#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection		
Part I	Annual Report Identif						
For cale	ndar plan year 2011 or fiscal pla	in year beginning 12/01/2011	_	and ending 12/01/20	12		
A This	return/report is for:	a multiemployer plan;	a multip	ole-employer plan; or			
		x a single-employer plan;	a DFE	(specify)			
			<u>—</u>	<del></del>			
<b>B</b> This	return/report is:	the first return/report;	the fina	I return/report;			
		an amended return/report;	a short	plan year return/report (less tha	n 12 months).		
<b>C</b> If the	plan is a collectively-bargained	plan, check here					
	k box if filing under:	☐ Form 5558:		tic extension;	the DFVC program;		
<b>D</b> Office	K DOX II IIIIII UIIUCI.	special extension (enter des		,	☐		
Part	I Racic Plan Informa	tion—enter all requested informa	. ,				
	ne of plan	tion—enter all requested informa	ation		<b>1b</b> Three-digit plan	501	
	NDENT COACH CORP. AD&D	& LIFE INSURANCE PLAN			number (PN) ▶	501	
					1c Effective date of pl	an	
					12/01/2010		
<b>2a</b> Plan	sponsor's name and address, i	including room or suite number (Er	nployer, if for single	e-employer plan)	<b>2b</b> Employer Identification		
INDEDE	NDENT COACH CORP.				Number (EIN) 11-1556334		
INDEFE	NDENT COACH CORP.				2c Sponsor's telephone		
					number		
25 WAN	SER AVENUE	25 WANS	ER AVENUE		516-239-1100		
	D, NY 11096		NY 11096		2d Business code (see	е	
					instructions) 485210		
					100=10		
		mplete filing of this return/repor					
		nalties set forth in the instructions, leading the electronic version of this return					
			1				
SIGN	Filed with authorized/valid elect	ronic signature.	09/12/2013	MICHAEL FABRIZIO			
HERE	Cinneture of plan administra		Dete	Fatan agency of its dividual air-			
	Signature of plan administra	ator	Date	Enter name of individual sig	ning as pian administrator		
SIGN							
HERE							
	Signature of employer/plan	sponsor	Date	Enter name of individual sign	ning as employer or plan sp	onsor	
CICN							
SIGN HERE							
	Signature of DFE Date Enter name of individua			Enter name of individual sign	al signing as DFE		

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

Form 5500 (2011) v.012611

Form 5500 (2011) Page **2** 

	Plan administrator's name and address (if same as plan sponsor, enter "Sam DEPENDENT COACH CORP.	ne")			ministrator's EIN -1556334
	WANSER AVENUE WOOD, NY 11096				ministrator's telephone mber 516-239-1100
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for thi	is plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	336
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines <b>6a, 6b</b>	o, 6c, and 6d).		
2	Active participants			6a	352
а	Active participants			<u>ua</u>	002
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>			6d	352
u					302
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits		6e	
f	Total. Add lines 6d and 6e			6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)				
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List	of Plan Characteristic Codes	in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature cod 4B 4Q	des from the List of	f Plan Characteristic Codes i	n the in	structions:
9a	Plan funding arrangement (check all that apply)		it arrangement (check all that	t apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3) ir	nsuranc	e contracts
	(3) Trust	(3)	Trust		
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, whe	ere indicated, enter the numb	er attac	hed. (See instructions)
а	Pension Schedules	b General S	chedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	ation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Informa		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	( _2 A (Insurance Inform		ation)
	·	(4) (5)	C (Service Provide D (DFE/Participatin		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6)	G (Financial Transa	-	
			<u>-</u>		

# **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2011

		pursuant to El	RISA section 103(a)(2).	Tills FO	Inspection
For calendar plan year 20	11 or fiscal plar	year beginning 12/01/2011	and en	nding 12/01/2012	•
A Name of plan INDEPENDENT COACH	CORP. AD&D	& LIFE INSURANCE PLAN		e-digit number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT COACH CORP.  D Employee 11-1556				oyer Identification Number 56334	(EIN)
			Coverage, Fees, and Com unit in Parts II and III can be repo		
1 Coverage Information:					
(a) Name of insurance ca		ANY			
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	<b>(g)</b> To
13-1595128	62243	GLCL0AHJF	352	12/01/2011	12/01/2012
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. List in item 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
		2114			686
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).		
	(a) Name a		or other person to whom commiss		
CENTERSTONE INS AN	D FINAN		VESTCHESTER AVENUE STE S E PLAINS, NY 10604-3512	229	
(b) Amount of sales ar	nd base	Fees	and other commissions paid		
commissions pa		(c) Amount		e	(e) Organization code
2114			ENT OR BROKER OF RECORD		3
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	
CENTERSTONE INS AN	D FINAN		VESTCHESTER AVENUE STE S E PLAINS, NY 10604-3512	229	
(b) Amount of sales ar	nd base	Fees	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code
	0	686 OT	HER COMPENSATION		5
For Donomyout Bodyotio	n Aat Natics s	and OMP Central Numbers and	the instructions for Form FEOO	Caha	 

Schedule A (Form 5500)	2011	Page <b>2 -</b> 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid			
(L) A		Fees and other commission	ns paid	(-) One of entire		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Part II		Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual this report.	y be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e		. 5		
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		<b>&gt;</b>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011	Page <b>4</b>	
	of employees of the same employer(s) or members of the same employee organ	
	ses if such contracts are experience-rated as a unit. Where contracts cover indiveract cover indiveract cover indiverses of this report.	idual employees
efit and contract type (check all applicable boxes)		
Health (other than dental or vision) <b>b</b>	Dental C Vision d X Life ins	surance
Temporary disability (accident and sickness) <b>f</b>	Long-term disability <b>g</b> Supplemental unemployment <b>h</b> Prescr	iption drug
Stop loss (large deductible)	HMO contract <b>k</b> PPO contract <b>I</b> Indemi	nity contract
Other (specify)		
erience-rated contracts:		
Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		
Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
	9b(3)	
(4) Claims charged	9b(4)	
Remainder of premium: (1) Retention charges (on ar	accrual basis)	
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees		
(C) Other specific acquisition costs	0 (1)(0)	

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

13717

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

**10** Nonexperience-rated contracts:

a Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

(D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies .....

(H) Total retention .....

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) ......

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....

Total premiums or subscription charges paid to carrier ......

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
<b>11</b> Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

# **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2011

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2).		lı	nspection
For calendar plan year 2011 or fiscal plan year beginning 12/01/2011				d ending 12/0	01/2012	
A Name of plan INDEPENDENT COACH	CORP. AD&I	0 & LIFE INSURANCE PLAN		hree-digit blan number (PN	l) <b>•</b>	501
C Plan sponsor's name a INDEPENDENT COACH		ne 2a of Form 5500		nployer Identifica 1556334	ation Number (E	IIN)
		rning Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca		DMPANY				
		1	(e) Approximate number of	of .	Policy or cor	ntract vear
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year	:	From	<b>(g)</b> To
47-0246511	71412	MP 0AHJF	352	12/01/201	11	12/01/2012
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	tal commissions paid. List in ite	m 3 the agents,	brokers, and ot	her persons in
(a) Total a	amount of cor	nmissions paid	(b	) Total amount o	of fees paid	
		115				37
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all persons	s).		
		and address of the agent, broker			were paid	
CENTERSTONE INS ANI	O FINAN		WESTCHESTER AVENUE ST TE PLAINS, NY 10604-3512	E S229		
(b) Amount of sales ar	nd base	Fe	es and other commissions paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code
115		0 A	GENT OR BROKER OF RECO	RD		3
	(a) Name	and address of the agent, broker	or other person to whom comn	nissions or fees	were paid	
CENTERSTONE INS AND FINAN  1133 WESTCHESTER AVENUE STE S229 WHITE PLAINS, NY 10604-3512						
(b) Amount of sales ar	nd base	Fe	es and other commissions paid			
commissions pa		(c) Amount	<b>(d)</b> Purp	oose		(e) Organization code
0		37 C	THER COMPENSATION			5

Schedule A (Form 5500)	2011	Page <b>2 -</b> 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid			
(L) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Part II		Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual this report.	y be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e		. 5		
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		<b>&gt;</b>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011	Page <b>4</b>	
information may be combined for reporting	ation group of employees of the same employer(s) or members purposes if such contracts are experience-rated as a unit. s with each carrier may be treated as a unit for purposes of	Where contracts cover individual employees
Benefit and contract type (check all applicable boxe	s)	
a Health (other than dental or vision)	<b>b</b> Dental <b>c</b> Vision	<b>d</b> Life insurance
e Temporary disability (accident and sickness)	f ☐ Long-term disability g ☐ Supplemental ur	nemployment <b>h</b> Prescription drug
i Stop loss (large deductible)	j ☐ HMO contract	I Indemnity contract
Experience-rated contracts:		
Experience-rated contracts:  a Premiums: (1) Amount received	9a(1)	
•	- · · · · · · · · · · · · · · · · · · ·	
a Premiums: (1) Amount received	aid9a(2)	
Premiums: (1) Amount received	9a(2) eserve	9a(4)
Premiums: (1) Amount received  (2) Increase (decrease) in amount due but unpa (3) Increase (decrease) in unearned premium received	9a(2) eserve	9a(4)
a Premiums: (1) Amount received	9a(2) eserve	
Premiums: (1) Amount received	9a(2) eserve	9b(3)
a Premiums: (1) Amount received	9a(2) eserve	
Premiums: (1) Amount received	9a(2) eserve	9b(3)
Premiums: (1) Amount received	9a(2) eserve	9b(3)
Premiums: (1) Amount received	aid 9a(2) eserve 9a(3)  9b(1) 9b(2)  (on an accrual basis) 9c(1)(A) 9c(1)(B)	9b(3)
Premiums: (1) Amount received	aid 9a(2) eserve 9a(3)  9b(1) 9b(2)  (on an accrual basis) 9c(1)(A) 9c(1)(B) 9c(1)(C)	9b(3)
a Premiums: (1) Amount received	9a(2) eserve	9b(3)

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount...... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

Part IV	Provision of Information			
<b>11</b> Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

(H) Total retention ..... (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) ......

**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier ...... If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110 1210 - 0089

2011

This Form is Open to **Public Inspection** 

Part I	Annual Report Identif	cation Informati	on			
For calenda	r plan year 2011 or fiscal pla	n year beginning	12/01/201	1 and endi	ing 12/01/2012	
A This return/	report is for: a mul	tiemployer plan;		∐ a m	ultiple-employer plan; or	
	🔀 a sing	le-employer plan;		∐ a Di	FE (specify)	
_	П			. п		
B This return/	- · · · · · · · · · · · · · · · · · · ·	st return/report;			final return/report;	
•	_	ended return/report;		∐ a sh	nort plan year return/report (less	than 12 months)
•	a collectively-bargained pla			Π	tio outonoioni — [] the	DEV6
D Check box i	f filing under: Form	ວວວຮ; al extension (enter des	corintion)	∐ auto	omatic extension;	DFVC program;
Part II	Basic Plan Informatio					
1a Name of pl					1b Three-digit	
	ENT COACH CORP	. AD&D & LI	FE INSUR	NCE PLAN	plan number (PN)	501
					1c Effective date of plan 12/01/2010	
2a Plan sponso	r's name and address, including	room or suite number (	Employer, if for a sin	gle-employer plan)	2b Employer Identification N 11-1556334	Number (EIN)
INDEPEND	ENT COACH CORP	•			2c Sponsor's telephone num 516-239-1100	mber
25 WANSE	R AVENUE				2d Business code (see instr 485210	ructions)
INWOOD 25 WANSE	R AVENUE	NY 11096	5			
INWOOD		NY 11096	<u> </u>			
Caution: A pena	alty for the late or incomple	ete filing of this retur	n/report will be a	ssessed unless re	easonable cause is established.	
	jury and other penalties set forth in the on of tigs return/report, and to the be				empanying schedules, statements and attacl	hments, as well
SIGN HERE		911		CHAEL FAB		
Signatu	re of plan administrator	Date	Ent	er name of individu	al signing as plan administrator	
SIGN HERE	V *					
	re of employer/plan spons	or Date	Ent	er name of individu	al signing as employer or plan sp	onsor
SIGN HERE						
Signatu	re of DFE	Date		er name of individu	<del> </del>	
For Paperwork	Reduction Act Notice and	OMB Control Numbe	ers, see the instru	ctions for Form 5	500. For	rm 5500 (2011)

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Form 5500 (2011)			Page <b>2</b>								
	3a Plan administrator's name and address (if same as plan sponsor, ent							strator's EIN			
						Ad	ministrat	ors	telephone ni	umber	
4 a	If the name and/or EIN of the plan sponsor has changed since the last EIN and the plan number from the last return/report: Sponsor's name	return/report	file	d for th	is plan,	, enter t	he name	,	4b EIN 4c PN		
5	Total number of participants at the beginning of the plan year							5		336	
6	Number of participants as of the end of the plan year (welfare plans co	mplete only lii	nes	6a, 6b	, <b>6</b> c, ar	nd <b>6d</b> ).		;			
	Active participants							6a		352	
	Retired or separated participants receiving benefits							6b			
	Other retired or separated participants entitled to future benefits							6c			
	Subtotal. Add lines 6a, 6b, and 6c							6d 6e		<u>352</u>	
	Deceased participants whose beneficiaries are receiving or are entitled Total. Add lines 6d and 6e						·····	6f			
	Number of participants with account balances as of the end of the plai							-			
9	complete this item)					•		6g			
h	Number of participants that terminated employment during the plan ye										
	100% vested							6h			
7	Enter the total number of employers obligated to contribute to the plan	only multiem	nplo	oyer pla	ns						
	complete this item)							7			
b 4B	If the plan provides pension benefits, enter the applicable pension feat $ \\$ If the plan provides welfare benefits, enter the applicable welfare feature $ \\$ $4Q$										
۵,	Plan <u>fu</u> nding arrangement (check all that apply)	9b Plan be		fit arran	aomor	at (abaa	l all that	anni	. A		
Ju	(1) X Insurance	(1)		Insuran		it (CHeC	n all liidl	appi	y <i>)</i>		
	(2) Code section 412(e)(3) insurance contracts	(2)	_			412(e)(3	3) insurar	nce c	ontracts		
	(3) Trust	(3)		Trust			,				
	(4) General assets of the sponsor	(4)		Genera	l asset	s of the	sponsor				
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	are attached,	, ar	nd, whe	re indic	cated, e	nter the i	numb	oer attached.		
а	Pension Schedules	b Gener	ral	Schedu	ıles						
	(1) R (Retirement Plan Information)	(1)	4			•	ial Inform		,		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Mone)	` ` ` [		_					n · Small Plar	1)	
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) 2	X.	2		•	nce Infor		,		
		(4)	-			•			ormation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	-						an Informatio	-	
	Information) - signed by the plan actuary	(6)			G	(rinanci	ai iransi	actio	n Schedules	)	