#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all e	ntries in accor	dance witl	n the instructions to the Form 5500	)-SF.		•	
Pa	art I Annual Report Identification Info	rmation						
For	calendar plan year 2011 or fiscal plan year beginnin	g 09/01/201	1	and ending 0	8/31/2	2012		
Α	This return/report is for:	plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	ort	the final r	eturn/report				
	an amended return	n/report	a short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558		automatic	extension		DFVC progra	m	
	special extension	ت enter descriptio				ы , ў		
		, ,	,					
	art II Basic Plan Information—enter all re	equested inform	ation		41.			
	Name of plan				10	Three-digit plan number		
FAIN	TASTEX CORPORATION PENSION PLAN					(PN) ▶	002	
					1c	Effective date of		
						09/01/		
2a	Plan sponsor's name and address; include room or	suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif		r
FAN	TASTEX CORPORATION					(EIN) 13-39		
					2c	Sponsor's telep	hone number	
222 \	WEST 40TH STREET					212-302		
	/ YORK, NY 10018				2d	Business code (	see instruction	s)
						42399	0	
	Plan administrator's name and address (if same as				3b	Administrator's I		
FANT	TASTEX CORPORATION	222 WEST 40 NEW YORK,		ET			65071	
		NEW TORK,	141 10010		3c	Administrator's t		ber
4	If the name and/or EIN of the plan sponsor has cha	nged since the	lact return/	report filed for this plan, enter the	4b		- 4304	
7	name, EIN, and the plan number from the last retur		iasi returri/	report med for this plan, enter the	40	CIIN		
а	Sponsor's name	·			4c	PN		
5a	Total number of participants at the beginning of the	plan year			5a			17
b	Total number of participants at the end of the plan y	ear			5b			17
C	Number of participants with account balances as of				JU			
C	complete this item)			•	5c			
6a	Were all of the plan's assets during the plan year in	nvested in eligib	le assets?	(See instructions.)			X Yes	No
b		ū		,				
	under 29 CFR 2520.104-46? (See instructions on v			•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan	cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III   Financial Information		1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	164371			220904	
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7b from line 7a)		. 7c	164371			220904	
8	Income, Expenses, and Transfers for this Plan Yea	r		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:			, ,		` '		
	(1) Employers		. 8a(1)	52000				
	(2) Participants		. 8a(2)					
	(3) Others (including rollovers)		. 8a(3)					
b	Other income (loss)		8b	4533				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				56533	
d	Benefits paid (including direct rollovers and insuran							
	to provide benefits)		. 8d					
е	Certain deemed and/or corrective distributions (see	instructions)	. 8e					
f	Administrative service providers (salaries, fees, con	nmissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		. 8h				0	
i	Net income (loss) (subtract line 8h from line 8c)		. 8i				56533	
j	Transfers to (from) the plan (see instructions)		. 8j					
			,					

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		•	
Part IV	Plan	Charac	teristics

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

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	Α	mount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver								
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d	_	_			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol					
	of the PBGC?					Yes	X No		
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.				
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/re <sub>l</sub>	port, in	cludin	g, if applicab				
belie	f, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	03/15/2013	RICHARD HANSANG YOO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/15/2013	RICHARD HANSANG YOO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Part							ile as an attachn	nent to Form	5500 or	5500-SF.				
Part   Basic Information	Fo	cale	ndar	plan year 2011	or fiscal plan	year beginning	09/01/2011			and endi	ng <mark>08/3</mark>	1/2012		
A Name of plan FANTASTEX CORPORATION PENSION PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FANTASTEX CORPORATION  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 6500  Part I Basic Information  1 Enter the valuation date: Month 08 Day 31 Year 2012  2 Asses: 20 100 or fewer 101-500 More than 6500  A statistical value 2a 168804  5 Enter the valuation date: Month 08 Day 31 Year 2012  2 Asses: 20 100 or fewer 101-500 More than 6500  5 For active participants count breakdown: (1) Number of participants (2) Funding Target  a For retired participants and beneficiaries receiving payment 3a 0 0 0  b For terminated vested participants 3b 0 0 0 0  c For active participants: 3b 0 0 0 0  c For active participants: 3c(2) 100 or fewer 100	•	Rour	nd of	f amounts to n	earest dolla	r.								
FANTASTEX CORPORATION PENSION PLAN    Pain sponsor's name as shown on line 2a of Form 5500 or 5500-SF   D Employer Identification Number (EIN)   13-3665071	<u> </u>	Caut	ion:	A penalty of \$1,	,000 will be a	ssessed for late	filing of this repor	rt unless reas	onable ca	use is establish	ed.			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FANTASTEX CORPORATION  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size. 10 to or fewer 101-500 More than 500  Part I Basic Information  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size. 10 to or fewer 101-500 More than 500  Part I Basic Information  E Type of plan: Multiple-A Multiple-A Multiple-B F Prior year plan size. 10 to or fewer 101-500 More than 500  Part I Benefit he valuation date: Month 08 Day 31 Year 2012  2 Assets: 2 2 2 3 105904  2 Assets: 2 2 4 105904  D Actuarial value. 2 2 2 105904  D For retired participant count breakdown: (1) Number of participants (2) Funding Target  a For retired participants and beneficiaries receiving payment. 3a 0 0 0 0 0  D For terminated vested participants. 3b 0 0 0 0 0  C For active participants. 3c(1) 102633  (2) Vested benefits. 3c(1) 102633  (3) Total active. 3c(2) 64422  (3) Total active. 3c(3) 17 171055  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4					N PENSION	PLAN					,	•	002	
Single   Multiple-A   Multiple-B   F Prior year plan size:   100 or fewer   101-500   More than 500										piarriam	ber (1 1 <b>4</b> )	<u>,                                      </u>		
Single   Multiple-A   Multiple-B   F Prior year plan size:   100 or fewer   101-500   More than 500	C	Plan s	none	or's name as s	hown on line	2a of Form 5500	) or 5500-SE			D Employer	Identificat	ion Number	(FINI)	
E Type of plans: Single   Multiple-M   Multiple-B   F Prior year plan size:   100 or fewer   101-500   More than 500    Part I Basic Information  1 Enter the valuation date:						24 01 1 01111 0000	0 0 0000 0			. ,	identinicat	ion ranibei	(LIIV)	
Part I   Basic Information   1										13-3905071				
1 Enter the valuation date:   Month   08   Day   31   Year   2012	Ε-	уре с	of pla	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: 🔀	100 or fewer	101-50	00 More	than 500	
1 Enter the valuation date:   Month   08   Day   31   Year   2012	P	art I	E	Basic Inform	nation									
2 Assets:  a Market value						Month 08	Day 31	Year	2012					
a Market value				e valuation date	, <u> </u>	WOTH	Duy	rour_		_				
b Actuarial value	_			rkot valuo							22			168904
Funding target/participants count breakdown:  a For retired participants and beneficiaries receiving payment.  3a 0 0 0 0  b For terminated vested participants.  5 For active participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  3c(3) 17 171055  4 If the plan is in al-risk status, check the box and complete lines (a) and (b).  a Funding target disregarding prescribed at-risk assumptions. but disregarding transition rule for plans that have been in al-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 A 4.53 % 6 Target normal cost.  5 D 4.53 % 7 To the best of ry knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in scondance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in combination. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in combination.  SIGN HERE  Signature of actuary  Firm name  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or rulling promulgated under the statute in completing this schedule, check the box and see														
a For retired participants and beneficiaries receiving payment 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											-			
b For terminated vested participants.  C For active participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  3c(3) 17 171055  d Total.  4 If the plan is in at-risk status, check the box and complete lines (a) and (b).  a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 A 4.53 % 6 Target normal cost.  5 Effective interest rate.  5 A 4.53 % 6 Target normal cost.  5 Effective interest rate and requisitors. In my colonin, each other assumption is reasonable (taking into accordance with applicable in and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Type or print name of actuary  Allied CONSULTANTS, INC.  Firm name  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	3	Fur	U	0 1 1					(1) N	umber of partici		(2)	Funding Tare	
C For active participants:  (1) Non-vested benefits		а	Fo	r retired particip	ants and ben	eficiaries receivi	ng payment							
(1) Non-vested benefits		b	Fo	r terminated ves	sted participa	nts		3b			0			0
(2) Vested benefits 3c(2) 68422 (3) Total active 3c(3) 17 171085 d Total		С	Fo	r active participa	ants:									
3c(3)   17   171055			(1)	Non-vested b	enefits			3c(1)						102633
Total active   Total active   Total active   Total			(2)	Vested benef	its			3c(2)						68422
d Total			(3)	Total active				3c(3)			17			171055
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		d	Tot	tal							17			171055
a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate	4	If th	ne pla	an is in at-risk st	tatus, check t	he box and com	plete lines (a) and	d (b)		<u></u>				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate	-										42			
at-risk status for fewer than five consecutive years and disregarding loading factor		_		0 0	0 0.		•							
5 Effective interest rate		D									4b			
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  HUNG-HSUN CHENG  Type or print name of actuary  ALLIED CONSULTANTS, INC.  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5	Fffe												4.53 %
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accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.    Sign			-		•	ied in this schedule ar	nd accompanying sche	dules, statements	and attachm	ents, if any, is comple	ete and accur	rate. Each presc	ribed assumption	was applied in
Signature of actuary HUNG-HSUN CHENG  Type or print name of actuary ALLIED CONSULTANTS, INC.  Firm name  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accorda	ance v	vith applicable law ar	nd regulations. In i	my opinion, each othe	er assumption is reason							
Signature of actuary HUNG-HSUN CHENG  Type or print name of actuary ALLIED CONSULTANTS, INC.  Firm name  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5	SIGN	1											
Type or print name of actuary  ALLIED CONSULTANTS, INC.  Firm name  Firm name  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see												12/17/2	2012	
Type or print name of actuary  ALLIED CONSULTANTS, INC.  Firm name  Firm name  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					Sign	nature of actuary	,					Date		
ALLIED CONSULTANTS, INC.  909-670-0188  Firm name  Telephone number (including area code)  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	HUN	IG-H	SUN	CHENG	- 3	,							724	
ALLIED CONSULTANTS, INC.  909-670-0188  Firm name  Telephone number (including area code)  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					Type or r	orint name of act	tuarv				Most re	ecent enrolln	nent number	
190 E. ARROW HIGHWAY, UNIT D SAN DIMAS, CA 91773  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ALL	ED C	ONS	SULTANTS, INC	,, ,						WOO! I			
Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	190	F. AF	RRO	N HIGHWAY. L	JNIT D	Firm name				Te	elephone	number (incl	uding area co	ode)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see														
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					٨٨	dross of the firm				_				
			•	as not fully refle	ected any reg	ulation or ruling	promulgated und	er the statute	in comple	eting this schedu	lle, check	the box and	see	

Page	2 -	1
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Pa	rt II	Begir	nning of year o	carryove	er and prefunding ba	lances							
							(	a) Carryover balance	е	(b) [	refundi	ng balance	
7			0 ,		cable adjustments (line 13	•			0			0	
8					unding requirement (line 35				0			0	
9	Amount	t remainii	ng (line 7 minus lin	ne 8)					0			0	
10	Interest	on line 9	ousing prior year's	actual ret	urn of <u>2.98</u> %				0			0	
11	Prior ye	ar's exce	ess contributions to	be added	d to prefunding balance:								
	a Pres	sent valu	e of excess contrib	outions (lin	e 38 from prior year)							4433	
					rate of4.38_% exce					0			
	<b>C</b> Tota	ıl availabl	e at beginning of cu	ırrent plan y	year to add to prefunding bal	ance						4433	
	<b>d</b> Port	tion of (c)	) to be added to pr	efunding b	alance							0	
12	Other re	eductions	s in balances due t	to elections	s or deemed elections				0			0	
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12	2)			0			0	
Pa	art III	Fun	ding percenta	iges									
14	Funding	g target a	attainment percenta	age							14	98.74 %	
	15 Adjusted funding target attainment percentage									15	98.74 %		
	Prior ye	ar's fund	ling percentage for	r purposes	of determining whether ca	rryover/pre	funding b	alances may be use	d to reduce		16	92.28 %	
17	If the cu	ırrent val	ue of the assets of	f the plan i	s less than 70 percent of th	e funding t	arget, ent	er such percentage.			17	%	
Pá	art IV	Con	tributions and	d liquidi	ty shortfalls								
18	Contrib			•	ear by employer(s) and em	ployees:							
(M	(a) Dat M-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p		(0	c) Amou emplo	nt paid by byees	
08	/31/2012			52000	0								
						Totals	<b>1</b> 8(	(b)	52000	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuatio	n date afte	er the beginning of th	ne year:				
	<b>a</b> Conti	ributions	allocated toward u	ınpaid min	imum required contribution	s from prio	r years		. 19a			0	
	<b>b</b> Conti	ributions	made to avoid res	trictions ac	djusted to valuation date				. 19b			0	
	<b>C</b> Contr	ributions a	allocated toward min	nimum requ	uired contribution for current	year adjust	ed to valua	ation date	. 19c			52000	
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:								
	a Did th	he plan h	nave a "funding sho	ortfall" for t	he prior year?						X	Yes No	
	<b>b</b> If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ar made in	a timely r	manner?		<u></u>		Yes X No	
	<b>C</b> If 20a	a is "Yes,	" see instructions a	and compl	ete the following table as a	pplicable:							
		(1)			Liquidity shortfall as of	end of quar					(4)		
		(1) 19	st 0		(2) 2nd	0	(	3) 3rd	0		(4) 4th	0	
			U			U			J			0	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: 1.81%		2nd segment: 4.73%		3rd segment: 5.85 %		N/A, full yield curve used
	<b>b</b> At	policable month	(enter code)					21b	0
22								22	65
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitut	
		1	_				oomood coparate		
		Miscellane							
24			•		uarial assumptions for the c		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	Yes X No
27					nding rules, enter applicable			27	
	rt VII				ım required contribut				
					years			28	0
29					d unpaid minimum required o			29	0
30	Rema	aining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	for current year				
31	Targe	et normal cost a	nd excess assets (see in	nstruct	ions):				
	<b>a</b> Tai	rget normal cost	(line 6)					31a	28388
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	<b>a</b> Ne	et shortfall amort	ization installment					2158	498
	<b>b</b> Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling letto			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	28886
		<u> </u>			Carryover balance		Prefunding balar	nce	Total balance
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J. J		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	28886
37					ontribution for current year a			37	52000
38			ess contributions for curr						
								38a	23114
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40					5		· · · · · · · · · · · · · · · · · · ·	40	
	rt IX				ension Relief Act of 20				
					ursuant to an alternative amo				
			<del>_</del>		area area area area area area				2 plus 7 years 15 years
42		, , , ,	,		41a was made				
								42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

the Internal Revenue Gode (the Gode).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

_	Pension Benefit Guaranty Corporation			orda	ance with	the instructions to the Form 550	0-SF		
1000			entification Information						
For	the calendar plan year 2011 or f	isc	al plan year beginning		09/01	/2011 and ending	0.8	3/31/2012	
Α	This return/report is for:	Х	a single-employer plan		a multiple-e	employer plan (not multiemployer)	[	] a one-particip	pant plan
В	This return/report is:		the first return/report	t t	the final ret	urn/report			
		Ō	an amended return/report		a short plar	year return/report (less than 12 mo	nths)		
С	Check box if filing under:	Ī	Form 5558	<u></u>	automatic e	extension	ſ	DFVC progra	m
		Π	special extension (enter descript	— ion)					
P	art II Basic Plan Info	rm	ation enter all requested in	form	nation				
_	Name of plan		Ontor an requested in				1b	Three-digit	
	Fantastex Corporation	n	Pension Plan					plan number (PN) ►	002
	rantastex corporation	11	rension rian					Effective date of	
								09/01/2009	
2a	Plan sponsor's name and addr Fantastex Corporation		s; include room or suite number (	emp	oloyer, if for	single-employer plan)		Employer Identi	
									elephone number
	000 km cm 40m/ 0mp===						20	(212) 302-4	
	222 WEST 40TH STREET						2d		(see instructions)
us	NEW YORK		NY 10018					423990	
3a		lac	ldress (If same as plan sponsor, e	ente	r "Same")		3b	Administrator's	EIN
	Same								
							3с	Administrator's	telephone number
4	If the name and/or EIN of the p	olar	n sponsor has changed since the	last	return/repo	ort filed for this plan, enter the	4b	EIN	
2	name, EIN, and the plan numb Sponsor's Name	er	from the last return/report.				4c	PN	
_	TO SOUTH CO. STAND	t th	e beginning of the plan year	_			5a	T	17
b	· · ·		e end of the plan year				5b		17
C			unt balances as of the end of the						
_							5c		Te V Da
						e instructions,)	4 12 1	£ 166 00 W	X Yes No
a			annual examination and report of e instructions on waiver eligibility			t qualified public accountant (IQPA)		6 K (N 20 B)	X Yes No
						nd must instead use Form 5500.			
Pa	art III Financial Inforn	na	tion						
7	Plan Assets and Liabilities				PILE WA	(a) Beginning of Year		(b) End	of Year
a	Total plan assets	Ť			7a	164,371			220,904
b	Total plan liabilities	*	41 (90 (94 (94 - 44 - 45 (94 (94 (94 (94 (94 (94 (94 (94 (94 (94		7b				
С	Net plan assets (subtract line 7	7b 1	from line 7a)		7c	164,371			220,904
8	Income, Expenses, and Transf					(a) Amount		(b)	Total
a	Contributions received or received (1) Employers				8a(1)	52,000			
				ର ଅନ୍ତି ଜୁନ	8a(2)				
	(3) Others (including rollovers				8a(3)		· H		
b	Other income (loss)	•		. 1 	8b	4,533			
C	Total income (add lines 8a(1),				8c				56,533
		8a					_		
d	Benefits paid (including direct i	roll	overs and insurance premiums	5 8	84		4		
	Benefits paid (including direct to provide benefits)	roll •	overs and insurance premiums		8d 8e				
е	Benefits paid (including direct to provide benefits) Certain deemed and/or correct	roll • tive	overs and insurance premiums  distributions (see instructions)		8e				
e f	Benefits paid (including direct to provide benefits)  Certain deemed and/or correct Administrative service provider	roll • tive rs (	overs and insurance premiums		8e 8f				
e f g	Benefits paid (including direct to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses	roll tive rs (	e distributions (see instructions)		8e 8f 8g				0
e f	Benefits paid (including direct to provide benefits)  Certain deemed and/or correct Administrative service provider	roll tive rs ( 8e,	overs and insurance premiums distributions (see instructions) salaries, fees, commissions)  8f, and 8g)		8e 8f				0 56,533

_	Form 5500-SF 2011 Page <b>2-</b>	_	_				
Par	Plan Characteristics						
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte	eristic (	Codes	in the	instructions		
b	1D 3D f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic C	odes i	n the ir	structions:		
Par	t V Compliance Questions						
10	During the plan year:		Yes	No	An	nount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	100					
	on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						
	or dishonesty?	10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			х			
'				x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		1			
h	2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the						
-	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		_			
	VI Pension Funding Compliance	lata C		- CD /			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	iete St	cneaui	e 28 (I	-orm	X Yes	]No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	ons, a	nd ent	ter the	date of the let	ter ruling	
	granting the waiver	nth		Day	' Y	ear	_
IT I	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
D	Enter the minimum required contribution for this plan year			12c			
c d	Enter the amount contributed by the employer to the plan for this plan year		7.				
u	negative amount)		16	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*: 2*1	*11 (*		Yes	No I	N/A
Parl							
13a	Has a resolution to terminate the plan been adopted in any plan year?		8 14 -24			Yes X	]No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	6.6		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up	nder th	e cont	trol			-
_	of the PBGC?				E 30 9 R	Yes X	JNo
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions,)	piants	5) 10				
	13c(1) Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(	(s)
		1				l	
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of					0.1.1.	
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rej						

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	1	3/11/13	RICHARD HANSANG YOO			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	X	3/11/13	RICHARD HANSANG YOO			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

#### Attachment to 2011 Form 5500 Schedule SB, Line 22- Description of Weighted Average Retirement Age

Plan Name: Fantastex Corporation Pension Plan

EIN: 13-3965071

Plan Sponsor's Name: Fantastex Corporation

PN: <u>002</u>

The weighted average retirement age is equal to the normal retirement age of 65

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Every active plan participants are assumed to retire at age 65.

FCORPDBP

#### Schedule SB, line 32 - Schedule of Amortization Bases

12-18-2012

FANTASTEX CORPORATION

PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2011 THROUGH 08/31/2012

Type of Base	Present Value of Remaining Installments		Years Remaining Amortization Period	Amortization Installment
Shortfall	7,552	08/31/11	6	1,344
	-5,394	08/31/12	7	-846

#### Plan Name FANTASTEX CORPORATION PENSION PLAN

EIN / PN: 13-3965071 / 002

2011 Schedule SB, line 19 - Discounted Employer Contributions for the plan year ended 08/31/2012

Valuation Date: 08/31/2012

318.05	T SERVICE	Prior	Prior Year Amounts			Prior Year Amounts Current Year Amounts					Current Year Amounts				
Date	ontributio	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount						
8/31/2012	52,000						52,000	4.53%	52,000						
Total	52,000	-			-		52,000		52,00						

Schedule SB, part V - Statement of Actuarial Assumptions/Methods FANTASTEX CORPORATION

PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2011 THROUGH 08/31/2012

FUNDING METHOD

As prescribed in IRC Section 430.

INTEREST RATES

Years 0-5 Segment rate 1 1.810%
Years 6-20 Segment rate 2 4.730%
Years over 20 Segment rate 3 5.850%

PRE-RETIREMENT

MORTALITY TABLE -- None.
TURNOVER/DISABILITY-- None
SALARY SCALE -- None
INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT

MORTALITY TABLE --

2011 Funding Target - Combined - IRC 430(h)(3)(A).

EXPENSE LOAD --

None

COST OF LIVING
OPTIONAL FORM

None
100% of retirees assumed to elect lump sum payment.

LUMP SUM --

2011 Applicable Mortality Table for 417(e) (Unisex).

or

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES

Years 0-5

Segment rate 1 2.210%

Years 6-20

Segment rate 2 4.430%

Years over 20 Segment rate 3 5.550%

MORTALITY TABLE -- 2011 Applicable Mortality Table for 417(e) (Unisex)

Actuarial Equivalence

PRE-RETIREMENT

INTEREST --

5.000%

MORTALITY TABLE --

None.

POST-RETIREMENT

INTEREST ---

5.000%

MORTALITY TABLE --

1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

#### Schedule SB, part V - Statement of Actuarial Assumptions/Methods FANTASTEX CORPORATION PENSION PLAN

13-3965071/002

FOR THE PLAN YEAR 09/01/2011 THROUGH 08/31/2012

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:

INTEREST --

8.500%

POST-RETIREMENT:

INTEREST --

8.500%

MORTALITY TABLE -- 1984 UNISEX TABLE.

PERMISSIVELY AGGREGATED PLANS: Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

## Schedule SB, part V - Summary of Plan Provisions FANTASTEX CORPORATION PENSION PLAN 13-3965071/002

FOR THE PLAN YEAR 09/01/2011 THROUGH 08/31/2012

TYPE OF ENTITY

Corporation.

DATES

Effective-09/01/2009 Valuation-08/31/2012 Eligibility-08/31/2012 Year-end-08/31/2012

ELIGIBILITY

Minimum age- 21 Months of service- 12 Maximum age- None

Age at last birthday.

Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

PLAN ENTRY - September 1 or March 1 immediately following satisfaction of eligibility

requirements.

RETIREMENT

NORMAL - Upon attainment of age 65, and completion of 5 years of participation,

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years.

ACCRUED BENEFIT - 3 Highest consecutive years.

PLAN BENEFITS

RETIREMENT--

TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification. The Monthly Benefit shall be offset by the monthly benefit provided by the account balance under the defined contribution plan maintained by the Employer.

415 Limits - Percent 100.00 Dollar - \$16,667

Minimum benefit - None

Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

# Schedule SB, part V - Summary of Plan Provisions FANTASTEX CORPORATION PENSION PLAN 13-3965071/002 FOR THE PLAN YEAR 09/01/2011 THROUGH 08/31/2012

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

Unit Accrual based upon Participant Classification(calculated as of end of plan year),

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION

BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years. Service is calculated using all years of service except years prior to plan effective date.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD

Market value

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

OMB No. 1210-0110

2011

This Form is Open to Public

	enerits Security Administration	In	ternal Revent	ue Code (th	(the Code). Inspection					
Palisiuli Di	onem doaranty Corporation	▶ File as a	an attachmo	nt to Form	m 5500 or 5500-SF.					
For calenda	r plan year 2011 or fiscal p	olan year beginning	09/01/	2011		and endin	g 08	/31/2012		
	off amounts to nearest do									
Caution:	: A penalty of \$1,000 will b	e assessed for late filing o	of this report u	unless reas						
A Name of						B Three-digi				
Fantaste	Corporation Pens	ion Plan				plan numt	er (PN	) >	002	
C. Plan spor	nsor's name as shown on li	ine 2a of Form 5500 or 55	00-SE			D Employer Id	entifica	tion Number	(FIN)	
					ĺ		3-396		()	
Fantaste	k Corporation						3-390			
E Type of p	lan: X Single  Multiple	e-A Multiple-B	FF	Prior year p	lan size:X	]100 or fewer [	7101-	500 Mor	e than 500	
		had			-					
	Basic Information	100 Maria	D 21		2012					
	he valuation date:	Month 08	Day31	Year_	2012					
2 Assets							2a			168,904
	arket valuetuarial value				*******		2b	-		168,904
	CONTRACTOR	0.1.00041000			142.20	arbar of anadisis		(7)	Condina Tax	
-	ig target/participant count t or retired participants and l		umani	За	(1) NU	mber of particip	<u>ants</u> 0	(2)	Funding Tar	get
-	or terminated vested partic			3b			0	<b></b>		
	·	apaille			ļ —			-		
	or active participants: ) Non-vested benefits .			3c(1)						102,633
·					1					68,422
(2	Total active			0 (0)			17	<b></b>		171,055
	otal						17			171,055
	lan is in at-risk status, che			•—	1	7				50000
	unding target disregarding	•				_	4a			
	unding target reflecting at-r									
at	risk status for fewer than f	ive consecutive years and	disregarding	loading fa	ctor	************	4b			
5 Effectiv	ve interest rate						5		4.53	
6 Target	normal cost						6			28,388
Statement b	y Enrolled Actuary									
To the best accordance	of my knowledge, the information's with applicable law and regulations	upplied in this schedule and according in my opion, each other assumpt	npanying schodul tion is reasonable	les, statement: (taking into a	s and attachme ccount the exp	ents, if any its completeness of the plan ar	le and bo nd roason	curate. Each pros able expectations	nbed assumption ) and such other :	was appled in assumptions in
	n, offer my best estimate of anticipal									
SIGN	,	estation of the second								
HERE	10		e			<u></u>		12/17/20	12	
		Signature of actuary						Date		
	HUNG-HSUN CHENG					·		11-06724		
	• • • • • • • • • • • • • • • • • • • •	or print name of actuary						ecent enrolln		
	ALLIED CONSULTA	NTS, INC.					(9	09) 670-0	188	
		Firm name				Tel	lephone	e number (inc	luding area c	ode)
	190 E. ARROW HI	GHWAY, UNIT D								
ŢJ:	S SAN DIMAS	CA 91773								
		Address of the firm								
If the between	has not fully reflected any	regulation or galing promi	ilnated under	the statute	e in comple	ting this schedu	le che	ck the hox an	d see	
If the actuary	has not fully reflected any	regulation or ruling promit	Jigateo unoer	r the statute	a in comple	ting this schedu	ie, che	ck the oox an	o see	

Page 2

Schedule	SB	(Form	5500)	2011

Pa	rt II Bed	ginning of year carryov	er and prefunding bala	nces					
U_ 80022		gg ,	<u> </u>		(a) C:	arryover balance	(b	) Prefunding	balance
7		eginning of prior year after app					0		0
8		ed to use to offset prior year's				0		0	
_ 9	Amount rema	aining (line 7 minus line 8)					0		0
10	Interest on li	ne 9 using prior year's actual re	turn of2.98%				0		0
11	Prior year's e	excess contributions to be adde	ed to prefunding balance:						
	a Present v	alue of excess contributions (li	ne 38 from prior year)						4,433
	otherwise	n (a) using prior year's effective provided (see instructions)					(3H		0
	<b>C</b> Total avai	ilable at beginning of current pl	an year to add to prefunding b	alance			15.16		4,433
	<b>d</b> Portion of	f (c) to be added to prefunding	palance		74.8				0
12		ions in balances due to election					0		0
13	Balance at b	eginning of current year (line 9	+ line 10 + line 11d - line 12).				0		0
Pa	rt III F	unding percentages							
14	Funding targ	et attainment percentage						14	98.74 %
15		ding target attainment percenta						15	98.74 %
16 ——		funding percentage for purpose s funding requirement							92.28 %
17	If the current	t value of the assets of the plan	is less than 70 percent of the	funding t	arget, enter s	such percentage		17	%
Pa	rt IV C	ontributions and liquid	ity shortfalls						
18		s made to the plan for the plan		oyees:					
(M	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		) Date DD-YYYY)	(b) Amount p employer		(c) Amour emplo	
08/	31/2012	52,000							
1	Zasa Hallishvii			Totals	▶ 18(b)		52.000 18	(c)	
40							02,000	(6)	0
19		employer contributions see in					19a		0
		ons allocated toward unpaid m					19b		0
		ons made to avoid restrictions					19c		52,000
20		ons allocated toward minimum		nt year ac	ijusteo to vai	uation date	190		32,000
20	•	ntributions and liquidity shortfal an have a "funding shortfall" fol						\ <u>\</u>	Yes No
		an nave a "runding shortfall" fol Yes," were required quarterly ir							Yes X No
	<b>c</b> If 20a is "	Yes," see instructions and com						- 5 3 1	
			Liquidity shortfall as of end	of Quart				(A) AH-	
	(1)	) 1st	(2) 2nd		(3)	3rd		(4) 4th	

Pa	art V   Assumpt	ions used to determine	funding target and target	normal cost		
21	Discount rate:					:
	a Segment rates:	1st segment: 1.81 %	3rd segment: 5.85 %	)	N/A, full yield curve used	
	<b>b</b> Applicable mont			* * **********	21b	0
22					22	65
23	Mortality table(s) (s			scribed - separate	☐ Substitu	
	T		Tesembed combined	consecution C		
		neous items				
24			ctuarial assumptions for the curren			
25			plan year? If "Yes," see instruction:			
			e Participants? If "Yes," see instru			
27			unding rules, enter applicable code		/	
					27	
Pa	rt VII Reconci	liation of unpaid minim	um required contributions	for prior years		
28	Unpaid minimum re	equired contribution for all prior	years		28	0
29			d unpaid minimum required contri		29	0
30			ontributions (line 28 minus line 29)		30	0
Pa	rt VIII   Minimur	n required contribution	for current year			
31	Target normal cost	, adjusted, if applicable (see ins	tructions)			
	a Target normal co	ost (line 6)			31a	28,388
	<b>b</b> Excess assets, if	f applicable, but not greater that	131a <u>************************************</u>		31b	
32	Amortization install	Iments:		Outstanding Bala	ance	Installment
	a Net shortfall amo	ortization installment			2,158	498
	<b>b</b> Waiver amortizat	tion installment	* * * * * * * * * * * * * * * * * * * *		0	0
33	If a waiver has bee		nter the date of the ruling letter gra ) and the waived amount .		33	
34	Total funding requir	ement before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	28,886
			Carryover balance	Prefunding Bala	ance	Total balance
35	Ralances elected to	o use to offset funding				
			0		0	0
36	Additional cash rec	quirement (line 34 minus line 35	)	05 10 30 30 60 600000000 08 10 80 80 80	36	28,886
37			contribution for current year adjust		37	52,000
38		cess contributions for current y				<u> </u>
					38a	23,114
			prefunding and funding standard		38b	0
			year (excess, if any, of line 36 ove		39	
-					40	
		equired contribution for all years	ension Relief Act of 2010			
-						
			ursuant to an alternative amortizat		5000000000 F	2 plus 7 years 15 years
		A STATE OF THE STA				
			41a was made			08 <u>    2009     2010     2011</u>
					42	
43	Excess installment	acceleration amount to be carri	ed over to future plan.years.		43	