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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the motifuc	tions to the Form 550	и- эг.				
	art I		Identification Information							
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012			
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	/report (less than 12 m	onths))			
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
			special extension (enter descri	ption)						
Р	art II	Basic Plan Info	rmation—enter all requested info	ormation						
1a	Name (of plan				1b	Three-digit			
CAN	1 COMM	ERCE SOLUTIONS, L	LC 401(K) PLAN				plan number	004		
						4 -	(PN) •	001		
							Effective date o	•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NEW CAM COMMERCE SOLUTIONS, LLC						2b	2b Employer Identification Number (EIN) 27-2065940			
1920	ACCO ADTILLID MILL DOAD						2c Sponsor's telephone number 718-351-2000			
	4830 ARTHUR KILL ROAD STATEN ISLAND, NY 10309					2d	2d Business code (see instructions) 541519			
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b Administrator's EIN				
						3c	Administrator's	telephone number		
4			ame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the EIN, and the plan number from the last return/report.			4b	1b EIN			
а		or's name	iber nom the last return/report.			4c	PN			
5a	Total r	number of participants at the beginning of the plan year				5a	5 a 1			
b	Total r	number of participants	at the end of the plan year			5b		103		
С			account balances as of the end of th			5c		79		
6a	Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instruct	ions.)			X Yes No		
b			the annual examination and report							
			? (See instructions on waiver eligibil	•				X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.			
Ca	ution: A	penalty for the late of	or incomplete filing of this return/	report will be assessed ι	ınless reasonable caı	use is	established.			
SB	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.									
SIC	3N	Filed with authorized/v	valid electronic signature.	09/17/2013	IAN GOLDMAN	NN GOLDMAN				
HE	RE	Signature of plan administrator Date Enter name of indi		Enter name of individ	ridual signing as plan administrator					
SIC	2N	- J	Enter name of ma				<i>y</i>			
	RE	O'mature of country of the		Fatanaana afiadisid						
		Signature of employer/plan sponsor Date Enter name of individur's name (including firm name, if applicable) and address; include room or suite number (optional)			ual signing as employer or plan sponsor Preparer's telephone number (optional)					
1 10	σραιοι 3 i	lame (including in in	arrie, ii applicable) and address, inc	nade room of saile number	(Ориона)	1 100	arer 3 telephone	number (optional)		

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7 Plan Assets and Liabilities	Par	t III Financial Information		<u> </u>						
a Total plan assets Table Section Table Table Table Table Table Section Table Table				(a) Baginning of Vac				(h) End of Voor		
b Total plan liabilities. 7b from line 7a). 7b 4038721 4591220 C Not plan assets (authract line 7b from line 7a). 7c 4038721 4591220 a Contributions received or receivable from: (1) Employers. 8a(1) 96434 (2) Participants. 8a(2) 7088769 (3) Others inciduding relovers). 8a(3) 90 96434 (3) Others inciduding relovers). 8a(3) 90 96434 (5) Participants. 8a(2) 7088769 (6) Other inciduding relovers). 8a(3) 90 96434 (6) Others inciduding relovers). 8a(3) 90 96434 (7) Others inciduding relovers). 8a(3) 90 96434 (8) Others inciduding relovers and insurance premiums to provide benefits, of the clinic provide benefits, one control of the co			70							
C Not plan assets (subtract line 7b from line 7a)		•		403072	- 1			4591220		
8 Contributions received or receivable from: 8 Contributions received or receivable from: 9 Set 1) 98434 9 Set 20 1 9		·		403872	4038721			4591220		
a Contributions received or receivable from: (1) Employers. (2) Porticipants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (dast) lines Bel1), Sel2), Bel3(3), and Bb). (7) Total income (dast) lines Bel1), Sel2), Bel3(3), and Bb). (8) Other come (dast) lines Bel1), Sel2), Bel3(3), and Bb). (8) Sel2) (8) Other source (dast lines Bel1), Sel2), Bel3(3), and Bb). (8) Sel2) (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses (ladd lines Sel, Bel, and Bg). (1) Not income (lioss) (subtract line Bh from line Be). (1) Transfers to (from) the plan (see instructions). (8) Other expenses. (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year: (10) Other plan provides welfare to the plan any participant contributions within the time period described in 2 of Plan Characteristic Codes in the instructions: (10) Other plan provides welfare the plan any participant contributions within the time period described in 2 of Plan Characteristic Codes in the instructions: (10) Other plan plan year: (10) Other plan plan year: (10) Other plan plan year: (11) Other plan plan year: (12) Other plan plan year: (13) Other plan plan year: (14) Other plan plan year: (15) Other plan year: (15) Other plan			10							
(2) Participants. 8a(2) 268269 (3) Others (including rollovers). 8a(3) (3) Others (including rollovers). 8a(3) (4) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8a(3) (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8a(3) (6) Benefits paid including direct rollovers and insurance premiums of provide benefits). 8a(3) Replacement of provides benefits, see instructions). 8a(3) Replacement of provides benefits, see instructions). 8b(3) Replacement of provides provides benefits, see instructions). 8b(3) Replacement of provides provides benefits, senter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides benefits, senter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare benefits, and the provides welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8b(3) Replacement of provides welfare bene				(a) Amount				(b) Total		
(3) Others (including rollovers)		(1) Employers	8a(1)	9643	34					
b Other income (loss)		(2) Participants	8a(2)	26826	S9					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct followers and insurance premiums to provide benefits). e Cartain deemed and/or corrective distributions (see instructions). e Cartain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. g Other expenses. g Other expenses. g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). g I transfers to (from) the plan (see instructions). g II the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2G 2J 2K 3D 3H 2E 2T 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: a Was ther 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on fine 10s). c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? g Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? g Did the plan have any participant losns? (If "Yes," enter amount as of year end.). g Did the plan have any participant losns? (If "Yes," enter amount as of year end.). g Did the plan have any participant losns? (If "Yes," enter amount as of year end.). If this is an individual account		· · · ·	. 8b	53054	13					
to provide benefits)			8c					895246		
f Administrative service providers (salaries, fees, commissions)		· , •	. 8d	34274	342747					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					342747		
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: 2A 2F 2G 2J 2K 3D 3H 2E 2T 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: a 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)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					552499		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2G 2J 2K 3D 3H 2E 2T If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Description 10 10 10 10 10 10 10 During the plan year: A was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X Description 10a X 10a X Description 10a 10a X Description 10a 10a X Description 10a 10a X Description 10a 10a 10a X Description	j	Transfers to (from) the plan (see instructions)	8j							
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	Par									
Part V Compliance Questions	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
10 During the plan year: 2	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
10 During the plan year: 2	Dow	V Compliance Overtions								
a 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)		<u> </u>				Voc	No	A		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?		<u> </u>	tions withi	n the time period described in	l	163	NO	Amount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		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?		, , ,	`	•	10b		X			
or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X		450000		
e 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.)	d	· · · · · · · · · · · · · · · · · · ·	-	-	10d		X			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	е	•								
f Has the plan failed to provide any benefit when due under the plan?		insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See	40-		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·			10e					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		· · · · · · · · · · · · · · · · · · ·			10f		^			
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					10g	X		111365		
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h		•		10h		X			
It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·			10i		Χ			
It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance								
11a Enter the amount from Schedule SB line 39		11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11a	5000) and into 114 2000/								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	а									
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.						

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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	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust	14b ⊤	rust's EIN				