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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010			
Α .	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В .	This return/report is for: first return/report	final return/report						
	an amended return/report	short plar	year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatio	extension		X DFVC program			
	special extension (enter description	n)			_			
Pa	rt II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
ATAC	C COMMISSION SALES, INC. 412(E) DEFINED BENEFIT PLAN				plan number 003			
				10	(PN)			
				10	Effective date of plan 01/01/2005			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
	C COMMISSION SALES, INC.	, ,			(EIN) 20-3301892			
66.80	TH STREET			2c	Plan sponsor's telephone number 718-748-0142			
	OKLYN, NY 11209			2d	Business code (see instructions)			
					423990			
3a	Plan administrator's name and address (if same as Plan sponsor, en COMMISSION SALES, INC. 66 80TH STR		e")	3b	Administrator's EIN 20-3301892			
AIA	BROOKLYN,)	30	Administrator's telephone number			
				30	718-748-0142			
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN			
5a	Total number of participants at the beginning of the plan year				2			
b	Total number of participants at the end of the plan year			. 5b	2			
C	Total number of participants with account balances as of the end of			35				
	complete this item)		•	. 5c	<u></u>			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	77190)3	1174917			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	77190)3	1174917			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	90(4)	23182	26				
	(1) Employers	8a(1)						
	(3) Others (including rollovers)	8a(2) 8a(3)						
b	Other income (loss)	8b	17118	38				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			403014			
d	Benefits paid (including direct rollovers and insurance premiums	00						
	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		_				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
į	Net income (loss) (subtract line 8h from line 8c)	8i			403014			
i	Transfers to (from) the plan (see instructions)	Ωi						

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Part IV	Dian	(`haract	Orietics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3D

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:	
art	V	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Am	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time possible of the possi		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С										
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insu surance service or other organization that provides some or all of the benefits under the structions.)	ne plan? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 2 520.101-3.)		10h						
i		10h was answered "Yes," check the box if you either provided the required notice or o acceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art						1				
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in:							Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements of section							Yes	X No
а	(If '	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this pla anting the waiver.	an year, see instruc	ctions,	and e	enter th	ne date of	the le		
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	d skip to line 13.		_		T			
b	En	nter the minimum required contribution for this plan year				12b				
		nter the amount contributed by the employer to the plan for this plan year				12c				
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a miningative amount)	-			12d				_
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?.					Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3а	На	as a resolution to terminate the plan been adopted during the plan year or any prior ye	ar?		<u>-</u>				Yes	X No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to anothe the PBGC?		under 	the co	ontrol 			Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to anothe nich assets or liabilities were transferred. (See instructions.)	r plan(s), identify th	he pla	n(s) to)				
1	3c((1) Name of plan(s):			13	c(2) El	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 cau	se is	establ	lished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have chedule MB completed and signed by an enrolled actuary, as well as the electronic veries true, correct, and complete.	examined this retu	urn/rep	ort, ir	ncludin	g, if applic			
CI C'		Filed with authorized/valid electronic signature. 06/10/2013	JEFFREY MASO	N						
Sigi	N		1							

SIGN	Filed with authorized/valid electronic signature.	06/10/2013	JEFFREY MASON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5558 (Rev. January 2008) 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 on page 3.

OMB No. 1545-0212

File With IRS Only

Par	Identification												
Α	Name of filer, plan administrator, or plan sponsor (see instructions) ATAC COMMISSION SALES, INC.	B					fying number ntification num		tions).				
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	ructions.) 20-3301892 Social security number (SSN)				392							
	66 80TH STREET					N)							
	City or town, state and ZIP code												
	BROOKLYN NY 11209												
С	Plan name			Pla um		r	MM Pla	n year en	ding YYYY				
				iuiii		-1	IVIIVI	1 00					
,	A DELG CONSTRUCTOR GALLED THE ALL (-) DEPLYED DE		_		- 1	,	10		2010				
	ATAC COMMISSION SALES, INC. 412(e) DEFINED BE	-+	<u> </u>	0	_	3	12	31	2010				
,				 	- 1								
4	2				_								
	3			 	- 1								
Par	Extension of Time to File Form 5500 or Form 5500-EZ (see in:	str	ucti	or	is)							
1	I request an extension of time until 10 / 17 / 2011 to file Form 5500 or 5500-EZ for which this extension is requested months after the normal due date.	/e) if: (a)) th	e Fo	orm	า 5558	8 is filed on c						
			_										
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E	Z filed	aft	er ti	he	due d	date for the	plans listed	d in C above.				
Note.	A signature is not required if you are requesting an extension to file Form 5500	0 or For	m :	5500)-E	Z.							
Par	Extension of Time to File Form 5330 (see instructions)												
2	I request an extension of time until to file F	Form 53	30.										
	You may be approved for up to a six (6) month extension to file Form 5330, at	fter the	noı	mal	du	ie dat	e of Form 53	30.					
а	Enter the Code section(s) imposing the tax	. >	>	a									
b	Enter the payment amount attached		•	•	•		•	b					
С	For excise taxes under section 4980 or 4980F of the Code, enter the revision	/amendr	me	nt da	ate		•	С					
3	State in detail why you need the extension												
			_										

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.

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	calendar plan year 2010 or fiscal plan year beginning 01/01/2011	0	and ending	12/31/2	2010
	A single employer plan				
			oloyer plan (not multiemployer)		one-participant plan
Вт	This return/report is for:	final return/re			
	an amended return/report		ear return/report (less than 12 m	onths)	₩
C	Check box if filing under: Form 5558	automatic ex	tension		DFVC program
	special extension (enter description	on)			X100 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 - 4 200 -
Pa	rt II Basic Plan Information—enter all requested information	ation	<u> </u>	т	
	Name of plan C COMMISSION SALES, INC. 412(E) DEFINED BENEFIT PLAN			1b	Three-digit plan number 003
	a production refer to discount (1 to read (1 to 1 t				(PN) ▶
				1c	Effective date of plan 01/01/2005
	Plan sponsor's name and address (employer, if for single-employer COMMISSION SALES, INC.	plan)		2b	Employer Identification Number (EIN) 20-3301892
	TH STREET			2c	Plan sponsor's telephone number 718-748-0142
BRO	OKLYN, NY 11209			2d	Business code (see instructions) 423990
3a ATAC	Plan administrator's name and address (if same as Plan sponsor, e	KEEI		3b	Administrator's EIN 20-3301892
	BROOKLYN	, NY 11209		3c	Administrator's telephone number 718-748-0142
4 11	f the name and/or EIN of the plan sponsor has changed since the la	st return/repo	rt filed for this plan, enter the	4b	EIN
r	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year			. 5a	2
	Total number of participants at the end of the plan year			-	2
b		f the plan yea	r (defined benefit plans do not	5b	2
р с	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not	5b 5c	
b c 	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	f the plan yea	r (defined benefit plans do not ee instructions.)ent qualified public accountant (li	5b 5c	
b c 	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility).	f the plan yea	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list)	5b 5c	
b c 6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	f the plan yea	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list)	5b 5c	
b c 6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information	f the plan yea	ee instructions.)	5b 5c	
6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities	f the plan yea le assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list)	5b 5c 2PA) 500.	Yes No
b c 6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use For the III Financial Information Plan Assets and Liabilities Total plan assets	f the plan yea le assets? (S an independe and condition orm 5500-SF	ee instructions.) ent qualified public accountant (list) and must instead use Form 5	5b 5c 2PA) 500.	Yes No Yes No (b) End of Year
6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan yea ble assets? (S an independe and condition orm 5500-SF	ee instructions.) ent qualified public accountant (list) and must instead use Form 5	5b 5c 2PA) 500.	Yes No Yes No (b) End of Year
6a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	f the plan yea ble assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list) s.) and must instead use Form 5 (a) Beginning of Year	5b 5c 2PA) 500.	Yes No No Yes No No No No No No No N
6a b Pa 7 a b c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan yea ble assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 7719 (a) Amount	5b 5c 2PA) 500.	(b) End of Year 1174917
6a b Pa 7 a b c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	f the plan yearlie assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.)	5b 5c 2PA) 500.	(b) End of Year 1174917
6a b Pa 7 a b c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	f the plan yearlie assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 7719 (a) Amount	5b 5c 2PA) 500.	(b) End of Year 1174917
6a b Pa 7 a b c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	f the plan yearlie assets? (S an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	(b) End of Year 1174917
6a b Pa 7 a b c 8 a	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use F. III Financial Information Plan Assets and Liabilities Total plan liabilities	f the plan yea ble assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2)	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 7719 (a) Amount	5b 5c 2PA) 500.	Yes
b c 6a b Pa 7 a b c C 8 a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item)	f the plan year lee assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	(b) End of Year 1174917
b c 6a b Pa 7 a b c C 8 a b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes
Babbabababababababababababababababababa	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes
Babbabababababababababababababababababa	Total number of participants at the end of the plan year	f the plan year le assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes
Barran Ba	Total number of participants at the end of the plan year	f the plan year lee assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes
Baabbaabbaabbaabbaabbaabbaabbaabbaabbaa	Total number of participants at the end of the plan year	f the plan year lee assets? (S an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes
Baabbaabbaabbaabbaabbaabbaabbaabbaabbaa	Total number of participants at the end of the plan year	f the plan year least sets? (S an independent condition orm 5500-SF 7a	r (defined benefit plans do not ee instructions.) ent qualified public accountant (list). and must instead use Form 5 (a) Beginning of Year 7719 (a) Amount 2318	5b 5c 2PA) 500.	Yes

	Form 5500-SF 2010 Page 2-							
Par	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	ction	s:	
	1A 1G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	les in t	he instru	ctions	5 :	
Part	V Compliance Questions							
10	During the plan year:		Yes	No		An	ount	
	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		Х				
е		10e		X		1000000000		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
а	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		10		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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 con 5500))	plete	Sched	lule SB	(Form	[Yes	No No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of 1	ERISA?.	. [Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions ith	, and e	enter th Day	e date of	tne i Ye	aπer ru ar	iling
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		L	12b				
С	Enter the amount contributed by the employer to the plan for this plan year		L	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)	of a	[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	No 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 of the PBGC?	under	the co	ontrol			Yes	No No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)							
	3c(1) Name of plan(s):	_	13	c(2) El	N(s)		13c(3) PN(s)

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, if applicable, a Schedule 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.

			A
SIGN	//	6/5/13	the thong Telsaken
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor