

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012			
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan THEJUS CORPORATION DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/2004	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) THEJUS CORP. 125 WOODCREST DRIVE SYOSSET, NY 11208	2b Employer Identification Number (EIN)	11-2476221	
	2c Sponsor's telephone number	718-277-5371	
	2d Business code (see instructions)	446110	
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address THEJUS CORP. 125 WOODCREST DRIVE SYOSSET, NY 11208	3b Administrator's EIN	11-2476221	
	3c Administrator's telephone number	718-277-5371	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN		
	4c PN		
5a Total number of participants at the beginning of the plan year	5a	11	
b Total number of participants at the end of the plan year.....	5b	11	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	0	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2013	CHANDRA HANRANHALLI
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	439175	711793
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	439175	711793
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	200000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	72618	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		272618
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		272618
j Transfers to (from) the plan (see instructions)	8j	0	

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 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
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)	10a		X	0
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	0
c Was the plan covered by a fidelity bond?	10c		X	0
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	0
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.)	10e		X	0
f Has the plan failed to provide any benefit when due under the plan?	10f		X	0
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			

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)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11a	Enter the amount from Schedule SB line 39	11a	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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. Month _____ Day _____ Year _____		
If 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	

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 of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THEJUS CORPORATION DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THEJUS CORP.</u>	D Employer Identification Number (EIN) <u>11-2476221</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>439175</u>
b Actuarial value	2b <u>439175</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>0</u>
b For terminated vested participants.....	3b <u>2</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>0</u>
(2) Vested benefits.....	3c(2) <u>367283</u>
(3) Total active	3c(3) <u>9</u>
d Total	3d <u>11</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.07 %</u>
6 Target normal cost.....	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/24/2013</u>
Signature of actuary	Date
<u>WILLIAM G. PRUSLIN</u>	<u>11-02561</u>
Type or print name of actuary	Most recent enrollment number
<u>PENSION CONSULTANTS OF NORTH AMERIC</u>	<u>732-721-1821</u>
Firm name	Telephone number (including area code)
<u>499 ERNSTON ROAD</u> <u>PARLIN, NJ 08859</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.00%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		38913
b	Interest on (a) using prior year's effective interest rate of 6.20% except as otherwise provided (see instructions)		2413
c	Total available at beginning of current plan year to add to prefunding balance		41326
d	Portion of (c) to be added to prefunding balance		41326
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	41326

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.70 %
15	Adjusted funding target attainment percentage	15	110.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/06/2013	200000	0			
Totals ►			18(b)	200000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	180954
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	66315	16598	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	16598	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	16598	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	180954	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	180954	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

PLAN SPECIFICATIONS
Thejus Corporation
Defined Benefit Plan

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

TYPE OF ENTITY S corporation.

DATES Effective-01/01/2004 Valuation-01/01/2012 Eligibility-12/31/2012 Year-end-12/31/2012
Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None
Age at nearest birthday.
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 501 Vesting - 1000

PLAN ENTRY - January 1 nearest satisfaction of eligibility requirements.

RETIREMENT NORMAL - First of month coincident with or following attainment of age 65, and
 completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (prospective salaries)

FUNDING - 5 Highest consecutive years of participation.
ACCRUED BENEFIT - The greater of current compensation or 5 Highest consecutive years
of participation.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of participation.

PLAN BENEFITS

RETIREMENT-- 0.000% of average monthly compensation multiplied by total years of service. Service
prior to 01/01/2004 is excluded.

415 Limits - Percent 100.00 Dollar - \$16,667

Minimum benefit - None Maximum benefit - None

Maximum 401(a)(17) compensation \$250,000

PLAN SPECIFICATIONS
Thejus Corporation
Defined Benefit Plan

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

0.000% of average monthly compensation multiplied by total years of service. Service prior to 01/01/2004 is excluded.

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION
BENEFITS

0% first year, 20% each additional year to a maximum of 100% after 6 years.
Service is calculated using all years of service except years prior to plan effective date and age 18.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION
METHOD

Market value.

PLAN SPECIFICATIONS
Thejus Corporation
Defined Benefit Plan

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

FUNDING METHOD	As prescribed in IRC Section 430.		
INTEREST RATES	Years 0-5	Segment rate 1	5.540%
	Years 6-20	Segment rate 2	6.850%
	Years over 20	Segment rate 3	7.520%
PRE-RETIREMENT	MORTALITY TABLE --	None.	
	TURNOVER/DISABILITY--	None	
	SALARY SCALE --	None	
	INTEGRATION LVL INCR-	None	
	BACKWARD SALARY PROJ.	Based on increase of average earnings	
POST-RETIREMENT	MORTALITY TABLE --	2012 Funding Target - Combined - IRC 430(h)(3)(A).	
	EXPENSE LOAD --	None	
	COST OF LIVING	None	
	OPTIONAL FORM	100% of retirees assumed to elect lump sum payment.	
	LUMP SUM --	2012 Applicable Mortality Table for 417(e) (Unisex).	
		Or	
		Actuarial Equivalence	

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1	2.070%
	Years 6-20	Segment rate 2	4.450%
	Years over 20	Segment rate 3	5.240%
	MORTALITY TABLE --	2012 Applicable Mortality Table for 417(e) (Unisex).	

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	7.500%
	MORTALITY TABLE --	None.
POST-RETIREMENT	INTEREST --	7.500%
	MORTALITY TABLE --	1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, line 32 - Schedule of Amortization Bases
Thejus Corporation
Defined Benefit Plan
11-2476221/001
FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	48,227	01/01/09	4	13,049
	2,727	01/01/10	5	606
	15,361	01/01/11	6	2,943

Thejus Corporation

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

AGE AND SERVICE STATISTICS

WEIGHTED AVERAGE BY CURRENT EARNINGS

EES	EA	PA	AA	RA	PP	PS	FS	TS
8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

ARITHMETIC AVERAGE

EES	EA	PA	AA	RA	PP	PS	FS	TS
8	43.4	43.6	51.3	65.0	7.6	7.9	13.8	21.6

Plan Name	Thejus Corp.
EIN Number	
Plan Number	

[Help?](#)

1. Plan Year Begin	1/1/2012
Plan Year End	12/31/2012
Valuation Date	1/1/2012

2. Minimum Required Contribution at Valuation Date	16,598
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3. Prior Year Minimum Required Contribution	16,598
Prior Year Funded Status	82.3%

4. Current Year Effective Rate of Interest (2008)	7.07%
Prior Year Effective Rate of Interest (2007)	
Prior Year's Actual Rate of Return	

5. Are there quarterly contribution requirements for the current year?		Yes
Quarterly Due Dates / Quarterly Installment	Due Date	Installment
	4/15/2012	3,735
	7/15/2012	3,735
	10/15/2012	3,735
	1/15/2013	3,735

6. Prior Year Carry Over Balance (enter the amount)	
Apply all or any portion to current year contribution requirements?	

Note: Item 7 below is currently disabled until we receive further guidance.

7. Unpaid Minimum Required Contribution (Funding Deficiency) at the End of the Prior Year	-
---	---

8. Enter Contributions			CLICK HERE
Enter Date of Final Contribution			
Remaining Contribution Due at Date of Final Contribution Entered Above			

Plan Name	Thejus Corp.
EIN Number	
Plan Number	

[Help?](#)

===== Warning - STOP!! =====

The following items are for the 2008 Schedule SB.

Proceed only after all contributions are known and entered and the remaining contribution due is zero.

9.	Total Carry Over Balance at Beginning of Year - Sch SB, Line 9		-
	Reduction in balance due to elections or deemed elections - Sch SB, Line 12		-
	Balance at beginning of current year - Sch SB, item 13		-

10.	Total discounted contributions at valuation date		180,954
	For unpaid prior year minimum - Sch SB, Line 19a		-
	To avoid benefit restrictions for AFTAP - Sch SB, Line 19b		Not Calculated
	Minimum required contribution for current year - Sch SB, Line 19c		180,954

11.	Interest-adjusted excess contributions at valuation date - Sch SB, Line 38		164,356
	Unpaid minimum required contribution at valuation date - Sch SB, Line 39		-

12.	Click here to go to the line 19 Schedule SB attachment.		CLICK HERE
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In chronological order, enter the dates of election and amounts of contributions and balances applied to the current year:

[illegible]

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 1/1/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**

Thejus Corporation Defined Benefit Plan

**B Three-digit
plan number (PN)**

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Thejus Corp.

D Employer Identification Number (EIN)

112476221

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: 12/31/2012**2 Assets:**

	2a	2b
a Market value		
b Actuarial value	439175	439175

3 Funding target/participant count breakdown:

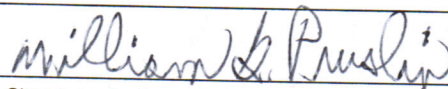
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0	0
b For terminated vested participants	3b 2	31749
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	367283
(3) Total active	3c(3) 9	367283
d Total	3d 11	399032

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b

5 Effective interest rate **5** 7.07 %**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

9/24/2013

Date

1102561

Most recent enrollment number

7327211821

Telephone number (including area code)

William G. Pruslin

Type or print name of actuary

Pension Consultants of North Americ

Firm name

499 Ernston Road

Parlin

NJ

08859

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
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