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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012							
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	r) a one-participant plan				
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)				
C	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	·						
_	Name of plan	tion		1b	Three-digit			
	X YARDVILLE, N.J. HOURLY EMPLOYEES PENSION PL				plan number			
					(PN) • 003			
				1C	Effective date of plan 02/01/1983			
2a	Plan sponsor's name and address; include room or suite number (en	nnlover if	for a single-employer plan)	2h	Employer Identification Number			
	YA CORPORATION	iipioyoi, ii	ioi a omgio ompioyor piam	20	(EIN) 22-2195064			
				2c	Sponsor's telephone number			
PMB	K-5 - 332 BLEECKER STREET				212-645-8657			
	YORK, NY 10014			2d	Business code (see instructions)			
				01	326200			
	Plan administrator's name and address (if same as plan sponsor, entry CORPORATION PMB K-5 - 332			30	Administrator's EIN 22-2195064			
	NEW YORK, N			3c	Administrator's telephone number			
					212-645-8657			
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a		otal number of participants at the beginning of the plan year						
b	Total number of participants at the end of the plan year			<u>5a</u> 5b	8			
С	Number of participants with account balances as of the end of the pl	an year (defined benefit plans do not					
	complete this item)			5c				
	Were all of the plan's assets during the plan year invested in eligible				X 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 at				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	130821		124211			
b	Total plan liabilities	7b	0		0			
C	Net plan assets (subtract line 7b from line 7a)	7c	130821		124211			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	8a(1)						
	(1) Employers	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	148					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-		148			
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	6758					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6758			
į	Net income (loss) (subtract line 8h from line 8c)	8i			-6610			
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500	SE.	2011	

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Part IV	Plan	Characte	aristics
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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: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
10	During the plan year:		Yes	No	F	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report	ed		X			
	on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		^			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	ud 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		Х			
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			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109					
•	2520.101-3.)	10h		X			
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					
art							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	complete	Schoo	lulo SB (Form		
• •	5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C					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 in	structions	, and e	enter the	date of the	e letter ru	ıling
	granting the waiver.						
lf y	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes	No	N/A
art							
	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No		
Iou			- 1	Λ .0	<u> </u>		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ght under	the co	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the pla	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) EIN	(s)	13c(3) PN(s)
				` '	. ,	T	. ()
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable ca	use is	establis	hed.	-	
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					ole, a Sch	edule
	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this re-			0,		,	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/12/2013	IRENE KAUFMAN
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 5500-SF

Department of the Treasury Internet Revenue Service

Department of Labor Employee Banefits 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in accord	ance with th	e Instructions to the Form 550)-SF.	1118	pecuon	
	entification Information						
For calendar plan year 2011 or fisca		0/01/201	1 and ending		09/30/201	.2	
A This return/report is for:	nployer plan (not multlemployer)		a one-particip	ant plan			
B This return/report is:	the first return/report	the final retu	rn/report				
t	an amended return/report	a short plan y	ear return/report (less than 12 mo	ontha)			
C Check box if filing under:	Form 5558	automatic ex	tension		DFVC progra	m	
Part II Basic Plan Inform	special extension (enter description) 1ation—enter all requested informations.						
1a Name of plan	Sand and Sand Andrews Control of the Sand Sand Sand Sand Sand Sand Sand Sand			1b	Three-digit		
	J. HOURLY EMPLOYEES P	ENSION P	I.		plan number		
				1,000	(PN) >	003	
				10	Effective date of 82/01/1983		
2a Plen sponsor's name and addre	es: Include room or suite number (e)	molover if for	a single-amployer plan)	2h	Employer Identil		
MANYA CORPORATION	33, moroda room or some mornos (e-	inguayar, ir rai	a barger ompayor plant	M.A.P	(EIN) 22-219	5064	
				2c	Sponsor's telep	hone number	
					(212) 645-	8657	
PMB K-5 - 332 BLEEC	KER STREET		1	2d		see instructions)	
NEW YORK			NY 10014		326200		
3a Plan administrator's name and a SAME	eddress (if same as plan sponsor, er	nter "Same")		3b	Administrator's I	EIN	
SAME			i i	30 04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
				3c Administrator's telephone number			
4 If the name and/or EIN of the pl	an sponsor has changed since the l	ast return/rep	ort filed for this plan, enter the	4b	EIN		
name, EIN, and the plan numb	ar from the last return/report.				4		
a Sponsor's name	- Company			4c	PN		
	the beginning of the plan year			5a		8	
	the end of the plan year			5b	1	8	
	ount balances as of the end of the p			5c	Į.		
6a Were all of the plan's assets do					-	Yes No	
	sannual examination and report of a				***************		
under 29 CFR 2520.104-467 (5	See Instructions on waiver eligibility a	and conditions	3.)		**!(***************	X Yes No	
If you answered "No" to eithe	er 6a or 6b, the plan cannot use Fo	orm 5500-SF	and must instead use Form 55	00.			
Part III Financial Informa	ition		918 P.	_			
7 Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End	of Year	
		Account for many party and party	130,82	_		124,211	
	***************************************			4-		0	
	o from line 7a)	7c	130,82	-		124,211	
8 Income, Expenses, and Transfe			(a) Amount	-	(b) 1	Total	
a Contributions received or receiv		8a(1)					
		8a(2)		1			
		8a(3)		1			
		8b	14	8			
and the second second	Ja(2), 8a(3), and 8b)	8c		+	******	148	
	pa(2), ea(3), and obj	GL		+		140	
	nematica and moderative premiums	8d					
e Certain deemed and/or correcti	ve distributions (see instructions)	8a					
	(salaries, fees, commissions)	8f	6,75	8			
	***************************************	8g					
	•			_		7 mr.a	
,	e. 8f, and 8g)	8h	www.			6,758	
Net income (loss) (subtract line	e. 8f, and 8g)	8h 8i		+		(6,610)	
				+			

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	7		Name and Associated			_				
Part	IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feat	ture codes from the l	List of Plan Chara	icteri:	stic Co	des in t	he Instruction	181	
b	-	A 1G 1T plan provides welfare benefits, enter the applicable welfare featu	ire codes from the Li	st of Plan Charac	terist	ic Cod	as in the	e Instructions	٤٠	
	it think	bigit broadings statigle national alleging abbideand sections seem		and the a part to the court we he			WW (5) (1)	o man action		
Part '	V	Compilance Questions	1111-111-111							
10	_	ng the plan year:				Yes	No	Αr	nount	
a	Was 29	there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time per ry Correction Progra	lod described in m	10a		Х			
		e there any nonexempt transactions with any party-in-interest? (Cons 10s.)			10b		x			
C	Wa:	the plan covered by a fidelity bond?			10c		X	-1163335000		
		ha plan have a loss, whether or not reimbursed by the plan's fide			10d		х			
	Insu	e any fees or commissions paid to any brokers, agents, or other i rance service or other organization that provides some or all of th actions.)	e benefits under the	plan? (See	10e		х			
f	Наз	the plan falled to provide any benefit when due under the plan?			10f		Х			
9	Did I	he plan have any participant loans? (If "Yes," enter amount as of	f year end.)	()44774488)1 1113588	100		Х			
h	If thi	s is an individual account plan, was there a blackout period? (Sec. 1913.)	e instructions and 29	OCFR	10h		х	55 ST. W.		
1	If 10	h was answered "Yes," check the box if you either provided the r ptions to providing the notice applied under 29 CFR 2520,101-3.	equired notice or on-	e of the	101					
Part \		Pension Funding Compliance			-				1.70507	
The state of the s		s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see inst	ructions and comp	plete	Sched	ule SB	(Form		-
	5500	Mann of the manner of the mann	T. TT. > PAS < 0 + 42 E (> 0 2 2 E) + 0 2 E X 11 P 1 3 P 1	#	1250000	D4 1 F 2 Y D-4 + D 1	**********		Yes	-
		is a defined contribution plan subject to the minimum funding rec		412 of the Code	or se	ection 3	302 of E	RISA?	Yes	No.
		es," complete 12à or 12b, 12c, 12d, and 12e below, as applicabl vaiver of the minimum funding standard for a prior year is being s			stane	and a	ntor the	data af tha	Inlineres	lina
a	grani	ing the weiver.	monzeu ar nas per		th	, and c	Day _	Ye Ye	ener u	ing.
If y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	skip to line 13.		-				
b	Enta	the minimum required contribution for this plan year			1 2 4 1 1 1		12b			
		the amount contributed by the employer to the plan for this plan				100	12c			-
		rect the amount in line 12c from the amount in line 12b. Enter the live amount)				_ L	12d	A		-chaveneous
e	Will t	he minimum funding amount reported on line 12d be met by the	funding deadline?			*1 * 1 *		Yas	No	N/A
Part \	/II	Plan Terminations and Transfers of Assets					Name of Street			
13a	Has:	a resolution to terminate the plan been adopted in any plan year?					X Y	es No		
	If "Ye	s," enter the amount of any plan sesets that reverted to the emp	loyer this year	***************************************	1	13a				0
		all the plan assets distributed to participants or beneficiaries, tree	ansferred to another	plan, or brought t	under	the co	entrol		Yes	No No
		ing this plan year, any assets or flabilities were transferred from a seets or liabilities were transferred. (See Instructions.)	this plan to another	plan(s), identify th	ne pla	ın(a) to				
13	tc(1)	Name of plan(s):			L	13	c(2) EIN	l(a)	13c(3)	PN(s)
		penalty for the late or incomplete filing of this return/report							Mantela Miliana antan	
SB or	Sche	elties of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well a rue, correct, and complete.	declare that I have e is the electronic vers	examined this return/ sion of this return/	rn/re repoi	port, ir t, and	ncluding to the b	, if applicable est of my kne	a, a Sch owledge	edule and
NOUD!	1. 15	many seeks to seek of the your protection	7/12/2013	Tanana Vari	yya w-	_				
SIGN							o for se		-	
HERE	ERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

Date

SIGN HERE

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor