## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/	2012				
A This re	turn/report is for: X a single-employer plan A	multiple-employer p	lan (not multiemployer)	ployer) a one-participant plan					
		ne final return/report							
		·	n/report (less than 12 mg	onths	)				
C Chock	님 ' 님	utomatic extension		DFVC program					
C Check	special extension (enter description)				☐ Di vo piogia				
Part II									
	Basic Plan Information—enter all requested informati	on		1h	Thron digit				
1a Name	or plan TCS SERVICES, INC. 401(K) PLAN			10	Three-digit plan number				
					(PN) ▶	001			
				1c	Effective date of	f plan			
					01/01/				
	ponsor's name and address; include room or suite number (emptics SERVICES, INC.	ployer, if for a single	employer plan)	2b	Employer Identif	fication Number 93519			
.00 200.0				2-	(=114)				
060 S BBO	ADWAY STE 110			20	Sponsor's telep				
	E, NY 11801			2d	Business code (	see instructions)			
					48899				
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	me Same as Plar	n Sponsor Address	3b	EIN				
	<del>-</del>	<del>_</del>		2-					
				3C	Administrator's t	elephone number			
4 If the	name and/or EIN of the plan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b	EIN				
	, EIN, and the plan number from the last return/report.								
	or's name				PN				
	number of participants at the beginning of the plan year			5a		19			
	number of participants at the end of the plan year			5b		0			
	er of participants with account balances as of the end of the pla lete this item)	•	•	5c		0			
	all of the plan's assets during the plan year invested in eligible					X Yes No			
	ou claiming a waiver of the annual examination and report of an					M 163   140			
	29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No			
If you	ı answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
Caution: /	A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.				
	alties of perjury and other penalties set forth in the instructions,								
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/report	, and	to the best of my	knowledge and			
	_ · · · · · · · · · · · · · · · · · · ·	T							
SIGN	Filed with authorized/valid electronic signature.	03/25/2013	ANTHONY NUZIO	( NUZIO					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administra			ninistrator			
SIGN	Filed with authorized/valid electronic signature.	03/25/2013	ANTHONY NUZIO						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as e						r or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include					number (optional)			
			-						

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Dor	t III   Einangial Information		-						
Par 7	t III   Financial Information Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your		
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year		
	Total plan liabilities	7a 7b	14020	0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	14026			0			
	Income, Expenses, and Transfers for this Plan Year	70		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1601	3					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16013		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15628	32					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					156282		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-140269		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b		? (Do not	include transactions reported	10b		X			
C	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 bo	nd, that was caused by fraud	10d		X			
е	or dishonesty?			100					
	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		1052		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	enter th Day	ne date of the letter ruling Year		
lf	If 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			

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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 of a negative amount)	12d			
е	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?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## 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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pai			Identification Information									
For c	alendar	plan year 2012 or f	iscal plan year beginning	01/01/2012	and ending		12/31/201	2				
Ат	his retur	n/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	) a one-participant plan						
BT	his retur	n/report is:	the first return/repart	X the final return/report								
			an amended retum/report	a short plan year return	/report (less than 12 m	onths)						
<b>C</b> o	heck bo	x if filing under:	Form 5558	automatic extension		ſ	DFVC progra	am				
			special extension (enter descrip	otion)		_						
Pai	rt II	Basic Plan Info	ormation enter all requested infor	mation								
·····	Name of		The state of the s	, , , , , , , , , , , , , , , , , , ,		1b	Three-digit	·				
]	ICC L	ogistics Ser	vices, Inc. 401(k) Pla	an			plan number (PN)	001	L			
						1c	Effective date o	•				
			ddress; include room or suite number	(employer, if for a single-e	mployer plan)	2b	Employer Identi	fication Num	ber			
	ICC L	ogistics Ser	rvices, inc.				(EIN) 11-239 Sponsor's telep	hone numbe	 er			
,	0.60 0	5 ) 01	130				(516) 822-					
		Broadway St ville	te 110	NY	11801	20	Business code ( 488990	(see instruct	ions)			
3a	Plan adr	ministrator's name a	and address XSame as Plan Sponso	or Name Same as Plan S	Sponsor Address	3b	Administrator's	EIN				
						3c	Administrator's	telephone n	umber			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4b EIN												
		r's name	s at the beginning of the plan year		<u></u>	4c	LIA .		19			
								<del></del>	0			
b			ts at the end of the plan year			5b						
C	Numbe	r of participants with	account balances as of the end of the	ne pian year (delined bene	it plans up not	5c			0			
6a			ets during the plan year invested in eli					X Yes	□No			
b	Are you	u claiming a waiver 29 CFR 2520.104-4	of the annual examination and report 6? (See instructions on waiver eligibil	of an independent qualified ity and conditions.)	d public accountant (IC	(PA)		X Yes	∏No			
			either line 6a or line 6b, the plan ca									
Cau	ıtion: A	penalty for the late	e or incomplete filing of this return	report will be assessed u	ınless reasonable ca	use is	established.	ashla a Cab	- dula			
SB	or Sched	Ities of perjury and dule MB completed rue, cofrect, and co	other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.	tions, I declare that I have on the second section is the electronic vers	examined this return/repor	pon, ir t, and	to the best of m	y knowledge	and			
SIG	N I	Butho	WILL WAR	1 0	Anthony Nuzio							
HE		Signature of plan		Date-3/25(13	Enter name of individ	dual si	gning as plan ac	Iministrator				
SIG	iN	Auth	Just The state of		Anthony Nuzio							
HE	RE	Signature of emo	loyer/plan sponsor	Date 3/21/13								
Pre	parer's i	name (including f	name, if applicable) and address; in	clade room or suite numbe	r (optional)	Pre	parer's telephon	e number (o	ptional)			
						-	A TOTAL CONTRACTOR OF THE STATE					

Part	III Financial Information	**************************************								
7 F	lan Assets and Liabilities		(a) Beginning of Year	•	T		(b) End of Year			
a 7	otal plan assets	7a		,269	9		0			
b٦	otal plan liabilities	7b		(	0		0			
c h	et plan assets (subtract line 7b from line 7a)	7c	140	,26	9		0			
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	contributions received or receivable from:									
	i) Employers	8a(1)		***	0		With the same of t			
	2) Participants	8a(2)			0					
	3) Others (including rollovers)	8a(3)	16	,01	3					
-	Other income (loss)	8b 8c	10	, 01	1		16,013			
	Benefits paid (including direct rollovers and insurance premiums	oc			+-	<del></del>	70,012			
	provide benefits)	8d	156	, 28	2					
<u>e</u> (	Certain deemed and/or corrective distributions (see instructions)	8e			0	<del>Managara and a</del>				
f	Administrative service providers (salaries, fees, commissions)	8f		****	0	×				
g	Other expenses	8g			0					
<u>h</u> :	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					156,282			
	let income (loss) (subtract line 8h from line 8c)	8i					(140,269)			
<u> </u>	Fransfers to (from) the plan (see instructions)	- 8j			0					
Pari	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare f									
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a	anong grape	Х				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х				
C	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 or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	Х		1,052			
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See inst	ructions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i						
Parl	VI Pension Funding Compliance									
11										
11a	11a Enter the amount from Schedule SB line 39 11a									
12	Is this a defined contribution plan subject to the minimum fundin	g requirer	nents of section 412 of the Cod	e or s	ection	302 of	ERISA? Yes X No			
***********	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	icable.)							
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amort	ized in this plan year, see instrum	nth	s, and	enter t Day	he date of the letter ruling Year			
	The state of the s									
CONTRACTOR DESCRIPTION OF THE PERSON OF THE	you completed line 12a, complete lines 3, 9, and 10 of Schedu Enter the minimum required contribution for this plan year	ıle MB (Fo	orm 5500), and skip to line 13	i.	Т	12b				

	Form 5500-SF 2012	Page 3 -	<del></del>				
С.	Enter the amount contributed by the employer to the plan for	this plan upon	12c	1			
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)	Enter the result (enter a minus sign to the left of a	424		City Commission		
e	Will the minimum funding amount reported on line 12d be me			Yes	No ∏N/A		
Part				<del> </del>	<del></del>		
13a	Has a resolution to terminate the plan been adopted in any plan	year?	X	Yes No	)		
	If "Yes," enter the amount of any plan assets that reverted to			1	C		
b	Were all the plan assets distributed to participants or benefic of the PBGC?	ciaries, transferred to another plan, or brought under t	he control		X Yes ∏ No		
c	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions	rred from this plan to another plan(s), identify the plan					
-	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)				<u></u>		
14a Name of trust				14b Trust's EIN			
	•						