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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

	01101011 20	non Guarany Gorporation		Complete all entries in ac	ccordance	e with the instru	ctions to the Form 550	<u>0-SF.</u>				
Ρ	art I	Annual Report I	de	ntification Information	1							
For	calenda	ar plan year 2012 or fis	cal	plan year beginning 01/01	1/2012		and ending	12/31/	2012			
Α	This reti	urn/report is for:	X	a single-employer plan	a mı	ultiple-employer p	lan (not multiemployer)		a one-partici	pant plan		
		urn/report is:		the first return/report	the f	inal return/report			_			
				an amended return/report	a sho	ort plan year retur	n/report (less than 12 m	onths)			
С	Check b	oox if filing under:		Form 5558	auto	matic extension			DFVC progra	am		
				special extension (enter desc	cription)							
Pá	art II	Basic Plan Infor	ma	ation—enter all requested in	nformation							
1a	Name o	of plan						1b	Three-digit			
TKY	CORPO	RATION RETIREMEN	ΤP	LAN AND TRUST					plan number			
								L_	(PN) •	004		
								1C	Effective date o	•		
2a	Plan sp	oonsor's name and add	ires	s; include room or suite numb	per (emplo	yer, if for a single-	employer plan)	2b	Employer Identi			
1101	OOKI C	NATION						20	(=114)	39039		
111 (GREAT	NECK RD.						20	Sponsor's telep 516-48			
		CK, NY 11021						2d	Business code ((see instructions)		
3a	Plan ac	dministrator's name and	d ac	ddress XSame as Plan Spon	nsor Name	Same as Plar	n Sponsor Address	3b	Administrator's			
								30	Administrator's	telephone number		
								36	Administrators	telephone number		
4				n sponsor has changed since	the last re	eturn/report filed fo	or this plan, enter the	4b	EIN			
а		EIN, and the plan num or's name	ıber	from the last return/report.				4 c	PN			
			at th	ne beginning of the plan year.				5a		5		
b				ne end of the plan year				5b		5		
C				unt balances as of the end of				30				
						•	•	5c		5		
6a				ing the plan year invested in e						X Yes No		
b				annual examination and repo						Voc □ No		
				ee instructions on waiver eligib	-					X Yes No		
				line 6a or line 6b, the plan								
				complete filing of this retur								
				penalties set forth in the instru- gned by an enrolled actuary, a								
		rue, correct, and comp			as well as	the electronic ver	sion of this return/repor	i, and	to the best of my	knowledge and		
SIC	· N I	Filed with authorized/v	/alid	electronic signature		06/26/2013	JUDITH BEARDS ST	REISA	MD			
SIG		Signature of plan ac				Date	Enter name of individ			ministrator		
CIC		Signature of plan at	111111	iistrator		Jale	Enter name or marvio	uai Si	grillig as plan aur	IIIIIStrator		
SIG		Signature of employ	ıorlı	nlan enoneor	. 5 5			dividual signing as employer or plan sponsor				
Pre	parer's i	Signature of employ name (including firm na		e, if applicable) and address; ir		Date m or suite numbe				number (optional)		
	, • !		5	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			7 · 1 · · · · · · · · · · · · · · · · ·			(-[-30.101)		

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Pai	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year							
a	Total plan assets	7a	` ' -	14158903			14491691					
	Total plan liabilities	7b					17731031					
	Net plan assets (subtract line 7b from line 7a)	7c	1415890	14158903				144	19169 ⁻	1		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	10 100			
	Contributions received or receivable from:		(a) Amount				(10)	Total				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	86457	' 8								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	864578	3		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	50287	'1								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g	2891	9								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						ļ	53179	0		
	Net income (loss) (subtract line 8h from line 8c)	8i						;	33278	8		
	Transfers to (from) the plan (see instructions)	8j								_		
Par	t IV Plan Characteristics	<u> </u>	l									
	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:				
Dawl	W Commission of Oscoptions											
Part	•				V	NI -	1					
10	During the plan year:	4: · · · · i 4 - :		1	Yes	No		Amo	ount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X						
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c	X				1	400000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X						
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X						
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X	 					
	· · · · · · · · · · · · · · · · · · ·			10f								
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X						
h	2520.101-3.)			10h		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			10i								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	X No		
11a						11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date o	f the le Yea		ling ——		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				1					
<u>b</u>	Enter the minimum required contribution for this plan year					12b						

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	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?		Yes X 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		Yes X 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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to

Pension Benefit Guaranty Corporation Complete all entries in accordan	ice with the instruct	tions to the Form 5500-SF.	Public Inspection
Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning		and ending	
A This return/report is for: X a single-employer plan	a multiple-employ	er plan (not multiemployer)	a one-participant plan
B This return/report is: the first return/report	the final return/re	port	•
an amended return/report	a short plan year	return/report (less than 12 m	ont s)
C Check box if filing under: Form 5558	automatic extens		DFVC program
special extension (enter description			`
Partill Basic Plan Information—enter all requested informa	<u> </u>		
1a Name of plan	idon	1b	Three-digit
TIO(O)			plan number (PN) ▶ 004
TKY Corporation Retirement Plan and Trust		1c	
		3/27/1990	
2a Plan sponsor's name and address; include room or suite number (er	nployer, if for a single	e-employer plan) 2b	
			(EIN) 22-3039039
TKY Corporation			Sponsor's telephone number -487-0600
111 Great Neck Rd.	• · 4	•	Business code (see instructions)
Great Neck NY 110	21		390
3a Plan administrator's name and address X Same as Plan Sponsor Na			Administrator's EIN
0		3c	Administrator's telephone number
Same			
	. •		
. (•		
4 If the name and/or EIN of the plan sponsor has changed since the	eturn/report filed	for this plan, enter 4b	EIN
the name, EIN, and the plan number from the last return/remed.			
a Sponsor's name			PN
		5a	
b Total number of participants at the end of the plan ear c Number of participants with account balances as of the end of the p	lan year (defined ben		<u> </u>
complete this item)		50	5
6a Were all of the plan's assets during the plantyear avested in eligible	assets? (See instruc	ctions.)	X Yes No
b Are you claiming a waiver of the annual examination and report of a	n independent qualifi	ed public accountant (IQPA)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
If you answered "No" to either line or life 6b, the plan cannot Caution: A penalty for the late or incomplete filing of this return/	tot use Form 5500-5	se and must instead use F	orm 5500.
Under penalties of perjury and other penalties set forth in the instructions,	I declare that I have	examined this return/report. i	ncluding, if applicable, a Schedule
SB or Schedule MB completed and someony an enrolled actuary, as well			
belief, it is true, correct, and complete.			
SIGN Juden Herand	6/26/2013	Judith Beards Streisand	
Signature of plan administrator,	Date		gning as plan administrator
SIGN Rester Nouvains	6/26/2013	Judith Beards Streisand	<u></u>
NEOE /	Date		gning as employer or plan sponsor
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include			reparer's telephone number (optional)
Preparer's fiame (including infirmative, in applicable) and address, include	, room or saite name	Si (optional)	,
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Pai	t III Financial Information				-						_	
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) Er	nd of \	/ear		_	
а	Total plan assets	7a		14,15	8,903				14,	491,69	<u>п</u>	
b	Total plan liabilities	7b			0						0	
	Net plan assets (subtract line 7b from line 7a)	7c		14,15	8,903	14,491,691						
8	Income, Expenses, and Transfers for this Plan Year	5 2 4 7 6	(a) Amoun			(b) Total						
а	Contributions received or receivable from:		,,,			74				TOM:	7	
	(1) Employers	8a(1)			0				100		2	
	(2) Participants	8a(2)			0	MA			<u></u>			
	(3) Others (including rollovers)	8a(3)				٨					2	
b	Other income (loss)	8b		86	4,578		<u>.:14</u>	1444	1 1 1 1		<u> </u>	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second of th		A.		A			864,57	'8	
d	Benefits paid (including direct rollovers and insurance premiums			6			#				5	
	to provide benefits)	. 8d		50	2,871	*				14.		
е	Certain deemed and/or corrective distributions (see instructions)	8e		A CONTRACTOR OF THE PARTY OF TH	/ AB	992.63	1. 1.	<u> </u>	11.	1.00	<u> </u>	
f	Administrative service providers (salaries, fees, commissions)	8f		/		A View	Commission	99 <u>0</u>	ويتكر	<u> </u>	<u></u>	
g	Other expenses	. 8g	*	2	8,919					0,433	11	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								531,79	90	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	()							332,78	38	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		7				34	11.7		X.	
	t IV Plan Characteristics		4 4 3									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature coo	des from the List of Plan C	Characte	eristic (Codes i	n the instr	uction	s:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Ch	naracte	ristic C	odes in	the instru	ctions			_	
Pa	rt V Compliance Questions	- 4									_	
10	During the plan year:	4887			Yes	No		Amo	ount		_	
	Was there a failure to transmit to the plan any participant contributions win 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary,			10a		х					_	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	10b		х						
C	Was the plan covered by a fidelity bond?			10c	Х				1.	400,00	00	
	Did the plan have a loss, whether or not reimbursed by the plan's f fraud or dishonesty?	idelity bond	d, that was caused by	10d		х				,-		
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service or other organization that provides some	er persons or all of th	by an insurance e benefits under			х						
	the plan? (See instructions.)			10e		X					_	
	Has the plan failed to provide any benefit when the under the plan			10f		X						
	Did the plan have any participant loans? (If Yes," enter amount as			10g		^	F6 5. 31	1, 7	33.7	1 ₆ -1-1	_	
"	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		X	3.45					
i	If 10h was answered Yes, check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							-	
Pa	rt VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comple	te Sch	edule S	В		Yes	X N	_	
11a	Enter the amount from Schedule SB line 39					110	<u> </u>		103	X] 10	0	
12					2 of ED	11a		\Box	Yes	X N		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			CUUIT 3U	Z UI EN	IOM!		11	165	VIN	-	
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	d in this plan year, see in		ns, and	l enter t Day		f the le		ıling	_	
· If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (For	m 5500), and skip to lin	e 13.								
b	Enter the minimum required contribution for this plan year					12b						

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1 0/1/1 3300-31 2012 Fage 3 4	_				
C. Enter the amount contributed by the applicants the plan for this plan.	140-	I			
C Enter the amount contributed by the employer to the plan for this plan year	12c				0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	П	Vo [N/A
Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	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 unde control of the PBGC?			П	res X	No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plantch assets or liabilities were transferred. (See instructions.)	ar (a) to	3			
13c(1) Name of plan(s):	15 (2)	IN(s)		13c(3) l	PN(s)
	`				
Part VIII Trust Information (optional)		_			
14a Name of trust	14b	Trust's El	N		
lack					
_0					
X					
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