	Form 5500-SF		leturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed					2011			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public		
P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	n the instructions to the Form 5500	0-SF.	ins	pection	
		entification Information						
For	calendar plan year 2011 or fisca				2/31/2			
Α	This return/report is for:	a single-employer plan	•	-employer plan (not multiemployer)		a one-particip	oant plan	
<b>B</b> -	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pla	n year return/report (less than 12 mc	onths)	)		
C	Check box if filing under:	× Form 5558		extension		DFVC progra	m	
		special extension (enter description	-					
-		nation—enter all requested inform	ation					
	Name of plan				1b	Three-digit plan number		
ATAC	COMMUSSION SALES, INC. 4	12(E) DEFINED BENEFIT PLAN				(PN) ►	003	
					1c	Effective date of	•	
2a	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		
	C COMMISSION SALES, INC.	, , , , , , , , , , , , , , , , , , ,					01892	
					2c	Sponsor's telep		
	TH STREET DKLYN, NY 11209	66 80TH ST BROOKLYN			2d	718-748 Business code (		
BIXO	SKETN, NT 11205	BROOKETN	, 111 11200		Zu	42399	,	
	Plan administrator's name and COMMISSION SALES, INC.	address (if same as plan sponsor, e 66 80TH STF		")	3b	Administrator's I 20-33	EIN 01892	
		BROOKLYN,			3c	Administrator's t 718-748	elephone number	
4	If the name and/or EIN of the p	lan sponsor has changed since the l	last return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan numb							
	Sponsor's name	a			4c	PN		
	• •	the beginning of the plan year			5a		2	
		the end of the plan year			5b			
С		count balances as of the end of the			5c			
6a				(See instructions.)			X Yes No	
b	Are you claiming a waiver of th	e annual examination and report of	an indeper	dent qualified public accountant (IQF	PA)			
		а ў		ons.) SF and must instead use Form 550			X Yes No	
Pa	rt III Financial Informa		0111 5500-	Sr and must instead use rorm 550				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
a			. 7a	1174917		(=) =	1377221	
b								
С	Net plan assets (subtract line 7	'b from line 7a)		1174917			1377221	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or recei			0				
			. 8a(1)	0	_			
	., .		. 8a(2)		_			
<b>b</b>	() ()	)		202304	-			
	( )			202304			202304	
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	. 8c				202004	
ŭ			. 8d					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	. 8h					
i		e 8h from line 8c)					202304	
j	Transfers to (from) the plan (se	ee instructions)	. 8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D
- **b** 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		Amount
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		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?		Х			
е	<ul> <li>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.)</li> </ul>					
f	Has the plan failed to provide any benefit when due under the plan?	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? (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 com 5500))					Yes 🗙 No
12 а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ctions,	and e	enter th	e date of th	•
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г			
b	Enter the minimum required contribution for this plan year			12b		
C	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 energative 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?			١	′es X No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					🗌 Yes X No
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.)	ne pla	n(s) to			
1	3c(1) Name of plan(s):	130	c <b>(2)</b> El	N(s)	13c(3) PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished.	1
Unde	spectrum of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	ırn/rep	oort, in	cludin	g, if applicat	,

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	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					

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

File With IRS Only

## Part I Identification

Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)							
ATAC Commission Sales, Inc.		Employer identification number (EIN)						
Number, street, and room or suite no. (If a P.O. box, see instructions)	20-3301892							
	Social security number (SSN) (see instructions)							
City or town, state, and ZIP code Brooklyn, NY 11209								
Dian nome		Plan			Plan year ending—			
	r	umbe	er	ММ	DD	YYYY		
<sup>1</sup> ATAC Commission Sales, Inc. Defined Benefit Plan	0	0	3	12	31	2011		
2								
3								
rt II Extension of Time To File Form 5500 Series, and/or	Form 8955-S	SA						
	ATAC Commission Sales, Inc.          Number, street, and room or suite no. (If a P.O. box, see instructions)         66 80th Street         City or town, state, and ZIP code         Brooklyn, NY 11209         Plan name         1         ATAC Commission Sales, Inc. Defined Benefit Plan         2         3	ATAC Commission Sales, Inc.         Number, street, and room or suite no. (If a P.O. box, see instructions)         66 80th Street         City or town, state, and ZIP code         Brooklyn, NY 11209         Plan name         1         ATAC Commission Sales, Inc. Defined Benefit Plan         0         2         3	ATAC Commission Sales, Inc.     Employ       Number, street, and room or suite no. (If a P.O. box, see instructions)     66 80th Street       66 80th Street     Social       City or town, state, and ZIP code     Plan       Brooklyn, NY 11209     Plan name       1     ATAC Commission Sales, Inc. Defined Benefit Plan     0       2     3	ATAC Commission Sales, Inc.       Employer identified and some or suite no. (If a P.O. box, see instructions)         66 80th Street       Social security         City or town, state, and ZIP code       Plan name         Plan name       Plan number         1       ATAC Commission Sales, Inc. Defined Benefit Plan       0       0         2       3       1	ATAC Commission Sales, Inc.       Employer identification number         Number, street, and room or suite no. (If a P.O. box, see instructions)       Employer identification number         66 80th Street       Social security number (SSN)         City or town, state, and ZIP code       Plan name         Plan name       Plan         1       ATAC Commission Sales, Inc. Defined Benefit Plan       0       0       3         3       1	ATAC Commission Sales, Inc.     Employer identification number (EIN)       Number, street, and room or suite no. (If a P.O. box, see instructions)     66 80th Street       G6 80th Street     Social security number (SSN) (see instruction)       City or town, state, and ZIP code     Plan name       Plan name     Plan year endin       1     ATAC Commission Sales, Inc. Defined Benefit Plan     0     0     3     12     31       2     3     3     3     3     3     3     3     3		

- I request an extension of time until <u>10 / 15 / 2012</u> to file Form 5500 series (see instructions).
   Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- I request an extension of time until / / to file Form 8955-SSA (see instructions).
   Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

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

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

3	I request an extension of time until/ /to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
а	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
с 4	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date

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		eturn/ Benefit	Report of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		ctions 104 and 4065 of the Employe	2011			
Er	Department of Labor mployee Benefits Security Administration	3(a) of	f This Form is Open to Public Inspection				
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	Ins	spection
		entification Information					
For	calendar plan year 2011 or fisca	7			12/31/2		
A	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-partici	pant plan
B	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
C	Check box if filing under:	Form 5558	automatio	c extension		DFVC progra	am
		special extension (enter description	n)				
		nation-enter all requested informa	ation				·····
	Name of plan				1b	Three-digit	
ATAC	COMMISSION SALES, INC. 4	12(E) DEFINED BENEFIT PLAN				plan number (PN) ▶	003
					1c	Effective date o	L
							/2005
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 20-33	fication Number
					2c	Sponsor's telep 718-74	
	OKLYN, NY 11209	66 80TH STR BROOKLYN,	NY 1120	9	2d	Business code ( 42399	(see instructions)
	Plan administrator's name and a COMMISSION SALES, INC.	address (if same as plan sponsor, en 66 80TH STR		3")	3b	Administrator's	
		BROOKLYN,			3c	Administrator's 718-748	telephone number 8-0142
4	If the name and/or EIN of the pl	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	en alle de la califacta de la contractica de la contracta de la contracta de la contracta de la contracta de la
	name, EIN, and the plan numb	er from the last return/report.					
	Sponsor's name					PN	
		the beginning of the plan year			5a		2
		the end of the plan year			5b		2
C		count balances as of the end of the p		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	5c		
6a		uring the plan year invested in eligible					Yes No
	and the second sec	e annual examination and report of a					
	under 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility a	and condit	ions.)			🗙 Yes 🗌 No
De		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
	rt III   Financial Informa					<i></i>	
7	Plan Assets and Liabilities			(a) Beginning of Year 1174917		(D) End	of Year 1377221
a b			7a 7b	1114017			COLUMN T
		b from line 7a)	70 70	1174917			1377221
8	Income, Expenses, and Transfe		10	(a) Amount		(b) T	Total
a	Contributions received or receiv					(0) 1	vai
-			8a(1)	0			
	(2) Participants		8a(2)				
	(3) Others (including rollovers)		8a(3)		_		
b	Other income (loss)		8b	202304	_		
c d	Benefits paid (including direct r	3a(2), 8a(3), and 8b) ollovers and insurance premiums	8c 8d				202304
е		ve distributions (see instructions)	8e				
f		s (salaries, fees, commissions)	8f				
g			8g				
s h		e, 8f, and 8g)	8h				
i		8h from line 8c)	8i				202304
i		e instructions)	8i				
For		B Control Numbers, see the instructions for F		l	1		Form 5500-SF (2011)

rm 5500-SF (2011) v.012611

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		Form 5500-SF 2011	Page Z -	1						
Par	t IV	Plan Characteristics		ar an a d'an stair an an taobh an dhach an stàir a tha			*		antanahan da wa da	*******
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b										
Part	t V	Compliance Questions								
10	Du	ring the plan year:			[```	Yes	No		Amount	
а										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Wa	as the plan covered by a fidelity bond?		••••••	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fid lishonesty?			10d		x			
e	insi	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of t tructions.)	he benefits under the	e plan? (See	10e		x			
f	Has	s 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 o	of year end.)		10g		Х			
h		nis is an individual account plan, was there a blackout period? (Se 20.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part		Pension Funding Compliance			1					
11	ls ti	his a defined benefit plan subject to minimum funding requiremen							ΓΥ	s 🗙 No
12		his a defined contribution plan subject to the minimum funding re				and specific sector streets			Ye	H
1 44		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab								
а	lf a	waiver of the minimum funding standard for a prior year is being nting the waiver.	amortized in this plan							
if y		completed line 12a, complete lines 3, 9, and 10 of Schedule N								
b	Ent	er the minimum required contribution for this plan year				L	12b			
С	Ent	er the amount contributed by the employer to the plan for this pla	n year			L	12c			
d		ptract the amount in line 12c from the amount in line 12b. Enter th ative amount)				[	12d			
e	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	s a resolution to terminate the plan been adopted in any plan year?						res 🔀 I	No	
	lf "۱	res," enter the amount of any plan assets that reverted to the em	ployer this year		1	3a				
b		re all the plan assets distributed to participants or beneficiaries, tr he PBGC?							Ye	s 🗙 No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) to	)		2011.uss	
1	13c(1	) Name of plan(s):			13c(2) EIN(s)			13c	3) PN(s)	
Caut	tion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed u	unless reasonab	le ca	use is	estab	lished.		
Unde SB o	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.									
	T	11 1	12/1/2	Anthony	1	25.	rie	A		
SIG		Signature of plan administrator	Date	Enter name of in					ninistrator	
SIG			5010			aan org	, mig a	o piùri dull		

 SIGN
 Enter name of individual signing as employer or plan sponsor

 Date
 Enter name of individual signing as employer or plan sponsor