Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

NATHEL & NATHEL, INC.

357 NYC TERMINAL MARKET
BRONX, NY 10474

2b Employer Identification Number (EIN) 13-2685629

2c Sponsor's telephone number 718-991-6050

2d Business code (see instructions) 445230

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 HERE	Filed with authorized/valid electronic signature.	10/12/2012	CAROL WESTFALL
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NATHEL & NATHEL, INC.

357 NYC TERMINAL MARKET
BRONX, NY 10474

3b Administrator's EIN
13-2685629

3c Administrator's telephone number
718-991-6050

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	140
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	87
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**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	X	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 apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-827750	87	10/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
25710	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WELLS FARGO ADVISORS INS AGENCY LLC
10700 NORTH PARK DRIVE
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25710			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	343190
5	Current value of plan's interest under this contract in separate accounts at year end	5	1408757

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	2330		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2145		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	355359		
	▶ ACQUISITION LOAN PAYMENT				
	(6) Total additions			7c(6)	359834
d	Total of balance and additions (add **b** and **c(6)**).			7d	359834
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	16644		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	16644
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	343190

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAPW0HE31	0	01/01/2011	10/14/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1078	269

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SENTINEL SECURITIES, INC
55 WALKERS BROOK DRIVE, SUITE 100
READING, MA 01867

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1078	269	TPA SERVICES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	348413
c	Additions: (1) Contributions deposited during the year	7c(1)	19638		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	96		
	(4) Transferred from separate account	7c(4)	4994		
	(5) Other (specify below)	7c(5)	6008		
	▶ LOAN REPAYMENT - PRINCIPAL				
	(6) Total additions			7c(6)	30736
d	Total of balance and additions (add **b** and **c(6)**).			7d	379149
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14168		
	(2) Administration charge made by carrier	7e(2)	7779		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	357202		
	▶ LOAN WITHDRAWAL TRANSFER TO FUNDING SUCCESSOR				
	(5) Total deductions			7e(5)	379149
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 50 64 65 99	NONE	15862	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	25	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: GOLDSTEIN KARLEWICZ GOLDSTEIN, LLP	**b** EIN: 13-3692922	
c Position: AUDITOR		
d Address: 777 CHESTNUT RIDGE ROAD, SUITE 301 CHESTNUT RIDGE, NY 10977	**e** Telephone: 845-356-6100	

Explanation: THE PLAN SPONSOR DESIRED AN ACCOUNTING FIRM WITH EXTENSIVE EXPERIENCE AUDITING EMPLOYEE BENEFIT PLANS

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148-000	P	1408757

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	6291	6830
(3) Other	1b(3)	804	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	60674	73329
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1302779	1408757
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	348413	343190
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1718961	1832106
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1718961	1832106

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	203950	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		203950
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3049	
	(F) Other	2b(1)(F)	2241	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5290
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12172	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12172
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		43836
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-62225
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		203023
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80158	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		80158
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	9720	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9720
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		89878
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		113145
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SCHULTHEIS & PANETTIERI, LLP (2) EIN: 13-1577780

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	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	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		350000
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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	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 ☐ **Yes** ☐ **No** **Amount:**

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATHEL & NATHEL, INC.

D Employer Identification Number (EIN)
13-2685629

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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DIRECTORS
Alexander Campo, CPA.CITP
Stephen Bowen
Anthony Sgroi

Independent Auditors' Report

Board of Trustees
Nathel & Nathel, Inc. 401(k) Plan for Union Employees

We have audited the accompanying statements of net assets available for benefits of the Nathel & Nathel, Inc. 401(k) Plan for Union Employees (the "Plan") as of December 31, 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Plan as of December 31, 2010, were audited by other auditors, whose report was dated September 13, 2011.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, investment assets held by the custodian of the Plan, and the transactions in those assets were excluded from the scope of the predecessor auditor's audit of the Plan's 2010 financial statements, except for comparing the information provided by the custodian with the related information included in the Plan's 2010 financial statements. Because of the significance of the information that the predecessor auditor did not audit, they were unable to, and did not, express an opinion on the Plan's financial statement as a whole as of December 31, 2010.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011, and the changes in net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 20 through 23 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplementary information on pages 20 through 23 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplementary information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
October 10, 2012

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2011

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

YEAR ENDED DECEMBER 31, 2011

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Independent Auditors' Report

Board of Trustees
Nathel & Nathel, Inc. 401(k) Plan for Union Employees

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As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, investment assets held by the custodian of the Plan, and the transactions in those assets were excluded from the scope of the predecessor auditor's audit of the Plan's 2010 financial statements, except for comparing the information provided by the custodian with the related information included in the Plan's 2010 financial statements. Because of the significance of the information that the predecessor auditor did not audit, they were unable to, and did not, express an opinion on the Plan's financial statement as a whole as of December 31, 2010.

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Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 20 through 23 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplementary information on pages 20 through 23 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplementary information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
October 10, 2012

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	2011	2010
Assets		
Investments at fair value		
Pooled separate accounts	$ 1,408,757	$ -
Registered investment companies	-	1,302,779
Unallocated insurance contracts	343,190	348,413
Total investments	1,751,947	1,651,192
Receivables		
Participant contributions	6,830	7,095
Notes from participants	73,329	60,674
Total assets	1,832,106	1,718,961
Net assets available for benefits	$ 1,832,106	$ 1,718,961

See Notes to Financial Statements

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2011

	2011
Additions to net assets attributed to:	
Investment loss	
Net depreciation in fair value of investments	$ (57,868)
Interest/dividends	56,941
Total investment loss	(927)
Less investment expenses	(9,720)
Net investment loss	(10,647)
Contributions	
Participants'	203,950
Total additions	193,303
Deductions from net assets attributed to:	
Benefits paid directly to participants or beneficiaries	80,158
Total deductions	80,158
Net increase	113,145
Net assets available for benefits	
Beginning of year	1,718,961
End of year	$ 1,832,106

See Notes to Financial Statements

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Nathel & Nathel, Inc. 401(k) Plan for Union Employees (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective January 01, 1996 as a defined contribution profit sharing plan covering eligible employees of Nathel & Nathel, Inc. and Nathel Trucking, Inc. (known collectively as the "Employer") who are members of the International Brotherhood of Teamsters Local 202 or the Office and Professional Employees International Union Local 153 (the "Unions"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Management has evaluated subsequent events through the date of the auditors' report, the issuance date of the financial statements.

Purpose

The purpose of the Plan is to enable and encourage retirement savings for eligible participants.

Participation

Employees of the Employer who are at least twenty one years of age or older and are members of the Unions are eligible to participate at the beginning of the calendar quarter following completion of 1,000 hours of service in covered employment within one year of the employee's hire date or during the first plan year beginning after the employee's hire date.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Vesting

Participants are 100% vested in the contributions they make to the Plan including salary deferrals and rollover contributions, plus actual earnings thereon. Participants are vested in matching and profit sharing contributions subject to a six year schedule as follows:

Years of Credited Service	Vested Percentage
Less than 2	0%
2, but less than 3	20%
3, but less than 4	40%
4, but less than 5	60%
5, but less than 6	80%
6 or more	100%

In addition, a participant will become 100% vested in profit sharing and matching contributions if he/she (1) attains age 65 while employed by the Employer, (2) becomes disabled (eligible for Social Security disability payments) or (3) dies.

Benefits

A participant, or the participant's beneficiary, is entitled to receive benefits, if the participant:

1. Attains age 65
2. Dies
3. Becomes disabled
4. Terminates employment

Plan regulations mandate that the distribution of a participant's benefit commence when the participant attains age 70 ½, or retires, whichever occurs later.

Active participants may take withdrawals from their rollover contributions at any time.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Benefits are recorded when paid.

A participant may elect any one of the following methods of payment:

a. One lump sum
b. Partial withdrawals; if terminated
c. Direct rollover

In accordance with IRS Regulations, minimal account balances may be distributed in one lump sum payment without consent of the participant.

Hardship withdrawals

In the event of certain financial hardships, as defined in the Plan, a participant may apply for a distribution from his/her account upon satisfying certain conditions.

Participant accounts

Individual accounts are maintained for each participant of the Plan and are "participant directed" for investment purposes. Under this strategy, each participant directs the investment of his/her account into various investment options offered by the Plan. Each participant's account is credited with contributions made on his/her behalf. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes from participants

A participant may generally borrow up to 50% of the amount in his or her individual account not to exceed $50,000 of the non-forfeitable amount of their account balance. The loans are secured by the balance in the participants' accounts. Loans are limited to purposes defined in the Plan and bear interest at a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. In general, loans must be repaid over a period of five years. Loans relating to the purchase of a principal residence must be repaid in accordance with terms set by the Plan Sponsor.

Failure to make loan payments in accordance with the terms of the loan will result in a loan default. The defaulted loan balance will be taxable income to the participant.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Forfeitures

Portions of non-vested accounts are forfeited at the time a participant terminates service with the Employer and begins receiving distributions of the vested portion of his/her account, or when the participant incurs 5 consecutive one year breaks in service, whichever is later. Forfeited account balances are used to either reduce employer contributions or are allocated to the remaining participants' accounts. Through December 31, 2011 there were no employer contributions to the Plan. Accordingly there were no forfeitures for the year ended December 31, 2011.

Plan termination

The Plan Sponsor expects and intends to continue the Plan indefinitely, but reserves the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be non-forfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Valuation of investments

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Administrative costs

The Plan Sponsor has agreed to assist in the administration of the Plan and absorb certain administrative costs related to the Plan.

Reclassification

Certain prior year amounts have been reclassified to conform to the current year presentation.

Note 2 - Investments

The Plan's investments are summarized as indicated below. Investments that represent 5% or more of the net assets available for benefits are individually listed.

	2011 Fair Value	2010 Fair Value
Investments at fair value as determined by quoted market price		
Registered investment companies		
Janus Growth & Income	$ -	$ 104,945
MFS International New Discovery Fund	-	100,177
Neuberger Genesis Fund	-	171,835
Ridgeworth Small Cap Value Equity	-	135,099
T.Rowe Price Equity & Income	-	156,093
Other	-	634,630
Investments at estimated fair value		
Pooled separate accounts		
Alger Cap App Institutional R	120,472	-
American Century Equity Income R	123,941	-
MFS Government Securities R2	117,444	-
Mutual Global Discovery R	135,251	-
PIMCO Total Return R	136,125	-
Putnam High Yield Advantage R	117,580	-
Ridgeworth Small Cap Value Equity A	116,103	-
Other	541,841	-
Unallocated insurance contracts		
Hartford Fixed Income Account	343,190	-
Nationwide Indexed Fixed Contract	-	348,413
Total	$ 1,751,947	$ 1,651,192

Note 2 - Investments (cont'd)

The net appreciation (depreciation) in fair value for each significant class of investments is as follows:

	2011 Net Appreciation (Depreciation)
Investments at fair value as determined by quoted market price	
Pooled separate accounts	$ 4,356
Registered investment companies	(62,224)
Total	$ (57,868)

Note 3 - Fair value measurements

The Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available which may include the reporting entity's own assumptions and data.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 3 - Fair value measurements (cont'd)

Pooled separate accounts: Value estimated by management of the accounts.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Unallocated insurance contracts: Valued by management of the insurance company.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011:

	2011	Quoted Prices in active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Investments at estimated fair value				
Pooled separate accounts				
Asset allocation	$ 116,286	$ -	$ 116,286	$ -
Fixed income	371,149	-	371,149	-
International / Global	259,982	-	259,982	-
Large Cap	413,709	-	413,709	-
Mid Cap	94,517	-	94,517	-
Small Cap	145,583	-	145,583	-
Specialty	7,531	-	7,531	-
Unallocated insurance contracts				
Fixed income	343,190	-	-	343,190
Total	$ 1,751,947	$ -	$ 1,408,757	$ 343,190

Note 3 - Fair value measurements (cont'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010:

	2010	Quoted Prices in active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Investments at fair value as determined by quoted market price				
Registered investment companies				
Fixed income	$ 202,105	$ 202,105	$ -	$ -
International / Global	274,439	274,439	-	-
Large cap	333,159	333,159	-	-
Mid cap	338,507	338,507	-	-
Small cap	150,493	150,493	-	-
Specialty	4,076	4,076	-	-
Investments at estimated fair value				
Unallocated insurance contracts				
Fixed income	348,413	-	-	348,413
Total	$ 1,651,192	$ 1,302,779	$ -	$ 348,413

Note 3 - Fair value measurements (cont'd)

The following table provides a summary of the changes in fair value on a recurring basis for Level 3 assets for the period ended December 31, 2011:

Description	Total	Unallocated insurance contract with The Hartford	Unallocated insurance contract with Nationwide
Beginning balance	$ 348,413	$ -	$ 348,413
Total investment income included in changes in net assets	2,241	2,145	96
Purchases	413,453	382,814	30,639
Sales	(420,917)	(41,769)	(379,148)
Ending balance	$ 343,190	$ 343,190	$ -
Total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ -	$ -

Total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date are included in the "Net appreciation (depreciation) in investments" category in the Statement of Changes in Net Assets Available for Benefits.

The following table provides a summary of the changes in fair value on a recurring basis for Level 3 assets for the period ended December 31, 2010:

Description	Total	Unallocated insurance contract with Nationwide
Beginning balance	$ 514,121	$ 514,121
Total investment income included in changes in net assets	138	138
Purchases	24,218	24,218
Sales	(190,064)	(190,064)
Ending balance	$ 348,413	$ 348,413
Total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ -

Total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date are included in the "Net appreciation (depreciation) in investments" category in the Statement of Changes in Net Assets Available for Benefits.

Note 4 - Pooled separate accounts

The following pooled separate accounts are established and maintained by The Hartford.

Alger Capital Appreciation Institutional Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks long-term capital appreciation and invests in equity securities of companies of any market capitalization demonstrating growth potential. As of December 31, 2011, the estimated fair value was $120,472.

American Century Equity Income Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks current income with capital appreciation as a secondary consideration. The fund invests in equity securities with a favorable income-paying history that have prospects for income payments to continue or to increase. The fund also invests in equity securities of companies that the advisor believes are undervalued and have the potential for an increase in price. As of December 31, 2011, the estimated fair value was $123,941.

BlackRock Global Allocation Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks to provide a high total investment return by investing in a portfolio of equity, debt and money market securities. As of December 31, 2011, the estimated fair value was $3,849.

Hartford Index HLS IB Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks to provide investment results which approximate the price and yield performance of publicly traded common stocks in the aggregate. The fund uses the S&P 500 composite stock price index as its standard performance comparison. As of December 31, 2011, the estimated fair value was $78,375.

Invesco Real Estate Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks total return through growth of capital and current income. The fund invests primarily in real estate and real estate issuers, including real estate investment trusts. As of December 31, 2011, the estimated fair value was $7,531.

Invesco Van Kampen Equity Income Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks the highest possible income; long term growth of capital is a secondary consideration. The fund invests primarily in income-producing equity instruments and investment-grade quality debt securities. As of December 31, 2011, the estimated fair value was $51,178.

The JP Morgan Smart Retirement Funds are a family of separate accounts which invest directly in the mutual funds of the same name. The family includes JP Morgan Smart Retirement 2015, 2020, 2025, 2030, 2035, 2040, 2045 and 2050. The target date aligns with the year closest to the expected retirement date. The family is based on the “life-cycle” approach to investing – that different bond/stock mixes are appropriate for individuals at different stages of their lives. As of December 31, 2011, the

Note 4 - Pooled separate accounts (cont'd)

estimated fair value was $61,259.

Lord Abbet Fundamental Equity Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks long-term growth of capital and income. The fund invests primarily in equity securities. As of December 31, 2011, the estimated fair value was $90,921.

Lord Abbet Developing Growth Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks long-term growth of capital and invests primarily in the common stock of companies with above-average growth potential. As of December 31, 2011, the estimated fair value was $29,480.

Lord Abbet Growth Opportunities Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks capital appreciation and invests primarily in equity securities of mid-sized companies, which are companies having a market capitalization at the time of purchase that falls within the market capitalization range of companies in the Russell Midcap Index. As of December 31, 2011, the estimated fair value was $43,643.

MFS Government Securities Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks total return with emphasis on current income, but also considering capital appreciation. The fund invests primarily in U.S. government securities. As of December 31, 2011, the estimated fair value was $117,444.

Mutual Global Discovery Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks capital appreciation and invests in equity securities of U.S. and foreign companies that the investment manager believes are available at market prices less than their value based on certain recognized or objective criteria. As of December 31, 2011, the estimated fair value was $135,251.

Oppenheimer Developing Markets Fund is a separate account which invests directly in the mutual fund of the same name. The investment aggressively seeks capital appreciation and invests primarily in common stocks of issuers in emerging and developing markets throughout the world and may invest up to 100% of total assets in foreign securities. As of December 31, 2011, the estimated fair value was $78,666.

PIMCO Total Return Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks maximum total return. The fund invests primarily in diversified portfolio of fixed-income instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements. As of December 31, 2011, the estimated fair value was $136,125.

Note 4 - Pooled separate accounts (cont'd)

Putman High Yield Advantage Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks high current income; capital appreciation is a secondary consideration. The fund invests in bonds that are obligations of U.S. companies, below investment grade in quality and have intermediate to long-term maturities. As of December 31, 2011, the estimated fair value was $117,580.

Ridgeworth Classic Mid-Cap Value Equity Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks capital appreciation; current income is a secondary consideration. The fund invests primarily in U.S. traded equity securities of mid cap companies. As of December 31, 2011, the estimated fair value was $50,874.

Ridgeworth Classic Small Cap Value Equity Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks capital appreciation; current income is a secondary consideration. The fund invests primarily in U.S. traded equity securities of small cap companies. As of December 31, 2011, the estimated fair value was $116,103.

The Hartford International Small Company Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks capital appreciation. The fund invests primarily in equity securities, including non-dollar securities, of foreign small-capitalization companies. As of December 31, 2011, the estimated fair value was $28,724.

Thornburg International Value Fund is a separate account which invests directly in the mutual fund of the same name. The investment seeks long-term capital appreciation; current income is a secondary consideration. The fund invests primarily in foreign securities or depository receipts of foreign securities. As of December 31, 2011, the estimated fair value was $17,341.

Note 5 - Unallocated insurance contract

As of October 1, 2011, the Plan sponsor entered into a fully benefit-responsive investment contract with The Hartford Life Insurance Company ("The Hartford"). The investment contract is invested in the general account of The Hartford Life Insurance Company and is guaranteed by The Hartford's claims paying ability. The contract, which is included in the financial statements at estimated fair value as reported to the Plan sponsor by the insurance company, is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The average yield and the rate of interest credited to participants for the year ended December 31, 2011 was 3.00%. The crediting interest rate is reviewed and reset on a quarterly basis. The minimum crediting interest rate under the contract is 3.00%.

A termination of the contract could limit the ability of the Plan to transact at Contract Value. In this instance, contract value would be paid over time, or paid immediately after applying a market value adjustment. The contract may be terminated by the issuer for reasons including but not limited to failure by the Plan to maintain exempt status under 401(a) of the Internal Revenue Code, no contributions are made to The Hartford during any consecutive twelve month period, or changes to the Plan trust or group variable funding agreements that affect The Hartford's obligations under the contract. The Plan sponsor and The Hartford currently have no intentions of terminating this contract. The contract value and estimated fair value as of December 31, 2011 was $343,190.

The Plan sponsor had a fully benefit-responsive investment contract with Nationwide Trust Company ("Nationwide"). The investment contract was terminated and liquidated during 2011. The contract, which was included in the financial statements at estimated fair value as reported to the Plan sponsor by the insurance company, was credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The average yield and the rate of interest credited to participants for the year ended December 31, 2011 was 0.035%. The crediting interest rate was reviewed and reset on a quarterly basis. The minimum crediting interest rate under the contract was 0%. The contract value and estimated fair value as of December 31, 2010 was $348,413.

Note 6 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Note 7 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment, therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 8 - Employer and participant contributions

Participants may elect salary deferrals and after tax Roth 401(k) contributions up to the annual maximum established by the IRS during any plan year. Participants who are age 50 at the end of any calendar year may make "catch up" contributions up to the annual maximum established by the IRS during any plan year. The Plan also accepts eligible rollover contributions or transfers as defined by the Plan. The Employer may make contributions at the discretion of the Plan sponsor. For 2011, there were no Employer contributions into the Plan.

Note 9 - Reconciliation of participants' accounts to net assets available for benefits

	2011	2010
Value of participants' accounts	$ 1,751,947	$ 1,651,192
Participant contributions receivable	6,830	7,095
Notes from participants	73,329	60,674
Net assets available for benefits	$ 1,832,106	$ 1,718,961

Note 10 - Reconciliation of financial statements to Form 5500

For financial statement purposes, participant loans are required to be classified as notes receivable from participants. This differs from the reporting requirements of the Department of Labor which requires that these assets be shown as investments.

Note 10 - Reconciliation of financial statements to Form 5500 (cont'd)

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment income (loss)	$ (10,647)	$ 9,720	$ (927)
Contributions	203,950	-	203,950
Total additions	193,303	9,720	203,023
Benefits paid directly to participants or beneficiaries	80,158	-	80,158
Administrative expenses	-	9,720	9,720
Total deductions	80,158	9,720	89,878
Net increase (decrease)	$ 113,145	$ -	$ 113,145

Note 11 - Tax status

The Plan has received a determination letter from the IRS dated May 13, 2010, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

In general, information returns are subject to audit by governmental agencies for a period of at least 3 years.

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST *	CURRENT VALUE
	ALGER CAP APP INSTITUTIONAL R FUND	6,388	$ -	$ 120,472
	AMERICAN CENTURY EQUITY INCOME R FUND	17,072	-	123,941
	BLACKROCK GLOBAL ALLOCATION R FUND	219	-	3,849
**	HARTFORD INDEX HLS IB FUND	3,004	-	78,375
	INVESCO REAL ESTATE R FUND	329	-	7,531
	INVESCO VAN KAMPEN EQ AND IN R	6,129	-	51,178
	JP MORGAN SMARTRETIREMENT 2025 R2 FUND	4,517	-	61,259
	LORD ABBET FUNDAMENTAL EQUITY R3 FUND	7,576	-	90,921
	LORD ABBETT DEVELOPING GROWTH R3 FUND	1,511	-	29,480
	LORD ABBETT GROWTH OPPS R3 FUND	2,566	-	43,643
	MFS GOVERNMENT SECURITIES R2 FUND	11,111	-	117,444
	MUTUAL GLOBAL DISCOVERY R FUND	5,030	-	135,251
	OPPENHEIMER DEVELOPING MARKETS N FUND	2,775	-	78,666
	PIMCO TOTAL RETURN R FUND	12,523	-	136,125
	PUTNAM HIGH YIELD ADVANTAGE R FUND	20,555	-	117,580
	RIDGEWORTH MIDCAP VALUE EQUITY A FUND	5,218	-	50,874
	RIDGEWORTH SMALL CAP VALUE EQUITY A FUND	9,524	-	116,103
**	THE HARTFORD INTERNATIONAL SMALL CO R3 FUND	2,578	-	28,724
	THORNBURG INTERNATIONAL VALUE R3 FUND	720	-	17,341
			$ -	$ 1,408,757

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**PARTY-IN-INTEREST

POOLED SEPARATE ACCOUNTS ARE CLASSIFIED AS REGISTERED INVESTMENT COMPANIES FOR FORM 5500 PURPOSES

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF UNALLOCATED INSURANCE CONTRACTS

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION UNALLOCATED INSURANCE CONTRACTS	(d)	(e)
	ISSUER	INTEREST RATE	COST *	CURRENT VALUE
**	HARTFORD FIXED INCOME ACCOUNT	3.00%	$ -	$ 343,190
			$ -	$ 343,190

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**PARTY-IN-INTEREST

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF PARTICIPANT LOANS

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTICIPANT LOANS		(d)	(e)
ISSUER	TERM	INTEREST RATE	COST *	CURRENT VALUE
PARTICIPANT LOANS	5 - 10 YEARS	4.25%	$ -	$ 73,329
			$ -	$ 73,329

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	NATIONWIDE BOA-INDEXED FIXED ACCOUNT	$ -	$ 347,202	$ -	$ -	$ 346,947	$ 347,202	$ 255
N/A	MFS INT'L NEW DISCOVERY FUND	-	95,777	-	-	82,098	95,777	13,679
N/A	NEUBERGER GENESIS FUND	-	130,399	-	-	109,502	130,399	20,897
N/A	NATIONWIDE S&P 500 INDEX FUND	-	150,355	-	-	141,539	150,355	8,816
N/A	RIDGEWORTH SMALL CAP VALUE EQUITY FUND	-	92,928	-	-	78,514	92,928	14,414
N/A	WELLS FARGO GOVT SECURITIES INV FUND	-	126,217	-	-	119,138	126,217	7,079
N/A	T.ROWE PRICE EQUITY & INCOME FUND	-	148,498	-	-	140,335	148,498	8,163
N/A	JANUS GROWTH & INCOME FUND	-	113,695	-	-	102,057	113,695	11,638
N/A	THE HARTFORD INTERNATIONAL SMALL CO. R3 FUND	95,777	-	-	-	-	95,777	-
N/A	MUTUAL GLOBAL DISCOVERY R FUND	111,354	-	-	-	-	111,354	-
N/A	ALGER CAP APP INSTITUTIONAL R FUND	113,695	-	-	-	-	113,695	-
N/A	RIDGEWORTH SMALL CAP VALUE EQUITY A FUND	223,327	-	-	-	-	223,327	-
N/A	HARTFORD INDEX HLS IB FUND	150,355	-	-	-	-	150,355	-
N/A	HARTFORD FIXED INCOME ACCOUNT	354,288	-	-	-	-	354,288	-
N/A	MFS GOVERNMENT SECURITIES R2 FUND	126,217	-	-	-	-	126,217	-
N/A	AMERICAN CENTURY EQUITY INCOME R FUND	148,498	-	-	-	-	148,498	-

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST *	CURRENT VALUE
	ALGER CAP APP INSTITUTIONAL R FUND	6,388	$ -	$ 120,472
	AMERICAN CENTURY EQUITY INCOME R FUND	17,072	-	123,941
	BLACKROCK GLOBAL ALLOCATION R FUND	219	-	3,849
**	HARTFORD INDEX HLS IB FUND	3,004	-	78,375
	INVESCO REAL ESTATE R FUND	329	-	7,531
	INVESCO VAN KAMPEN EQ AND IN R	6,129	-	51,178
	JP MORGAN SMARTRETIREMENT 2025 R2 FUND	4,517	-	61,259
	LORD ABBET FUNDAMENTAL EQUITY R3 FUND	7,576	-	90,921
	LORD ABBETT DEVELOPING GROWTH R3 FUND	1,511	-	29,480
	LORD ABBETT GROWTH OPPS R3 FUND	2,566	-	43,643
	MFS GOVERNMENT SECURITIES R2 FUND	11,111	-	117,444
	MUTUAL GLOBAL DISCOVERY R FUND	5,030	-	135,251
	OPPENHEIMER DEVELOPING MARKETS N FUND	2,775	-	78,666
	PIMCO TOTAL RETURN R FUND	12,523	-	136,125
	PUTNAM HIGH YIELD ADVANTAGE R FUND	20,555	-	117,580
	RIDGEWORTH MIDCAP VALUE EQUITY A FUND	5,218	-	50,874
	RIDGEWORTH SMALL CAP VALUE EQUITY A FUND	9,524	-	116,103
**	THE HARTFORD INTERNATIONAL SMALL CO R3 FUND	2,578	-	28,724
	THORNBURG INTERNATIONAL VALUE R3 FUND	720	-	17,341
			$ -	$ 1,408,757

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**PARTY-IN-INTEREST

POOLED SEPARATE ACCOUNTS ARE CLASSIFIED AS REGISTERED INVESTMENT COMPANIES FOR FORM 5500 PURPOSES

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF UNALLOCATED INSURANCE CONTRACTS

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION UNALLOCATED INSURANCE CONTRACTS	(d)	(e)
	ISSUER	INTEREST RATE	COST *	CURRENT VALUE
**	HARTFORD FIXED INCOME ACCOUNT	3.00%	$ -	$ 343,190
			$ -	$ 343,190

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

**PARTY-IN-INTEREST

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF PARTICIPANT LOANS

DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTICIPANT LOANS		(d)	(e)
ISSUER	TERM	INTEREST RATE	COST *	CURRENT VALUE
PARTICIPANT LOANS	5 - 10 YEARS	4.25%	$ -	$ 73,329
			$ -	$ 73,329

* COST OMITTED - PARTICIPANT DIRECTED ACCOUNT PLAN

NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2011

EIN 13-2685629, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	NATIONWIDE BOA-INDEXED FIXED ACCOUNT	$ -	$ 347,202	$ -	$ -	$ 346,947	$ 347,202	$ 255
N/A	MFS INT'L NEW DISCOVERY FUND	-	95,777	-	-	82,098	95,777	13,679
N/A	NEUBERGER GENESIS FUND	-	130,399	-	-	109,502	130,399	20,897
N/A	NATIONWIDE S&P 500 INDEX FUND	-	150,355	-	-	141,539	150,355	8,816
N/A	RIDGEWORTH SMALL CAP VALUE EQUITY FUND	-	92,928	-	-	78,514	92,928	14,414
N/A	WELLS FARGO GOVT SECURITIES INV FUND	-	126,217	-	-	119,138	126,217	7,079
N/A	T.ROWE PRICE EQUITY & INCOME FUND	-	148,498	-	-	140,335	148,498	8,163
N/A	JANUS GROWTH & INCOME FUND	-	113,695	-	-	102,057	113,695	11,638
N/A	THE HARTFORD INTERNATIONAL SMALL CO. R3 FUND	95,777	-	-	-	-	95,777	-
N/A	MUTUAL GLOBAL DISCOVERY R FUND	111,354	-	-	-	-	111,354	-
N/A	ALGER CAP APP INSTITUTIONAL R FUND	113,695	-	-	-	-	113,695	-
N/A	RIDGEWORTH SMALL CAP VALUE EQUITY A FUND	223,327	-	-	-	-	223,327	-
N/A	HARTFORD INDEX HLS IB FUND	150,355	-	-	-	-	150,355	-
N/A	HARTFORD FIXED INCOME ACCOUNT	354,288	-	-	-	-	354,288	-
N/A	MFS GOVERNMENT SECURITIES R2 FUND	126,217	-	-	-	-	126,217	-
N/A	AMERICAN CENTURY EQUITY INCOME R FUND	148,498	-	-	-	-	148,498	-

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
NATHEL & NATHEL, INC.
Number, street, and room or suite no. (If a P.O. box, see instructions)
357 NYC TERMINAL MARKET
City or town, state, and ZIP code
BRONX NY 10474

B Filer's identifying number (see instructions)
Employer identification number (EIN)
13-2685629
Social security number (SSN) (see instructions)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOY	0 0 1	12	31	2011
2					
3					

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until / / to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► a

b Enter the payment amount attached . . . . . ► b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

4 **State in detail why you need the extension:**

Certified Article Number
7160 3901 9849 2096 5544
SENDERS RECORD

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

EIN 13-2685629 /PN 001

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	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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2011 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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 return/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 Information—enter all requested information

1a Name of plan NATHEL & NATHEL, INC. 401(K) PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

NATHEL & NATHEL, INC.

357 NYC TERMINAL MARKET

BRONX NY 10474

2b Employer Identification Number (EIN) 13-2685629

2c Sponsor's telephone number (718) 991-6050

2d Business code (see instructions) 445230

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 HERE	Signature of plan administrator	Date 10/10/12	Enter name of individual signing as plan administrator Richard J Billotti Trustee
SIGN HERE	Signature of employer/plan sponsor	Date 10/10/12	Enter name of individual signing as employer or plan sponsor Richard J Billotti Trustee
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. Form 5500 (2011) v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SAME

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 filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	140
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	87
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**	

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

2E 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [X] 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 apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [ ] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) — 2
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)