Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa				
	Name of plan	111011		1b	Three-digit
	88 LEX 401(K) PROFIT SHARING PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 08/01/1998
2a	Plan sponsor's name and address; include room or suite number (er	molover if	for a single-employer plan)	2h	Employer Identification Number
	ASSET SERVICES, INC.		Tot a onigio omproyor plany	20	(EIN) 13-2958040
				2c	Sponsor's telephone number
770 L	EXINGTON AVENUE, 4TH FLOOR				212-207-1815
	YORK, NY 10065			2d	Business code (see instructions)
				01	531390
	Plan administrator's name and address (if same as plan sponsor, en ASSET SERVICES, INC. 770 LEXINGT		i") IUE. 4TH FLOOR	30	Administrator's EIN 13-2958040
	NEW YORK, I	NY 10065	,	3с	Administrator's telephone number
					212-207-1815
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	•			5a	15
b	Total number of participants at the end of the plan year			5b	17
С	Number of participants with account balances as of the end of the p	lan year (defined benefit plans do not		,-
	complete this item)			5c	17
-	Were all of the plan's assets during the plan year invested in eligible		'		X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	3360532		3233876
b	Total plan liabilities	7b	0		0
С	Net plan assets (subtract line 7b from line 7a)	7с	3360532		3233876
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	8a(1)	18090		
	(1) Employers	8a(2)	52776		
	(3) Others (including rollovers)	8a(3)	32.13		
b	Other income (loss)	8b	-75654		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-4788
d	Benefits paid (including direct rollovers and insurance premiums	- 00			
	to provide benefits)	8d	104562		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	17307		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			121869
į	Net income (loss) (subtract line 8h from line 8c)	8i			-126657
i	Transfers to (from) the plan (see instructions)	8i	0		

Form	5500.	-25	2011	

Page	2	- [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: 2A 2E 2H 2J 3D 3H
- 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	V Compliance Questions During the plan year:		Yes	No	^	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			110	^	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X				7333
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X			13	325000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				2127
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	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver						
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
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)			12d	_	_	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the 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?			Y	es X 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 of the PBGC?			ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t					□ .••	
	which assets or liabilities were transferred. (See instructions.)	no più	(0) 10	,			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse ie	establ	ished		
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					le, a Sche	dule
SB o	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	09/20/2012	SHERRY FRANKEL
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

Form 5500-SF

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

F	Part I Annual Report Identification Information		The state of the control of the cont	,0001		
Fo		01/01/	2011 and ending		12/31/2011	
Α	This return/report is for:		le-employer plan (not multiemployer)		7-1	***********
	This return/report is:	=	return/report		a one-participant plan	
	an amended return/report	=	lan year return/report (less than 12 m			
C	Check box if filing under:	7		ionins	Table 1	
0		_	ic extension		DFVC program	
Гъ	special extension (enter description art II Basic Plan Information—enter all requested information					***********
š	art II Basic Plan Information—enter all requested inform	nation		T		
10	AFA/88 LEX 401(k) PROFIT SHARING PLAN			1b	Three-digit	
	AFA/88 LEA 401(K) PROFIT SHARING PLAN				plan number (PN) 001	
				1c	Effective date of plan	**********
***************************************					08/01/1998	
2a	Plan sponsor's name and address; include room or suite number (e	employer,	if for a single-employer plan)	2b	Employer Identification Number	-
	AFA ASSET SERVICES, INC.				(EIN) 13-2958040	
				2c	Sponsor's telephone number	
	770 LEXINGTON AVENUE, 4TH FLOOR			24	(212) 207-1815	
	NEW YORK		NY 10065	20	Business code (see instructions) 531390	
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Sam		3b	Administrator's EIN	
	SAME		- ,		Administrator 3 Env	
				3с	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the	last return	roport filed for this plan, enter the	A la		
	name, EIN, and the plan number from the last return/report.	iastretum	report filed for this plan, enter the	4b	EIN	
***************************************	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a]	. 5
b	Total number of participants at the end of the plan year			5b	1	7
C	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not			
C-	complete this item)			5c		. 7
oa h	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No)
N	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei and condit	ident qualified public accountant (IQF	PA)	X Yes No	2
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500	SF and must instead use Form 550	00.		
Pa	rt III Financial Information	,				MOGRANIE
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets	7a	3,360,53	2	3,233,87	6
b	Total plan liabilities	7b		0		0
	Net plan assets (subtract line 7b from line 7a)	7c	3,360,53	2	3,233,87	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	18,09	0		
	(2) Participants	8a(2)	52,77	(
	(3) Others (including rollovers)	8a(3)	52,77	4		
h	Other income (loss)		(75,654	-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	(73,034	4-	(4.700	1
	Benefits paid (including direct rollovers and insurance premiums	80		+-	(4,788)
	to provide benefits)	8d	104,562	2		
е	Certain deemed and/or corrective distributions (see instructions)	8e	, 410]		
f	Administrative service providers (salaries, fees, commissions)	8f	17,30	7		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			121,86	9
i	Net income (loss) (subtract line 8h from line 8c)	8i			(126,657))
i	Transfers to (from) the plan (see instructions)	0:				,0000E

Form	5500-	SE	2011	

Page	2	-

Part IV	Plan	Characteristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2H 2J 3D 3H
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions			***************************************		***************************************		***************************************		
10	During the plan year:				r	т —				
a		utions within the time			Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Correction Pro	ogram)	10a	Х					7,33
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not include tra	insactions reported	10b		Х				,,,,,
С	Was the plan covered by a fidelity bond?			10c	Х			7	3.3	25,00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond, that w	as caused by fraud	10d		Х	1		., 32	.5,00
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	her persons by an in:	surance carrier,	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	ın?				Х	+		-	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f	37	Λ				_
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructions and	1 29 CFR	10g	Х	Х				2,12
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required notice or	one of the	10h		Λ				
Part				10i						
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see i	nstructions and com	plete S	Schedi	ule SE	3 (Form	П	Yes	Пи
12	Is this a defined contribution plan subject to the minimum funding	requirements of sect	ion 412 of the Codo	or 800	tion 2	02 of	EDICAG			No X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	able)								hound
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, and incl				and ei	nter th	ie date of t	he lette	er ruli	ng
	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule		Mont	h		Day	M	Year_		
	Enter the minimum required contribution for this plan year					12b			-	
	Enter the amount contributed by the employer to the plan for this p					12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a m	inus sign to the left of	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the						Yes	П No	П	N/A
Part \	/II Plan Terminations and Transfers of Assets							1110		1477
13a	das a resolution to terminate the plan been adopted in any plan year?				Т	Y	es X No	0		
	f "Yes," enter the amount of any plan assets that reverted to the er	mployer this year		13	a T					
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another	er plan, or brought u	ador th		trol		П	/es	X No
C	f during this plan year, any assets or liabilities were transferred fro	m this plan to anothe	r plan(s), identify the	plan(s) to	,,,		LJ.	[_
13	c(1) Name of plan(s):				13c(2) EIN	۷(s)	13	c(3) F	PN(s)
						· · · · · · · · · · · · · · · · · · ·				
Cautic	n: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	Calle	e is a	stablic	bada			
Under SB or :	penalties of perjury and other penalties set forth in the instructions, schedule MB completed and signed by an enrolled actuary, as well tis true, correct, and complete	I declare that I have	avaminad this return	0/2000	at the late		·r	ble, a S nowled	Sched Ige a	lule nd
SIGN	/ Xee Sellel	9/19/2012	SHERRY FRAN	KEL						
HERE	Signature of plan administrator	Date	Enter name of ind	***************************************	sianir	าต ลร	plan admir	nistrato	r	
SIGN	The		, and of mo	auui	Jigiiii	.9 43	pian aunill	noualU	1	
HERE	Signature of employer/plan sponsor	Date	Enter name of ind	ividual	sianir	ng as i	emplover (or plan	snor	sor
					2	0		- Piuil	POIL	UU1