 5500 for the

## Cherry Stix 401(k) Plan

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Douglas Lamendola of Chernoff Diamond & Co., LLC (CDC) to electronically file the plan sponsor's Form 5500-SF annually, but only upon CDC's receipt of a copy of the manually signed page two of Form 5500-SF.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the department of Labor on the Internet for public disclosure.

The employer may revoke or change this authorization at any time by notification in writing to CDC.

David Apperman (Employer/ Plan Administrator)

David Apperman (Employer / Plan Sponsor)

6(15/12

Date

6/15/12

Date