Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Ide or calendar plan year 2011 or fiscal or calendar plan year 2011 or fiscal This return/report is for: This return/report is: If the plan is a collectively-bargair Check box if filing under: Part II Basic Plan Infor a Name of plan DEJULIO S ARMY & NAVY STORE Part Plan sponsor's name and addrest	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and	
	sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	2011
Department of the Treasury Internet of Labor Employee Benefits Security Administration This form is required to be filed for employee benefit plans and 4065 of the Employee Retirement Income Security Act of sections 6047(e), 6057(b), and 6058(a) of the Internal Rever Pension Benefit Guaranty Corporation • Complete all entries in accordance w the instructions to the Form 5500. Part I Annual Report Identification Information or calendar plan year 2011 or fiscal plan year beginning 02/01/2011 • a multiple-employer plan; a multiple-employer plan; a single-employer plan; a a single-employer plan; a a single-employer plan; a a short plan year form 5558; automatic exter special extension (enter description) Part II Basic Plan Information—enter all requested information a Name of plan EJULIO S ARMY & NAVY STORE, INC. PROFIT SHARING PLAN AND TRUST Basic Plan sponsor's name and address, including room or suite number (Employer, if for single-emple EJULIO S ARMY & NAVY STORE, INC. Basic Plan Laformation—enter all requested information Basic Plan sponsor's name and address, including room or suite number (Employer, if for single-emple EJULIO S ARMY & NAVY STORE, INC.	 Complete all entries in accordance with the instructions to the Form 5500 	
	the instructions to the Form 5500.	This Form is Onen to Bublic
		This Form is Open to Public Inspection
Part I Annual Report Iden	tification Information	
For calendar plan year 2011 or fiscal	plan year beginning 02/01/2011 and ending 01/31/	2012
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	X a single-employer plan; A DFE (specify)	
B This return/report is:	the first return/report; the final return/report;	
		han 12 months)
C If the plan is a collectively-bargaine		
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Inform	nation—enter all requested information	
1a Name of plan	INC. PROFIT SHARING PLAN AND TRUST	1b Three-digit plan number (PN) ►
DESCEIO S ANIT & NAVT STORE,	INC. THOLT SHARING FEAR AND TROST	1c Effective date of plan
		02/01/1991
2a Plan sponsor's name and address	s, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN)
DEJULIO S ARMY & NAVY STORE,	INC.	16-0872462
		2c Sponsor's telephone number 315-479-8171
666 BURNET AVENUE SYRACUSE, NY 13203-2404	666 BURNET AVENUE SYRACUSE, NY 13203-2404	2d Business code (see instructions) 448140

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 accompanying schedules, statements and attachments, 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. Signature of plan administrator	08/01/2012	RICHARD DEJULIO
HERE		Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/01/2012	RICHARD DEJULIO
HERE		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Same")		Iministrator's EIN
DE	JULIO S ARMY & NAVY STORE, INC.	-	-0872462
	6 BURNET AVENUE RACUSE, NY 13203-2404		ministrator's telephone Imber 315-479-8171
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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c pn
5	Total number of participants at the beginning of the plan year	5	7
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	7
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines 6a, 6b, and 6c	6d	7
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	7
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	5
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

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

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan ben	efit	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)	Π	Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	X	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	ttache	d, and, wł	ner	re indicated, enter the number attached. (See instructions)
а	Pensio	n Scl	hedules	b	General	Sc	hedules
	(1)	Ш	R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)	Π	C (Service Provider Information)
	(3)	\square	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

	SCHEDULE I Financial In	forma	ation—Sm	all	Plan			OMB No. 1210-0110	
	(Form 5500)								
	Department of the Treasury Internal Revenue Service This schedule is required Retirement Income Security	Act of 19	74 (ERISA), and s	sectio				2011	
	Employee Benefits Security Administration File as		Code (the Code).				This	Form is Open to P	ublic
	Pension Benefit Guaranty Corporation calendar plan year 2011 or fiscal plan year beginning 02/01/20	1 1			nd anding	01/	31/2012	Inspection	
	Name of plan		В		nd ending		51/2012		
	ULIO S ARMY & NAVY STORE, INC. PROFIT SHARING PLAN AN	D TRUST			Three-digit		•	001	
	Plan sponsor's name as shown on line 2a of Form 5500 ULIO S ARMY & NAVY STORE, INC.		D		mployer Id 0872462	entificati	on Numbe	er (EIN)	
	nplete Schedule I if the plan covered fewer than 100 participants as of all plan under the 80-120 participant rule (see instructions). Complete						ete Scheo	dule I if you are filing	as a
Pa	art I Small Plan Financial Information								
ass ben	bort below the current value of assets and liabilities, income, expensions held in more than one trust. Do not enter the value of the portion befit at a future date. Include all income and expenses of the plan incurance carriers. Round off amounts to the nearest dollar.	of an ins	surance contract th	hat g	uarantees	during th	his plan ye	ar to pay a specific of	dollar
1	Plan Assets and Liabilities:		(a) Begi	nning	g of Year			(b) End of Year	
а	Total plan assets	. 1a			7	20025			690503
b	Total plan liabilities	. 1b				0			0
С	Net plan assets (subtract line 1b from line 1a)	_ 1c			7	20025			690503
2	Income, Expenses, and Transfers for this Plan Year:		(a)	Amo	ount			(b) Total	
а	Contributions received or receivable:]		
	(1) Employers	. 2a(1)				0			
	(2) Participants	. 2a(2)				0			
	(3) Others (including rollovers)	. 2a(3)				0			
b	Noncash contributions					0			
с	Other income	2c			-	24960			
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)								-24960
5	Benefits paid (including direct rollovers)					0			
f	Corrective distributions (see instructions)					0			
ı g	Corrective distributions (see instructions)	. <u>Z</u> I				0			
J	(see instructions)	. 2g				0			
h	Administrative service providers (salaries, fees, and commissions)	. 2h				4562			
i	Other expenses	. 2i							
i	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j							4562
•		2k							-29522
, k	Net income (loss) (subtract line 2j from line 2d)	- <u>2</u> N							
k I	Net income (loss) (subtract line 2j from line 2d) Transfers to (from) the plan (see instructions)								
k 3		. 2I ar in any o of the plan	's interest in a com		ed trust co				
I	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan ye remaining in the plan as of the end of the plan year. Allocate the value of	. 2I ar in any o of the plan	's interest in a com			ntaining ti No			
I	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan ye remaining in the plan as of the end of the plan year. Allocate the value of	. 21 ar in any c of the plan ribed in th	's interest in a com e instructions.		ed trust co	ntaining ti No X		of more than one plan	
<u> </u> 3	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan ye remaining in the plan as of the end of the plan year. Allocate the value of by-line basis unless the trust meets one of the specific exceptions desc	21 ar in any c of the plan ribed in th	's interest in a com e instructions.	mingl	ed trust co	ntaining ti No		of more than one plan	
<u> </u> 3 а	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan ye remaining in the plan as of the end of the plan year. Allocate the value of by-line basis unless the trust meets one of the specific exceptions desc Partnership/joint venture interests	2I ar in any c of the plan ribed in th	's interest in a com	mingl 3a	ed trust co	ntaining ti No X		of more than one plan	
l 3 a b	Transfers to (from) the plan (see instructions) Specific Assets: If the plan held assets at anytime during the plan ye remaining in the plan as of the end of the plan year. Allocate the value of by-line basis unless the trust meets one of the specific exceptions desc Partnership/joint venture interests Employer real property	21 ar in any c of the plan ribed in th	's interest in a comi e instructions.	mingl 3a 3b	ed trust co	No X X		of more than one plan	

bers, s	see the	instructions	for Form	5500	Schedule I

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		X	

Pa	art II Comp	liance Questions				
4	During the pla	an year:		Yes	No	Amount
а	described in 29	ure to transmit to the plan any participant contributions within the time period CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	year or classifie	by the plan or fixed income obligations due the plan in default as of the close of plan during the year as uncollectible? Disregard participant loans secured by the sount balance	4b		x	
С		s to which the plan was a party in default or classified during the year as	4c		X	
d		nonexempt transactions with any party-in-interest? (Do not include transactions 4a.)	4d		×	
е	Was the plan co	vered by a fidelity bond?	4e	Х		75000
f		ve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by esty?	4f		X	
g	•	d any assets whose current value was neither readily determinable on an established by an independent third party appraiser?	4g		X	
h		eive any noncash contributions whose value was neither readily determinable on an ket nor set by an independent third party appraiser?	4h		×	
i		any time hold 20% or more of its assets in any single security, debt, mortgage, parcel r partnership/joint venture interest?	4i	Х		200000
j		n assets either distributed to participants or beneficiaries, transferred to another plan, r the control of the PBGC?	4j		X	
k	accountant (IQP	a waiver of the annual examination and report of an independent qualified public A) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan fai	led to provide any benefit when due under the plan?	41		Х	
m		idual account plan, was there a blackout period? (See instructions and 29 CFR	4m		X	
n		ered "Yes," check the "Yes" box if you either provided the required notice or one of o providing the notice applied under 29 CFR 2520.101-3	4n			
5a		to terminate the plan been adopted during the plan year or any prior plan year? he amount of any plan assets that reverted to the employer this year	Ye	s 🗙 N	0 A	mount:

5b 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.)

5b(1) Name of plan(s)

 5b(2) EIN(s)
 5b(3) PN(s)

5500 Electronic Filing Authorization

Plan Name:DeJulio's Army & Navy Store, Inc. Profit Sharing Plan And TrustEIN/PN:16-0872462/001Plan Year:02/01/2011 - 01/31/2012

I hereby authorize Anthony S. Asterino, CPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrato (sign)

Plan Sponse (sign)

8-1-12 (date)

8-1-12 (date)

 Form 5500	Annual Return/Report	of Employe	e Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for e and 4065 of the Employee Retiremen sections 6047(e), 6057(b), and 6058(nt Income Security A	ct of 1974 (ERISA) and	
Department of Labor Employee Benefits Security Administration	Complete all entr	ries in accordance	with	2011
Pension Benefit Guaranty Corporation		15 to the Form 500		This Form is Open to Public Inspection
Part I Annual Rep	ort Identification Information			
For the calendar plan year	2011 or fiscal plan year beginning 0	2/01/2011	and ending 01/31	/2012
A This return/report is for:	a multiemployer plan;		a multiple-employer p	plan; or
	X a single-employer plan;		a DFE (specify)	
B This return/report is:	the first return/report;		the final return/report	
	an amended return/report;		a short plan year retu	irn/report (less than 12 months).
C If the plan is a collectively-	bargained plan, check here			
D Check box if filing under:	Form 5558;		automatic extension;	the DFVC program;
	Special extension (enter description))		
Part II Basic Plan I	nformation enter all requested info			
1a Name of plan				1b Three-digit plan
	Navy Store, Inc. Profit Shari	ng Plan And T	rust	number (PN) ► 001
		-		1c Effective date of plan 02/01/1991
2a Plan sponsor's name an	nd address, including room or suite number (E	mployer, if for single	e-employer plan)	2b Employer Identification Number (EIN) 16-0872462
DEJULIO'S ARMY &	NAVY STORE, INC.			2C Sponsor's telephone number (315) 479-8171
666 BURNET AVEN	JE			2d Business code (see instructions)
US SYRACUSE	NY 13203-2404			448140
Caution: A penalty for the la	te or incomplete filing of this return/report	will be assessed u	inless reasonable cause is	established.
Under penalties of perjury and statements and attachments,	t other penalties set forth in the instructions, I as well as the electronic version of this return/	declare that I have e report, and to the be	examined this return/report, in est of my knowledge and belie	cluding accompanying schedules, ef, it is true, correct, and complete.
SIGN HERE	1DA	8-1-12	Richard DeJulio, P	lan Administrator
Signature of pla	n administrator	Dale	Enter name of individual sig	gning as plan administrator
SIGN HERE	· DA	8-1-12	Richard DeJulio, E	mployer
	ployer/plan sponsor	Date	Enter name of individual sig	gning as employer or plan sponsor
SIGN HERE	· · · · · · · · · · · · · · · · · · ·			

 Signature of DFE
 Date
 Enter name of individual signing as DFE

 For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.
 See the Instruction Sec Form 5500.

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3a	Plan administrator's name and address (if same as plan sponsor, enter "Sa	ame")	3b Administrator's EIN
			3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report t the plan number from the last return/report:	filed for this plan, enter the name, EIN and	4b EIN
a	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year		5 7
6	Number of participants as of the end of the plan year (welfare plans comple		
а	Active participants		6a 7
b	Retired or separated participants receiving benefits		6b 0
C	Other retired or separated participants entitled to future benefits		6c 0
d	Subtotal. Add lines 6a, 6b, and 6c		6d 7
0	Deceased participants whose beneficiaries are receiving or are entitled to r	receive benefits	6e 0
f	Total. Add lines 6d and 6e		6f 7
g	Number of participants with account balances as of the end of the plan year complete this item)	r (only defined contribution plans	6g 5
h	Number of participants that terminated employment during the plan year will less than 100% vested		6h 0
7	Enter the total number of employers obligated to contribute to the plan (only		7
8a	If the plan provides pension benefits, enter the applicable pension feature		es in the instructions:
	2E 3D		
Ł	If the plan provides welfare benefits, enter the applicable welfare feature of	codes from the List of Plan Characteristic Codes	s in the instructions:
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all that (1)) (1) Insurance (2) Code section 412(e)(3) insurar (3) X (4) General assets of the sponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached		See instructions)
а	Pension Schedules	b General Schedules	A:\

9a	Plan junding arrangement (check all that apply)	ספן	Plan	De	nent arrangement (check all that apply)	
	(1) 🗋 Insurance		(1)	\Box	Insurance	
	(2) Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts	
	(3) X Trust		(3)	x	Trust	
	(4) General assets of the sponsor		(4)	\square	General assets of the sponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached	i, and, v	where i	indi	cated, enter the number attached. (See instructions)	-
а	Pension Schedules	b	Gen	ora	I Schedules	
	(1) R (Retirement Plan Information)		(1)		H (Financial Information)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	N	I (Financial Information - Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan		(3)	Ц	A (Insurance Information)	
	actuary		(4)	Ц	C (Service Provider Information)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)	
	Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)	

Sponsor Location Information

Sponsor name: DEJULIO'S ARMY & NAVY STORE, INC. Sponsor DBA name: Sponsor care of name:

666 Burnet Avenue

US Syracuse NY 13203-2404

	SCHEDULE I	Financial Inform	ation Sr	nall Plan			0	MB No. 1210-	0110
	(Form 5500)	This schedule is required to be file							
	Department of the Treasury Internal Revenue Service	Retirement Income Security Act of 19 Internal Revenue			058(a) of the	•		2011	
E	Department of Labor mployee Benefits Security Administration	► File as an attach	ment to For	m 5500.			This F	form is Open	
	Pension Benefit Guaranty Corporation							Inspection	•
For	calendar plan year 2011 or fiscal plan	year beginning 02/01/2011		and endin	¥	/2012			
Α	Name of plan				B Three	-			
	DeJulio's Army & Navy Sto:	re, Inc. Profit Sharing Plan	And Trus	t	plan n	umber (F	PN) 🕨	001	L
				-	D. Cruste				<u>.</u>
C	Plan sponsor's name as shown on line					-		Number (EIN)
	DEJULIO'S ARMY & NAVY STO					872462			
Comp	plete Schedule I if the plan covered fewer plan under the 80-120 participant rule /	er than 100 participants as of the beginnin (see instructions). Complete Schedule H il	g of the plan y reporting as :	year. You ma a large plan (iy also comp or DEE	lete Sch	edule I if y	rou are filing	as a
_	art I Small Plan Financial		Toponing up t	a longe platti					
•									
		I liabilities, income, expenses, transfers ar	•		• •	•			•
		nter the value of the portion of an insuranc ind expenses of the plan including any trus							
	ance carriers. Round off amounts to the	, , , ,	a(s) or sehara	itery maintain		ino any p	ayments/	receipts tom	om
						······			
1	Plan Assets and Liabilities:			(a) Beginni			(b) En	id of Year	
a	•		<u>1a</u>		720	,025		6	90,503
b	· · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••••••••••••••••	1b			0	·		
<u> </u>		n line 1a)	<u>1c</u>			0,025			90,503
2	Income, Expenses, and Transfe	ers for this Plan Year:		(a) Amo	ount		(b) Total	
а			0-(4)						
	(1) Employers		2a(1)		-	0			
	(2) Participants		2a(2)			0			
	(3) Others (including rollovers)		2a(3)			0			
b	Noncash contributions		2b			0			
C	Other income		2c		(24)	960)			
d	Total income (add lines 2a(1), 2a(2),	• •	2d					(2	4,960)
e	Benefits paid (including direct rollove		2e 2f			0			
	 Corrective distributions (see instruction) 	ons)							
T		,				0			
t g	•	cipant loans							
t g	(see instructions)	cipant loans	2g			0			
t 9 h :	(see instructions) Administrative service providers (sala	cipant loans aries, fees, and commissions)	2g 2h			0			
t g h i	(see instructions)	cipant loans	2g 2h 2i			0			A 50
h i j	(see instructions)	cipant loans aries, fees, and commissions) 2h, and 2i)	2g 2h 2i 2j		4	0			
t g h i j k	(see instructions) Administrative service providers (sala Other expenses Total expenses (add lines 2e. 2f, 2g, Net income (loss) (subtract line 2j fro	cipant loans aries, fees, and commissions) . . .	2g 2h 2i 2j 2k		4	0		(2	
h i j k l	(see instructions) Administrative service providers (sala Other expenses Total expenses (add lines 2e. 2f, 2g, Net income (loss) (subtract line 2j fro Transfers to (from) the plan (see instr	cipant loans aries, fees, and commissions) 2h, and 2i) m line 2d)	2g 2h 2i 2j 2k 2l	ries check "Ye		0			
h i j	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) . . .	2g 2h 2i 2j 2k 2l ollowing categor		es" and enter	0 1,562 the curren		any assets	9,522
h i j k l	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) 2h, and 2i) m line 2d) ructions) s at anytime during the plan year in any of the form	2g 2h 2i 2j 2k 2l ollowing categor pst in a comming		es" and enter	0 1,562 the curren		any assets	9,522
h i j k l	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) 2h, and 2i) m line 2d) ructions) s at anytime during the plan year in any of the for plan year. Allocate the value of the plan's interco	2g 2h 2i 2j 2k 2l ollowing categor pst in a comming		es" and enter aining the ass	0 1,562 the currer ets of mo	re than one	any assets e plan on a line	9,522
h i j k 1 3	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) 2h, and 2i)	2g 2h 2i 2j 2k 2l ollowing categor pst in a comming	gled trust conta	es" and enter aining the ass	0 1,562 the currer ets of mo	re than one	any assets	9,522
h i k 1 3	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) 2h, and 2i)	2g 2h 2i 2j 2k 2l ollowing categor ctions.	gled trust conta	es" and enter aining the ass	0 1,562 the current the current No X	re than one	any assets e plan on a line	9,522
h i k l 3 ab	(see instructions) Administrative service providers (sala Other expenses	cipant loans aries, fees, and commissions) 2h, and 2i) m line 2d) ructions) s at anytime during the plan year in any of the fr plan year. Allocate the value of the plan's interce if the specific exceptions described in the instru	2g 2h 2i 2j 2k 2l ollowing categor post in a comming ctions.	gled trust conta 3 3	es" and enter aining the ass Yes a b	0 1,562 the currer ets of mo No X X X	re than one	any assets e plan on a line	9,522
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Schedule I (Form 5500) 2011

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	-		Yes	No	Amount
3f	Loans (other than to participants)	3f		x	
g	Tangible personal property	3g		x	
Part II		·			
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	4a		x	
Ь	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the	4b		x	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		x	
e	Was the plan covered by a fidelity bond?	4e	X		75,00
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		x	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		x	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	x		200,00
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x		
I	Has the plan failed to provide any benefit when due under the plan?	41		x	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x	
п	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	s 🗴] No	Amount:	

transferred. (See instructions.)

 5b(1)
 Sb(2)
 EIN(s)
 5b(3)
 PN(s)